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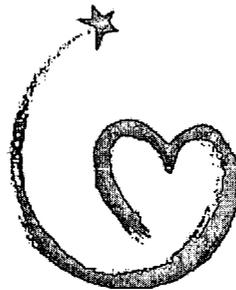
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ABSTRACT

The Personal Responsibility and Work Opportunity Reconciliation Act requires each state to submit a biennial plan to implement the Child Care and Development Fund (CCDF). This report is based on the approved State Plans for the period October 1, 1999 to September 30, 2001. The analysis includes information from 48 states, the District of Columbia, and Puerto Rico. Following an introduction discussing the report format and summarizing trends, the Plan is presented in six parts. Within each part are specific questions, based on the statute and the regulations, followed by information from each state. Part 1 concerns administration and includes information on the amount of federal CCDF funds, state funds involved, funds earmarked for administration, and agencies involved in administration or implementation. Part 2 includes information on agencies consulted in developing the state plan, processes to obtain public comment, and activities to promote private sector involvement. Part 3 describes the child care services offered, including information on using grants or contracts for child care slots, limiting in-home care, establishing reimbursement rates, assuring equal accessibility, setting income eligibility criteria, providing respite care, meeting child care needs of TANF families, and using sliding fee scales. Part 4 concerns processes with parents, such as the application process, parent complaint records, and procedures affording parents unlimited access to their children. Part 5 describes quality improvement initiatives and includes information on funds used for that purpose, specific quality improvement activities, child care resource and referral, school-aged child care activities, comprehensive consumer education, provider grants and loans, compliance monitoring, training and technical assistance, and provider compensation. Part 6 deals with health and safety requirements for providers. The report's three appendices list state contacts, provide states' definitions related to eligibility and priority terminology, and delineate the terminology used by TANF agencies. (KB)

Child Care and Development Fund



Report of State Plans *for the period 10/01/99 to 9/30/01*

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Child Care and Development Fund Report of State Plans was prepared for the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, under contract with the National Child Care Information Center (NCCIC), by Louise Stoney, NCCIC State Technical Assistance Specialist and Nina Stanton, NCCIC Technical Assistance Coordinator.

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Child Care and Development Fund

Report of State Plans *for the period 10/01/99 to 9/30/01*

Child Care Bureau
Administration on Children, Youth and Families
Administration for Children and Families
Department of Health and Human Services

April 2001

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Introduction

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 requires each State to submit a biennial Plan to implement the Child Care and Development Fund (CCDF). This report is based on the State Plans for the period of October 1, 1999 to September 30, 2001, which were submitted by the Lead Agencies administering the Child Care and Development Fund,¹ and approved by the Administration for Children and Families, U.S. Department of Health and Human Services. The plans were submitted July 1, 1999.

Report Format

The report is formatted 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. Lead Agencies are required to respond to questions based on guidance in the accompanying Program Instruction (ACYF-PI-CC-99-01, available on the Child Care Bureau's Web site at <http://www.acf.dhhs.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 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 their initial submission and Plan approval and therefore should be considered a "snapshot" of State efforts early in Federal Fiscal Year 2000.

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. The information presented in each section of the report represents the National Child Care Information Center's (NCCIC's) best understanding of the State Plans. Any errors or inaccuracies are the sole responsibility of NCCIC.

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,

¹ This analysis includes information from 48 of the 50 States, the District of Columbia and Puerto Rico. Approved plans for Connecticut and New Hampshire 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 other U.S. Territorial or Tribal CCDF Grantees.

examples are included in alphabetic order by State. Omissions were made based on space constraints only and do not imply a qualitative difference between examples included and those omitted. Inclusion in the Summary does not imply an endorsement of any practices by the National Child Care Information Center or the U.S. Department of Health and Human Services.

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

Report Summary

In March 1998, the Child Care Bureau published *Child Care and Development Block Grant: Report of State Plans (for the period 10/01/97 to 9/30/99)*, the first overview and summary of State efforts for implementing CCDBG. The current report covers the subsequent Plan period and attempts to build on the information compiled in the 1998 report. When the data compiled for this analysis are compared with information from the previous Plan cycle, a number of trends emerge. These trends are highlighted in boxes throughout the report, and are briefly summarized below.

Administration

The CCDF preprint asked States to respond to a number of questions regarding how they administer these Federal funds. Responses 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. In some cases, States have devolved substantive administrative responsibility for CCDF to local jurisdictions.

Service Coordination

States have continued to develop more efficient and coordinated early care and education systems. While efforts to coordinate multiple funding streams into a single, seamless system are not new, in recent years States have taken a broader and more comprehensive approach to this work. In some States, social service and education departments are jointly funding and administering full-day, year-round early care and education systems for three- and four-year-old children. Head Start is often involved as a major partner in these efforts as well. School districts are also coming on board, and have begun to develop collaborative approaches for preschool-age children as well as for before- and after-school care.

Collaborative efforts extend far beyond the typical care and education agencies. Some States are working with State and local labor and economic development agencies to support initiatives that allow TANF recipients or low-income families to apply for a variety of benefits in one place (typically called "one-stop shopping"). Early intervention

experts are helping to make child care systems more responsive to families that have children with special needs. Colleges and universities playing an important role in creating and implementing career development systems for early care and education practitioners. And the juvenile justice system is exploring a variety of ways that it can prevent crime by reaching children in their younger years and supporting out-of-school-time programs.

State health departments are playing a central role in making more comprehensive services available as well as increasing the quality of many child care settings. Innovative examples of collaborations with health agencies include the use of public health nurses to provide training to child care providers and the funding of a toll-free telephone line specifically to provide parents and providers with consultation on health and safety topics related to child care. However, some States have developed broader, system-wide collaborations, for example, aimed at ensuring that families seeking child care assistance are also informed about subsidized health care or designed to coordinate monitoring of compliance with health and safety regulations. In some States, Lead Agencies also have collaborated with health agencies on data collection and technology issues, ranging from maintenance of immunization records to the development of cross-agency, on-line information retrieval systems.

The entities responsible for administering State and local funds for early care and education are supporting efforts that draw on multiple funding streams. Administrators from different State agencies are often working together on writing and implementing the CCDF plan. New cost allocation and data collection systems—that assume programs will blend funding from multiple sources—are continuing to emerge.

All of the State plans contain descriptions of public-private partnership activity. The States have adopted a wide range of approaches, from adding programs to building infrastructure to developing systems of care. Additionally, the States report a wide range of partners that include CCR&Rs, businesses, housing authorities, economic development authorities, and welfare-to-work agencies. And several States discussed their intent to use private, donated funds to meet part of the CCDF matching requirements.

Certificates, grants, and contracts

Although most States administer the bulk of their CCDF funds as certificates or vouchers, 20 States reported that they also have grants or contracts for child care slots. In most cases these grants and contracts support Head Start “wrap around” initiatives, school-age child care, or programs that target specialized populations such as teen parents or children with special needs. With the CCDF quality set-aside, earmarks, and other funds, States are also 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. These quality improvement grants are often combined with funding from child care certificates/vouchers, parent fees, and other sources. In other words, States are beginning to combine multiple financing strategies for early care and education.

This tendency to embrace multiple financing strategies—rather than seeing contracts and vouchers as discrete approaches that must be administered separately—is an important change. A review of CCDF plans suggests that more States are exploring the feasibility of awarding grants and contracts that are targeted to quality improvement outcomes (e.g. lower ratios, increased staff training, or national accreditation) that may be used in combination with funding from vouchers/certificates, parent fees, and other fundraising efforts, to support the full cost of high-quality child care.

Payment Rates

All of the States reported that they rely on data from a market rate survey to establish rates and to ensure that families who receive child care assistance have equal access to comparable child care services. Twenty-nine of the States included in this analysis reported that they cap reimbursement at levels equal to or higher than the 75th percentile of the local market rate. In the 1997-99 CCDF plan summary, only half of the States reported that they capped rates at the 75th percentile. In quite a few States, rates are also being adjusted to reflect differences in quality. Sixteen States indicated that they have established rate differentials for various levels of quality, and several others indicated that they plan to establish differential rates in the future.

Eligibility Criteria

Only nine States reported that they set the income eligibility ceiling at 85% of the State Median Income, the Federal maximum. Despite increases in CCDF funding and large transfers from TANF, most States have not significantly increased their income eligibility ceilings in recent years. In fact, 21 States reported eligibility ceilings that were lower (as a percentage of the Statewide median income) than those reported in the 1997-99 plans.

States typically set income eligibility ceilings below 85% of the SMI in order to target limited funds to the lowest-income families. But even when the State ceiling is used as a benchmark, only 14 States report that they are currently able to serve all eligible families who apply. Because child care funds are limited, many States make TANF recipients their top priority and are able to serve only a portion of income-eligible non-TANF families.

Processes with Parents

Many States are responding to the needs of families by making it easier to apply for child care. Fourteen States reported that they contract with a community-based voucher management agency to determine eligibility for child care assistance; the 1997-99 plan summary reported that nine Lead Agencies used a voucher management agency. Additionally, more States are using the Internet to disseminate information about child care subsidies and/or to help families request applications for assistance. Quite a few States have eliminated the requirement for a face-to-face interview and now allow families to apply for child care subsidies by mail or telephone.

Some States now allow child care programs that collaborate with Head Start and/or prekindergarten to redetermine eligibility once a year, at the beginning of the program year, rather than using the more typical three to six month eligibility period. One State

allows children who meet the child care eligibility requirements upon initial registration to be considered eligible until the child reaches kindergarten age.

States have also increased their capacity to track and report on complaints against child care programs. A growing number of States are developing automated systems to track these complaints and ensure that staff—and in some cases parents—have access to up-to-date information. States are also establishing toll-free numbers to make it easier for parents to file complaints or request information about complaints against programs or providers.

Improving the Quality of Early Childhood Services

The law requires that States spend no less than 4% of their CCDF allocation for quality activities. States may use these funds for a variety of quality initiatives, including 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 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. In addition, Congress has earmarked portions of CCDF to be spent on quality and to improve services for infants and toddlers and for CCR&R and school-age care.

Child Care Services for Infants and Toddlers

States use CCDF funds to support a variety of initiatives to improve the quality of care for infants and toddlers, including practitioner training and technical assistance; specialists who can work with programs on the unique health, safety and developmental needs of infants and toddlers; enhancement grants to allow programs to purchase needed equipment, make minor renovations, develop new curricula, or pursue accreditation. Some States have raised reimbursement rates for programs that lower teacher/child ratios in infant rooms. Others have made direct operating grants available to help support the increased cost of providing high-quality infant care.

As States invest funds in infant/toddler training, an increasing percentage of them are doing so in ways that promote systemic change. Often, for example, the Lead Agency will designate specific curricula, require that the training be linked to an institution of higher education that can provide college credit, or encourage practitioners to complete a specialized infant/toddler certification. Some States have established bonuses or other financial incentives to encourage providers to attend or complete training. Additionally, more States are making funds available for substitutes and/or to address other staffing needs so that practitioners have the time and support they need to attend training as well as to absorb and apply the learning.

Resource and Referral

All of the States reported that they provide some type of child care resource and referral (CCR&R) services, which include 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 non-profit, community-based organization, although a few States provide the CCR&R directly and some use State or local public agencies. An increasing percentage of States are also choosing to contract with CCR&R agencies to help administer child care subsidies. Another growing trend is for States to contract with a single, Statewide CCR&R office, which then subcontracts with local CCR&R agencies.

Consumer Education

All States reported that they support CCR&R services that include, among other activities, consumer education. Most 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 news media in their public education campaigns.

School-Age Child Care

Most States make funds available to support school-age child care programs and services. While some Lead Agencies have focused on efforts to improve the quality and supply of school-age child care, States also use CCDF funds to help make school-age child care more affordable for families. States provide this support as subsidies for low-income children (i.e., certificates that facilitate parent choice). Many also offer direct program grants, which are typically used to make a school-age child care program affordable for all the children who attend.

Grants and Loans to Providers

An important way that States offer support to child care programs is by making start-up grants and loans available providers including school districts and community-based organizations. In some cases, grants are targeted to programs that need funds to maintain compliance with health and safety standards. In others, funds are targeted to quality improvement. A handful of States are also linking grant funds to make improvements identified during a program assessment. In some cases, these assessments are linked to achieving accreditation or meeting benchmarks established by the State. Others are based on environmental rating scales such as the Harms and Clifford scales². In either case, the approach is an incentive—in order to receive grant funds, programs must make progress toward meeting specific goals.

Monitoring Compliance with Regulatory Requirements

CCDF funds are an important source of support for monitoring compliance with State child care licensing and regulatory requirements. These Federal funds help States to lower caseloads for licensing staff, as well as to expand training opportunities for these staff and to create cross-system regulatory and technical assistance teams. A few States are also looking carefully at their regulatory requirements and how they link with career development and reimbursement policy.

² Thelma Harms, Richard Clifford, and others at the University of North Carolina at Chapel Hill's Frank Porter Graham Child Development Center 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 online at <http://www.fpg.unc.edu/~ecers/index.htm>.

Training and Technical Assistance

Every State reported that it was involved in training and technical assistance activities. Indeed, CCDF funds have long been used for this purpose. What is new, however, is that many Lead Agencies are taking a new look at how they administer and fund training and technical assistance. States are increasingly viewing these services as part of a broader career development approach and are linking them to training strategies in other systems (such as Head Start, prekindergarten, and early intervention). Lead Agencies are also working with Statewide systems like the CCR&R agencies and institutions of higher education to administer or help coordinate training and technical assistance funds.

Compensation of Child Care Providers

The importance of having a direct impact on practitioner compensation has increased as more States have become involved in career development efforts. Several States described new compensation initiatives in their block grant plans, and eight States reported that they use CCDF funds for grant programs specifically aimed at improving wages for child care practitioners. Others stressed the importance of linking licensing, training, career development, and compensation.

As this brief summary suggests, and the following report illustrates in greater detail, CCDF Lead Agencies are employing a variety of innovative methods to make high-quality, affordable child care more available to low-income families. Much is being done to bring new partners and new resources into the effort, leveraging CCDF funds to create comprehensive systems of care that will help to expand and improve services for children and their families.

Part I—Administration

Section 1.1 and 1.2

The State Plan pre-print asks States to identify the State’s 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, regulations and in accordance with the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)” To provide readers with the most current information available, an updated list of State Lead Agency contacts is provided as the Appendix to this report.

Section 1.3

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 1999 through September 30, 2000. (§98.13(a))

As indicated in the guidance provided to States with the State Plan preprint, the purpose of this question is to provide the public with an indication of the amounts available for child care and related activities through the CCDF. The amounts provided in response to this question are for informational purposes only. Estimates are for the one-year period 10/1/99 -- 9/30/00 even though the Plan covers a two-year period. The chart below shows Lead Agency estimates as reported in the State Plans:

State Name	Federal Child Care & Development Fund	State Maintenance of Effort and Matching Funds
Alabama	\$77,887,977	\$14,594,497
Alaska	\$21,022,600 [Figure includes CCDF funds (\$8,971,137) and transfers from TANF block grant (\$12,051,463)]	\$6,135,740
Arizona	\$93,169,141 [Includes \$33,917,000 in TANF transfer]	\$18,116,829
Arkansas	\$29,840,292	\$5,797,763
California	\$648,182,039	\$228,152,306
Colorado	\$55,000,000	\$21,000,000
Connecticut		
Delaware	\$10,379,837	\$21,800,000
District of Columbia	\$8,680,564	\$6,007,000
Florida	\$281,000,000	\$78,500,000
Georgia	\$124,442,544	\$43,183,699
Hawaii	\$14,648,876	\$10,112,697
Idaho	\$14,404,934 (TANF Transfer: \$6,600,000)	\$3,534,283
Illinois	\$153,300,321	\$109,105,969
Indiana	\$71,600,000	\$30,500,000

State Name	Federal Child Care & Development Fund	State Maintenance of Effort and Matching Funds
Iowa	\$30,389,871	\$11,623,894
Kansas	\$49,246,318	\$14,014,224
Kentucky	\$53,120,284	\$13,711,165 (May transfer up to \$36 million from TANF grant)
Louisiana	\$50,584,468	\$13,521,746
Maine	\$18,410,566 (includes TANF transfer)	\$4,156,510
Maryland	\$60,551,887	\$44,850,794
Massachusetts	\$84,810,457	\$68,759,157
Michigan	\$105,978,234	\$61,420,844 (also: Direct TANF Claim of Child Care Services \$297,000,000; Anticipated TANF transfer to CCDF \$155,070,600)
Minnesota	\$48,300,000 (includes \$5.8M for automation and \$39.9M in TANF)	\$71,000,000 (MOE - \$19.7M, Matching - \$20.1M; Additional State Match - \$71M)
Mississippi	\$38,295,144	\$5,355,689
Missouri	\$68,569,912	\$31,372,258
Montana	\$22,387,494 (this includes \$11,800,000 transfer from TANF funds)	\$2,739,485
Nebraska	\$24,200,091	\$10,142,921 [This is the amount required of the State to receive the Federal money. However, we will spend approximately \$4.3 to \$4.7 million more.]
Nevada	\$14,968,954	\$9,610,543
New Hampshire		
New Jersey	\$136,686,000 (Includes transfer from TANF of \$54,960,000)	\$56,433,000
New Mexico	\$26,595,000 \$23,600,000 TANF transfer	\$5,906,754 \$6,000,000 Head Start for TANF Clients (State general funds)
New York	\$245,000,000	\$178,000,000
North Carolina	\$132,882,243 (It is anticipated that the NC General Assembly will transfer TANF funds into the CCDF as in the past. It is not known at this point what amount of TANF funds may be transferred into the CCDF for Federal fiscal year 1999-2000.)	\$55,666,853
North Dakota	\$9,886,042	\$2,152,075
Ohio	\$155,531,296	\$77,802,629
Oklahoma	\$56,664,722	\$16,408,051
Oregon	\$44,286,441	\$20,172,079
Pennsylvania	\$241,066,271 (Included in this amount is an estimate of \$113,388,250 currently projected to be transferred from the TANF Block Grant.)	\$80,974,671
Puerto Rico	\$28,322,727	N/A
Rhode Island	\$28,583,935 (TANF transfer added)	\$8,664,858
South Carolina	\$45,900,000	\$10,600,000
South Dakota	\$8,597,393	\$2,306,942
Tennessee	\$139,058,800	\$29,337,500

State Name	Federal Child Care & Development Fund	State Maintenance of Effort and Matching Funds
Texas	\$328,173,235	\$79,957,324
Utah	\$31,920,700	\$7,842,200
Vermont	\$13,302,370 (Includes \$5,000,000 TANF transfer)	\$6,983,018
Virginia	\$88,458,665 (includes \$17,343,003 TANF transfer)	\$46,604,578
Washington	\$84,676,961	\$59,876,224
West Virginia	\$34,144,296 (\$10 million TANF transfer)	\$5,205,073
Wisconsin	\$102,970,500 (\$63,656,500 from TANF Transfer)	\$16,449,400
Wyoming	\$6,836,974	\$2,696,701

Section 1.4

The Lead Agency estimates that the following amount (or percentage) of the CCDF will be used to administer the program: (§98.13(a))

As with Section 1.3, the preprint guidance specifies that the purpose of this question is to provide the public with an indication of the amounts available for child care and related activities through the CCDF. The amounts provided in response to these questions are for informational purposes only. The chart below shows Lead Agency estimates of expenditures for administration during the Plan period:

State Name	Amount and/or Percentage for Administration
Alabama	5%
Alaska	\$541,700
Arizona	Not more than 5% of the CCDF will be used to administer the program.
Arkansas	5%
California	\$6,842,000
Colorado	4%
Connecticut	
Delaware	\$664,939
District of Columbia	\$434,028
Florida	5%
Georgia	\$6,837,496
Hawaii	\$989,497
Idaho	5%
Illinois	5%
Indiana	Not to exceed 5%
Iowa	\$1,846,759
Kansas	\$2,829,376
Kentucky	up to 5%
Louisiana	\$3,205,000
Maine	2.2%
Maryland	5%

State Name	Amount and/or Percentage for Administration
Massachusetts	2%
Michigan	5%
Minnesota	\$3,300,000 [4.3% (When transfers to CCDF are included, total admin is 2.9%)]
Mississippi	5%
Missouri	5%
Montana	\$323,454
Nebraska	not more than 5%
Nevada	5%
New Hampshire	
New Jersey	5%
New Mexico	\$896,800
New York	5%
North Carolina	\$6,644,112 (5% of Federal CCDF funds)
North Dakota	5%
Ohio	5%
Oklahoma	5%
Oregon	not to exceed 5%
Pennsylvania	5%
Puerto Rico	\$1,416,136 (5%)
Rhode Island	5%
South Carolina	5% of Mandatory, Matching Federal and State, and Discretionary
South Dakota	5%
Tennessee	\$1,435,600
Texas	5%
Utah	4.5%
Vermont	\$1,014,269 (5%)
Virginia	5%
Washington	5%
West Virginia	\$1,818,899 (5%)
Wisconsin	5%
Wyoming	5%

Section 1.5

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5 – Activities and Services to Improve the Quality and Availability of Child Care?

None of the Lead Agencies administer *all* services and programs funded under the CCDF Act. While many Lead Agencies assume primary responsibility for administering funds for child care services, all of the States reporting contract with at least one other entity to administer funds to improve the quality and availability of child care. The other principal entities identified by Lead Agencies as participating in the administration or

implementation of CCDF-funded programs include: CCR&Rs; State TANF agencies, State Departments of Education, and other State agencies (including Economic Development, Health, and Transportation departments); child care providers and family child care networks; universities and colleges; tribal organizations; and other entities, including private non-profit and for-profit organizations. A list of the types of entities that assist States in administering CCDF funds is included below.

State Name	Other Agency that will administer or implement all or some services, programs and activities funded under the CCDF Act
Alabama	Regional Child Care Management Agencies
Alaska	Division of Public Assistance (TANF) Resource and Referral Agencies Local Administrators
Arizona	Other State agencies MAXIMUS (in a specified portion of Maricopa County)
California	County Social Service Departments Resource and Referral Agencies Alternative Payment Program contractors Child care centers and family child care networks with State contracts Other local, public and private agencies Tribal organizations
Colorado	County Social Service Departments Resource and Referral Agencies Other local agencies Colorado Department of Education
Connecticut	
Delaware	DSCYF Division of Family Services Statewide Resource and Referral Agency Private providers
District of Columbia	Child Care Resource and Referral Agency Child care providers and family child care networks
Florida	Community Child Care Coordinating (4-C) Agencies
Georgia	County Departments of Family and Children Services Georgia Child Care Council
Illinois	Other governmental agencies Child Care Resource and Referral Agencies Child Care providers and family child care networks
Indiana	Local agencies (by Step Ahead Planning Council)
Kansas	Kansas Department of Health and Environment Kansas Association of Child Care Resource and Referral Agencies
Louisiana	Department of Education Office of Community Services (for children in foster care or receiving CPS)
Maryland	Department of Business and Economic Development
Massachusetts	Community Based Child Care Centers (under contract) Child Care Resource and Referral Agencies Department of Transitional Assistance Various Massachusetts colleges and universities
Michigan	Michigan Community Coordinated Child Care Association Family Independence Agency Department of Education Department of Community Health Department of Consumer and Industry Services

State Name	Other Agency that will administer or implement all or some services, programs and activities funded under the CCDF Act
Minnesota	County Social Services Agencies Resource and Referral Agencies Community agencies and organizations
Mississippi	Office of Children and Youth Designated Agents (eight local Planning and Development Districts & one Head Start organization)
Missouri	Department of Health Department of Elementary and Secondary Education
Montana	Early Childhood Services Bureau of the Human and Community Services Division, Montana Department of Public Health and Human Services
Nebraska	Local Health and Human Services Offices
Nevada	Child Care Resource and Referral Agencies
New Hampshire	
New Jersey	Unified Child Care Agencies (local Child Care Resource and Referral Agencies and units of local government) Child care providers and family child care networks
New Mexico	Training and Technical Assistance Centers (community-based agencies and colleges & universities)
New York	County Social Service Departments Child Care Resource and Referral Agencies State University of New York City University of New York New York City Department of Health New York City Administration for Children's Services Office of Court Administration Non-profit community agencies and family child care networks Cornell University American Red Cross New York State Child Care Coordinating Council
North Carolina	County Departments of Social Services Local non-profit organizations
North Dakota	County social service departments
Ohio	County Departments of Human Services (who may contract with child care providers or resource and referral agencies)
Oregon	Commission for Children and Families Department of Education Portland State University
Pennsylvania	Child Care Information Service agencies
Puerto Rico	Child care providers
Rhode Island	Other public and private agencies
South Carolina	State Department of Social Services State Department of Education South Carolina Department of Disabilities and Special Needs State Board for Technical and Comprehensive Education
Tennessee	Local broker agencies (universities and community agencies)
Texas	Local Workforce Development Boards
Utah	Other State government agencies
Vermont	Community based, private, non-profit organizations

State Name	Other Agency that will administer or implement all or some services, programs and activities funded under the CCDF Act
Virginia	Virginia Dept of Housing and Community Development Virginia Dept of Mental Health, Mental Retardation and Substance Abuse Services The Planning Council, Norfolk VA The Child Caring Connection, James City County VA United Way agencies Northern Virginia Planning District Commission The Child Caring Connection The STOP Organization
Washington	Department of Community, Trade and Economic Development Department of Health
West Virginia	Child Care Resource and Referral Agencies County office of the Department of Health and Human Resources Governor's Cabinet on Children and Families Maternal and Child Health West Virginia Department of Education
Wisconsin	County Human Service or Social Service Departments American Indian Tribes Various local nonprofit and for-profit entities (including employment and training agencies, job centers, private industry councils, Migrant Opportunities Services, MAXIMUS) Wisconsin Child Care Improvement Project Wisconsin Early Childhood Association Child Care Information Center Wisconsin Technical College System Milwaukee Area Technical College
Wyoming	Various community agencies receive quality funds

Section 1.6

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:

Determine eligibility of non-TANF families?

- Eighteen Lead Agencies (AK, DE, DC, ID, IA, KS, LA, MD, MI, MO, NE, NM, RI, SC, UT, VA, WA, WY) indicate that they determine eligibility of non-TANF families.
- Twenty-five Lead Agencies (AL, AZ, CA, CO, FL, IL, IN, ME, MA, MN, MT, NV, NJ, NY, NC, ND, OH, OR, PA, PR, TN, TX, VT, WV, WI) do not perform this function themselves.

Determine eligibility for TANF families?

- Twenty-three Lead Agencies (AL, DE, DC, ID, IN, IA, KS, LA, ME, MD, MI, MO, MT, NE, NV, PA, PR, RI, TN, UT, VA, WA, WY) report that they determine eligibility for TANF families.

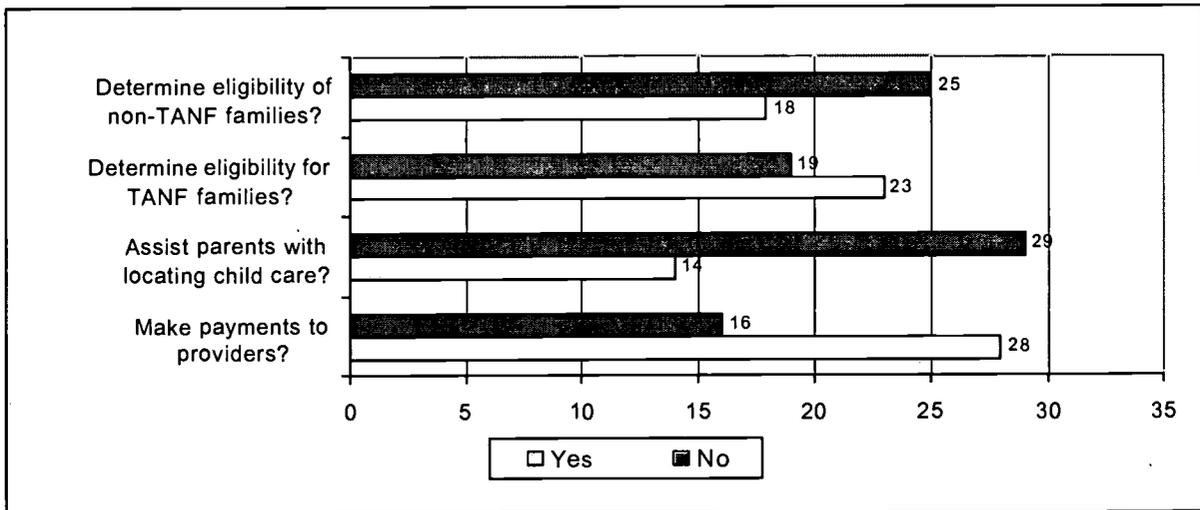
- Nineteen Lead Agencies (AK, AZ, CA, CO, FL, IL, MA, MN, NJ, NM, NY, NC, OH, OR, SC, TX, VT, WV, WI) report that they do not determine eligibility for TANF families.

Assist parents with locating child care?

- Fourteen Lead Agencies (DE, DC, IA, KS, MA, NE, NM, PA, PR, RI, SC, VA, WA, WY) indicate that they directly assist parents with locating child care.
- Twenty-nine Lead Agencies (AL, AK, AZ, CA, CO, FL, ID, IL, IN, LA, ME, MD, MI, MN, MO, MT, NV, NJ, NY, NC, ND, OH, OR, TN, TX, UT, VT, WV, WI) indicate that they do not perform this function themselves.

Make payments to providers?

- Twenty-seven Lead Agencies (AK, AZ, DE, DC, ID, IL, IA, KS, LA, ME, MD, MA, MI, MO, MT, NE, NM, ND, OR, PR, RI, SC, TN, VT, VA, WA, WY) report that they make payments to child care providers.
- Sixteen Lead Agencies (AL, CA, CO, FL, IN, MN, NV, NJ, NY, NC, OH, PA, TX, UT, WV, WI) report that this function is performed by another agency.



Section 1.7

Is any entity named in response to section 1.6 a non-governmental entity?

Most States report delegating one or more of the CCDF-funded tasks outlined in Section 1.6 to non-governmental agencies, such as contracted voucher management agencies or CCR&Rs. Only seven States (DE, DC, IA, MO, NE, RI, SC) indicate that none of the

agencies determining eligibility, assisting parents with locating child care, or making payments to providers under §98.50 are non-governmental agencies.

Section 1.8

Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53? Is the entity designated to receive private donated funds (named above) a non-governmental agency? (§98.11(a))

Five States (MA, NY, SD, TX, WI) indicate that they use private, donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53. Only one State (WI) designates a non-governmental agency to receive those funds.

Section 1.9

1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement?

*1.9.3 Will the State use Pre-K expenditures to meet more than 10% of the: Maintenance of Effort requirement?
Matching fund requirement?*

More Child Care/Early Education Initiatives

While efforts to coordinate multiple funding streams into a single, seamless system are not new, in recent years States have taken a broader and more comprehensive approach to this work. In some States, social service and education departments are jointly funding and administering full-day, year-round early care and education systems for three- and four-year-old children. Head Start is often involved in these efforts. School districts are also coming on board, and have begun to develop locally based collaborative approaches for preschool-age children as well as for before- and after-school care.

- Seven States (AR, HI, MI, NJ, OR, TX, WA) reported that they will use State expenditures for Pre-K programs to meet a portion of the CCDF maintenance of effort (MOE) requirement. In three of these States (MI, NJ, TX), more than 10% of the MOE will be met with Pre-K expenditures.
- Nine States (AR, FL, HI, MD, MA, MI, NJ, OR, TX) reported that they will use State expenditures for Pre-K program to meet a portion of the CCDF matching fund requirement. In four of these States (MA, MI, NJ, TX), more than 10% of the matching fund requirement will be met with Pre-K expenditures.

Florida State law requires that at least 75% of the children projected to be served by school districts' pre-kindergarten early programs be economically disadvantaged four-year-old children of working parents.

The Preschool Open Doors Program in **Hawaii** provides a higher subsidy rate and allows parents to access a full-day preschool program for their four-year-olds.

During State FY 2000, the Lead Agency in **Maryland** will issue a Request for Proposals for the expansion of part-day, part-year programs such as Head Start and State Pre-K programs. The goal is to increase the availability of full-time child care services to meet the needs of working families.

Massachusetts allocates a portion of its CCDF funding to the Community Partnership Project, an early care and education initiative for three- and four-year-old children. At least one-third of the slots in this program must be for full-day, full-year care that meets the needs of working parents. The Massachusetts Office of Child Care Services and the State Department of Education are working together on a unified child care management system that will help to coordinate funds for this program and ensure "one-stop shopping" for parents.

The Lead Agency in **New Jersey** will initiate additional contracts for quality initiatives with community-based child care agencies. These contracts will give priority to programs in the most disadvantaged school districts (the "Abbott Districts") and will be designed to expand prekindergarten opportunities for three- and four-year-old children in these districts. Funds will be available to expand kindergarten and pre-K programs to full-day/full-year and increase the number of pre-K programs administered by private non-profit and for-profit child care center programs, as well as for other quality initiatives.

In **Texas**, the Lead Agency reports that matching funds are targeted for use in pre-kindergarten programs offering full-day and full-year services, including services during school holidays and breaks. School districts applying for or using matching funds for pre-kindergarten programs must conduct parent pre-enrollment planning surveys of parents to determine their child care needs.

Part II—Developing the Child Care Program

Sections 2.1 and 2.2

Describe the consultations the Lead Agency held in developing this Plan. At a minimum, the description must State what representatives of local governments (including tribal organizations when such organizations exist within the boundaries of the State) were consulted. (658D(b)(2), §98.12(b), §98.14(b))

Describe the results of coordinating the delivery of CCDF-funded child care services with other Federal, State, tribal (if applicable), and local child care, early childhood development programs and the agencies specified at 658D(b)(1)(D) §98.12, §98.14(a)(1)(A)(D).

In developing the CCDF Plan and coordinating the delivery of CCDF-funded child care initiatives, Lead Agencies consult with and work in partnership with many Federal, State, tribal and local entities. While each State is different, there are some common approaches. A description of some of these strategies is included below.

- Thirty-eight States (AL, AK, AZ, AR, CA, CO, DE, DC, FL, GA, HI, IL, IA, KS, MA, ME, MN, MO, MT, NJ, NC, ND, NM, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, VA, VT, WA, WV, WY) reported that their Lead Agency works in partnership with the entity responsible for administering TANF funds. Eleven States (AR, AZ, CO, DC, FL, ID, IL, KS, NE, RI, WA) indicated that they have developed a single, “seamless” system for the administration of child care subsidies to all families—whether they are part of the TANF system or income-eligible, non-TANF families. Eighteen States (AL, AK, CO, GA, MN, MO, NJ, NC, ND, OH, OK, OR, PA, PR, RI, SC, TX, VT) indicated that they have developed initiatives that promote “one stop shopping” (where TANF recipients can receive child care and other benefits at a single location) or that ensure effective referrals or linkages among the agencies that administer child care and TANF cash benefits.

Alaska’s CCDF State Plan was developed jointly by the State’s TANF administrator and the CCDF administrator. During the planning process, many opportunities to enhance the working relationship between these two administrative bodies arose, including development of a Memorandum of Agreement between the departments, revision and coordination of the policies and procedures between TANF case managers and local child care administrators, coordination of the policies concerning the use of exempt child care providers under TANF and CCDF subsidy programs, review and revisions of policies and procedures manuals used by TANF and CCDF personnel, and coordination of training opportunities for both TANF and CCDF personnel on child care issues. Alaska is also working on joint planning efforts with the Alaska Job Center Network for shared office space to provide a single point of

contact for families who are seeking employment, child care, and other family services.

In **Arizona**, the Lead Agency develops plans and policy for the day-to-day operation of child care programs that provide services to TANF cash assistance recipients and other families eligible for services. Coordination with the JOBS program and the DES Family Assistance Administration (FAA), which determines TANF eligibility, is handled internally to ensure that appropriate child care services are provided for TANF recipients. The Lead Agency also meets and maintains contact with a private sector vendor, MAXIMUS, Inc., to coordinate policies and procedures that affect child care services to families that participate in the Arizona Works Program.

North Carolina blends Federal and State child care funds and coordinates with county departments of social services, local Head Start agencies, the State TANF agency, the North Carolina Partnership for Children (Smart Start), the Cherokee Center for Family Services, and other local purchasing agencies to create a seamless system of subsidized child care for needy children. State-level coordination has also made it possible for North Carolina's Lead Agency to increase the amount of child care information available to job-seekers at the 60 JobLink Career Centers across the State. JobLink Centers are one-stop career centers that enable customers to access services of the Employment Security Commission, Job Training Partnership Act (now Workforce Investment Act) program, Work First (TANF agency), community college system, and other partners from the employment and workforce development communities. All local JobLink centers offer basic information on child care; some counties have staff on site who can help customers fill out applications for subsidized child care.

Oklahoma's Lead Agency takes an aggressive role in assuring that low-income families are aware of and have access to the Earned Income Credit program. Information on EIC was mailed to all TANF and food stamp recipients as well as all child care homes and centers in the State.

Rhode Island established a legal entitlement to child care assistance for all families with incomes at or below 225% of the Federal Poverty Level, whether or not the family is receiving TANF cash benefits. (In July 2000, the eligibility ceiling was raised to 250% of poverty.)

- Twenty-five States (AL, AK, AR, AZ, CA, DC, GA, HI, ID, KS, MD, MI, MO, MN, MT, NY, NC, ND, OH, OK, PA, RI, SC, SD, TX) collaborate with the State Education Department or another public or private entity to expand services for school-age children.

California's new After-School Learning and Safe Neighborhoods Partnership Program provides safe, constructive alternatives for students in grades K-9. Funds are available for local after-school programs, which offer both an education and a literacy component in core subject areas, and an enrichment component involving a

broad range of youth development activities. Programs must utilize a collaborative planning process that involves parents, youth, governmental agencies, cities, counties, park and recreation departments, community organizations, and the private sector.

Georgia created new before- and after-school programs by coordinating with the Georgia School Age Care Association and the Boys and Girls Club.

The Lead Agency in **Hawaii** has entered into an agreement with the Department of Education to provide subsidies for TANF children who attend the After-School Plus Program (Hawaii's universal school-age child care initiative). State Education funds are used to support income-eligible families. The Lead Agency also funds training for staff in the DOE school-age child care programs.

In **Mississippi**, the Lead Agency works with the Amos Network, a grassroots faith-based organization, to promote universal, affordable after-school care.

In collaboration with the State Education Department, **New York's** Lead Agency will administer a new initiative, called the Advantage Schools Program, that will offer safe and accessible places for school-age children to learn and play between the hours of 3 p.m. and 7 p.m. on school days. Programs are to be operated in school buildings by community organizations.

Pennsylvania encouraged all of its local school districts to investigate ways to provide wraparound or complementary child care to existing half- and full-day kindergartens and Head Start programs, either under the aegis of the district or in collaboration with community-sponsored programs. The Lead Agency developed sub-grants with local districts and regional school-age child care agencies to help establish and operate the programs. Policies and procedures are the same as those used by the subsidized child care system (including use of the same sliding fee scale, child eligibility criteria, and forms).

South Dakota worked with the State Arts Council to provide all out-of-school-time (OST) programs with information on the Artists in the Schools program, the community arts councils, and rosters of qualified available artists. OST programs were encouraged to use their State grant money to underwrite such activities.

- Twenty States (AL, AK, CA, CO, DC, FL, GA, IA, MA, MD, MN, MI, NJ, NY, OH, SC, SD, TN, TX, WA) reported that they work with their State Education Department, or another State agency, on a preschool or prekindergarten initiative.

Alaska created a new Department of Education and Early Development (EED) to administer child care and other early education programs (EED also became the CCDF Lead Agency). In addition to many other responsibilities, EED works with local schools to increase the availability of preschool programs.

Colorado has strengthened relationships between the CCDF Lead Agency and the State Department of Education in many ways. One key coordinating group is the

Early Childhood Leadership Team. This group plans, problem solves, and combines resources to better integrate and ensure quality services for young children. As a result of this work, joint site visits are being made to local programs by Child Care Licensing, Head Start, Part C, Pre-school and other programs to foster improved coordination of services. Colorado has also established local *Learning Clusters*, which bring together practitioners from all sectors of the early care and education system to identify training needs and jointly plan collaborative training. Funding to support the Clusters is pooled from CCDF and the Colorado Department of Education. Additionally, the Department of Education and the CCDF Lead Agency are working closely on a pilot program that creates consolidated child care services. Eighteen communities have been selected to participate, and are permitted to blend funding from a variety of sources—including the Colorado Pre-school Program, Federal CCDF funds and Head Start—to meet local needs.

The Lead Agency in **Maryland** worked with the State Department of Education to conduct a survey of all schools to determine how many offer full-day wrap-around care for Pre-K, Kindergarten, and school-age children. The survey results will be used to determine how the two agencies can jointly assist local communities to expand existing services.

In **Michigan**, the Lead Agency coordinates with the Department of Education, which operates the Michigan School Readiness Program, and administers CCDF funds for a preschool program for “at-risk” three-year-old children.

New Jersey earmarked Pre-K Planning Grants to build collaboration among its Early Childhood Program Aid School Districts and the child care community.

New York has established a universal pre-kindergarten program for four-year-olds, which is being phased in over a five-year period. Many school districts have chosen to operate the pre-kindergarten program via contracts with community-based child care agencies. The Lead Agency has collaborated with the State Education Department to ensure that child care policies and standards are articulated to districts seeking to contract with child care programs.

The Lead Agency in **Tennessee** coordinates with the State Department of Education to support 30 early childhood classrooms across the State to serve at-risk low-income children.

Texas continues to expand its collaborative child care and pre-kindergarten initiative to meet the needs of low-income working parents with shared Federal, State, and local funding.

- Eight States (AZ, AR, CO, DE, GA, MA, OK, RI) reported that they collaborate with other agencies to collect and analyze relevant data on child care supply and demand.

Arizona's Lead Agency participates in an Interagency Data Sharing Committee comprised of representatives from the Arizona Department of Education (ADE) and the Arizona Department of Health Services (DHS). The Committee work is directed toward achieving a greater degree of consumer protection and improved quality of child care services through interagency communication, coordination, and consistency. (ADE administers Preschool Handicapped, Title I, and the Child and Adult Care Food programs. The DHS administers the Office of Child Care Licensure and the Office of Women and Children's Health).

Arkansas has contracted with the University of Arkansas at Little Rock to conduct a Statewide survey of existing child care and family needs. The Lead Agency will match this survey data with TANF caseloads to determine the areas where care is most needed, especially for such target populations as Infant/Toddler, School Age, Special Needs, Non-Traditional Care, and Sick Care. Additional care will be developed in the areas/counties where current slots are not adequate to meet the needs of the workforce development efforts.

Delaware has established a data and technology committee that includes representatives from the Department of Labor, Health and Social Services, Transportation, Services for Children, Youth and their Families, the Economic Development Office, and the Wilmington MTA. This committee is working on a project to "geocode," or assign a physical street address, to each record in a database. Data on employers, training sites and schools, bus routes, and child care facilities will be included. This information will then be displayed on an interactive map that will be accessible via the World Wide Web and will, for example, allow State child care workers to generate a list of early childhood programs that are close to a client's home or place of employment, and/or on a public transportation route.

Massachusetts established an interagency group to develop a community needs assessment tool to guide the development of programs for three- and four-year-old children, as well as data sharing techniques that allow the Office of Child Care Services and the Department of Education to collect child-specific data, process billing, and monitor waiting lists.

The Lead Agency in **Oklahoma** collaborated with the State Department of Education on a school readiness survey that was sent to all kindergarten teachers. The results of the survey were presented by the State superintendent to various audiences to encourage public/private partnerships for the early care and education field and will also be used to assist the Lead Agency in developing quality programs for children 0-5 years of age.

Rhode Island is working with the State's Kids Count project to form a special committee to define new child indicators of well-being. This is a relatively new effort, which the State hopes will result in gathering and monitoring the critical data they need for accountability and quality assurance.

- Twenty-six States (AL, AK, AZ, CA, ID, KS, LA, ME, MI, MT, MN, MS, NV, NC, ND, NE, NM, NY, OK, OR, SC, SD, UT, WA, WI, WY) reported collaborations with tribal organizations.

Alaska is working with tribal organizations to simplify procedures for families that transition between tribal child care assistance programs and State child care assistance programs.

Idaho's Lead Agency presented the draft plan and solicited input from Idaho's Workforce Development council that has representation from local governments and tribal organizations, public health, employment services, and public education.

The Lead Agency in **Kansas** maintains open communication and coordination with the tribes to ensure that eligible families receive the child care services they need. Quarterly meetings are held with the Kickapoo Tribal TANF program, where eligible tribal members have a choice or "dual eligibility" for either the State CCDF funds or tribal CCDF funds. A different arrangement has been worked out with the Potawatomi, Iowa, Sac and Fox tribes, where eligible families receive State administered CCDF funds.

The Statewide Child Care Advisory Council in **Montana** has a tribal CCDF coordinator as a member. This representative is responsible for bringing the general child care concerns of the seven Montana tribes to the council in order to ensure compatibility of programs between the State's plan and the Tribal plans. As a result of having the Confederated Salish and Kootenai tribes of the Flathead Nation operating its own TANF program, the Montana Automated Child Care System is being updated to accommodate the tribal TANF families.

Oklahoma has worked with the tribes to establish common licensing and rate reimbursement policies and to improve efficiency by coordinating licensing visits.

The Lead Agency in **Washington** participates in a tribal work group that facilitates coordination and problem solving related to tribal access to child care resources. Some of the ongoing issues that are addressed include improving tribal members' access to child care subsidies, clarifying licensing and certification definitions and differences, developing recommended health and safety standards, redesigning/streamlining background investigation process, and making technical assistance more readily available to tribes.

- In thirty-seven States, the Lead Agency (AL, AK, AZ, AR, CA, CO, DC, FL, GA, HI, ID, IL, IN, IO, KS, MD, MA, MI, MN, MS, MO, MT, NM, NY, NC, ND, OH, OK, PA, PR, RI, SC, SD, TN, TX, VA, WA) works collaboratively with the State health department.

In **Alaska**, Public Health Nurses (PHNs) commit over 50% of their time to providing services to young children and their families. In some cases, this includes offering direct services or consultations to child care providers, but these efforts vary widely

depending on location, community resources, and other factors. To help strengthen this relationship, the Lead Agency and Public Health Nurses are currently developing plans and protocols for working directly with providers, and offering early care and education training to a PHN coordinator.

In **Arkansas**, the Lead Agency works with the State Department of Health to ensure that providers maintain immunization records. The Department of Health provides free immunization clinics at the child care facilities as well as training to providers on immunizations.

The **California** Lead Agency funds the Child Care Health Line, a toll-free telephone line to provide parents and child care providers consultation on children's health and safety issues. This telephone line is answered by pediatric health professionals and receives 200 to 300 calls per month.

Florida coordinates with the Department of Health to ensure that families that receive child care subsidies are also informed about subsidized health care. Local Community Child Care Coordinating Agencies (who also administer child care subsidies) work with their County Public Health Units to aid in the identification and enrollment of uninsured children into Florida Kid Care, Florida's State Child Health Insurance Program. A curriculum for child care providers on the Florida Kids Care application is provided by the Florida Children's Forum.

The Lead Agency in **Idaho** contracts with seven regional district health offices to monitor child care provider compliance with health and safety standards. The health districts also provide for a health educator who is available to child care programs regionally for health consultation and technical assistance.

Healthy Child Care **Iowa** has established Statewide linkages between child care and child health experts to improve the health and safety of children in child care settings. The Department of Public Health has contracts with the five CCR&Rs to establish a health advisory committee; conduct a Statewide standardized needs assessment of health and safety issues in child care; and contract for a full-time child care health consultant in each service delivery area to develop a plan to provide education, technical assistance, and consultation on health and safety issues.

In **North Dakota**, a nurse has joined the CCR&R staff to make home visits to providers to teach good methods of sanitation and how to minimize the spread of disease among children in care.

The Lead Agency in **South Dakota** is collaborating with the Department of Health to promote basic health and safety in child care facilities. Training will involve a partnership with Emergency Medical Services. Training on injury prevention and first aid is being provided in five regions as well as reservation areas.

- Forty-three States (AL, AZ, AR, AK, CA, CO, DE, DC, GA, HI, ID, IL, IN, IA, KS, KY, MD, ME, MA, MI, MN, MS, MO, MT, NE, NM, NJ, NY, NC, ND, OH, RI, SC,

SD, TN, TX, UT, VA, VT, WA, WV, WI, WY) described collaborative efforts with Head Start in their CCDF plans.

Delaware's Lead Agency has coordinated with the Head Start Collaboration Project, the Department of Education, and licensed child care providers to develop a plan to provide full-year, full-day services in Delaware Head Start and Head Start-like programs. Activities included reviewing results of Head Start Statewide child care needs assessments; conducting focus groups with Head Start and child care providers to discuss issues and develop/identify potential partnerships; offering training and technical assistance for programs to create and implement plans for full-day, full-year partnerships; and addressing policy and funding barriers impacting collaborative efforts.

The **Massachusetts** Departments of Health and Human Services and Education worked together to develop a Head Start Partnership rate that made it possible to provide Head Start "wrap around" funding to many of the contracted child care providers.

Minnesota has hired a staff person to provide technical assistance to collaborative Head Start and child care efforts and to develop a Head Start and Child Care Partnership Manual.

Montana also developed a Head Start Partnership Training Guide as well as a training program to help the partners strengthen their relationship and improve their capacity to collaborate.

The Head Start Collaboration Project in **Texas** has provided leadership and staff support for the State's career development system for early care and education practitioners.

- Thirty-one States (AK, AR, CA, CO, DE, DC, FL, GA, IL, ID, IN, IA, ME, MD, MI, MS, MT, NM, NY, NE, NC, OH, OK, PR, SC, TN, TX, UT, VT, WV, WY) reported collaborative efforts to promote early intervention and support quality child care services for children with disabilities.

Colorado developed a special cross-systems initiative, called Colorado Options for Inclusive Child Care, to enhance the capacity of the existing CCR&R system to assist families who are seeking to secure child care for children with special needs.

The **Delaware** Lead Agency collaborates with the State's Public Health Division to offer training and technical assistance to providers seeking information about children with disabilities as well as provisions of the Individuals with Disabilities Education Act.

South Carolina makes child care funds available for Provider Access Grants to aid in removing barriers that prevent providers from serving children with special needs.

- Twenty-five States (CA, CO, FL, GA, ID, IL, IN, KS, KY, LA, MD, MN, MS, MO, NJ, NY, NC, OH, OR, PA, RI, SC, SD, TX, WA) described efforts to help establish, lead, or coordinate local child care partnerships or coalitions.

In **Indiana**, local groups must demonstrate coordination before a county may receive Step Ahead or CCDF funding. Coordinating entities may include the Local Office of Family and Children, public schools, Head Start, early intervention programs for infants and toddlers, county health departments, PIC programs, WIC programs, maternal and child health programs, and mental retardation and mental health centers.

Rhode Island has established a broad-based team of experts to work together in the drafting of all requests for proposals (RFPs) for child care start-up, expansion, and innovation grants; for training and accreditation services; and for the purchase of new school-linked youth care services. Local partners—such as school districts—are involved in the RFP team.

The Lead Agency in **South Carolina** is actively involved in South Carolina First Steps to School Readiness, a comprehensive, results-oriented initiative for improving early childhood development by providing public and private funds and support through county partnerships. These partnerships will assess needs and resources and develop a local plan to promote school readiness, focusing on high quality child care, health and preventive care, family support services, parent education and training, and early education. In addition to serving on the Statewide governing board for *First Steps*, the Lead Agency is providing leadership on quality measures such as licensing, professional development, and accreditation, and planning a Statewide child care workforce study to help identify and address factors that impact the quality of child care and ultimately contribute to school readiness.

Texas administers all child care funds through the Local Workforce Development Board delivery system. The child care delivery plan developed by each Local Board must include evidence of coordination with Federal, State, and local child care and development programs and local governments.

- Sixteen States (AZ, CA, DE, DC, GA, ID, MA, MO, MI, NJ, NM, NC, NY, PR, TX, UT) reported that they have developed collaborations with the colleges and universities in their States.

New Jersey funded the formation of the New Jersey Professional Development Center for Early Care and Education through a contract with Kean University. The University will develop a Statewide system for professional development that includes standards for professional development and articulation, and a personnel registry and database. The Center will also administer scholarships to persons seeking professional credentials or degrees in Early Childhood Education. Accreditation assistance will also be provided to operators of licensed child care centers and school-age programs and registered family day care providers.

New York transfers CCDF funds to the State University of New York and the City University of New York to support campus-based child care programs at two- and four-year colleges. Additionally, the Lead Agency has worked with the State University of New York to administer scholarships for providers who seek credit-bearing training.

North Carolina is coordinating with the North Carolina Community College System in implementing the TEACH and WAGES\$ initiatives.

- Eight States (CO, DE, DC, LA, MT, NE, NY, PA) reported working collaboratively with the Department of Labor on training and data collection initiatives.

Colorado works with the U.S. Department of Labor and the Colorado Office of the Bureau of Apprenticeship and Training as opportunities arise to address the connection between child care and welfare-to-work. The two agencies jointly prepared a grant application to fund the implementation of a child development apprenticeship system based on a credentialing model being developed by Colorado child care stakeholders.

A collaboration between the **Montana** Lead Agency, the Montana Department of Labor, the Early Childhood Career Development office at Montana State University – Bozeman, and Western Montana College in Dillon has resulted in the creation of a Child Care Development Specialist Apprenticeship.

- Seven States (AZ, CO, MT, ID, PR, SC, SD) described collaborations with the U.S. Department of Agriculture Child and Adult Care Food Program (CACFP).

The **Colorado** CACFP Legally Exempt Homes Expansion Project allows child care providers who are legally exempt from licensing to have access to financial and technical assistance and to participate in a certification process through the State's CCR&R system.

Montana has provided a forum that allows staff from child care licensing and CACFP to work together in planning the provision of technical assistance to child care providers.

The Lead Agency in **South Dakota** pools funding from the Social Services Block Grant (formerly Title XX) and CCDF so that proprietary child care centers may participate in the Child and Adult Care Food Program.

- Several States indicated that they coordinate with agencies and community representatives who are often not included in child care planning or implementation efforts.

The **District of Columbia** meets periodically with representatives of the 13 Department of Defense Child Care Centers located in the Washington, D.C. metropolitan area. These agencies have representatives who serve as mentors to D.C.

directors seeking accreditation as well as on the Child Development Regulations Task Force and the Rates Panel. Additionally, the agencies have published a catalogue of training available on their bases that is free to child care providers in D.C. and the Washington metropolitan area. The District has also provided support for D.C. Public Library Project Reach Out And Read, a program offering training and technical assistance to family child care providers in their homes.

Kansas is reaching out to the Juvenile Justice Authority, a new State agency, to coordinate funding for school-age activities and to adapt a curriculum that deals with preventive intervention for school-age children.

In **Montana**, the State AFL-CIO, the Chambers of Commerce Association, and the CCR&R Network are collaborating on training that links business, labor, and child care.

The Lead Agency in **New York** continues to coordinate with the State Office of Court Administration (OCA) on an initiative that establishes child care centers to provide care for children from low-income families who accompany their parents/caregivers to court. CCDF funds support start-up costs and OCA funds support program operations.

Section 2.3

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services in this Plan. (658D(b)(1)(C), §98.14(c)).

Public Hearing Dates and Locations³

The table on the following page shows the dates of the public hearings on the State Plan for each State. 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, 1999. A review of the State plans found that:

- States held an average of 2.92 public hearings:
 - 16 States held 1 hearing
 - 8 States held 2 hearings
 - 26 States held 3 or more hearings

³ Several States held focus groups and community meetings to get input as they developed their State Plan. These were usually spread out over several months and culminated in one or more public hearings. These earlier focus groups may not be included in this analysis of the number and location of public hearings held.

- States held public hearings in an average of 4.4 different meeting locations:
 - 15 States held hearings in 1 location
 - 5 States held hearings in 2 locations
 - 30 States held hearings in 3 or more locations
- States holding more than one hearing tended to have all hearings within a two-week period. Some States held multiple hearings on the same date in different locations; others held multiple meetings in the same location on different dates. Only five States allowed more than one month between the first and last public hearings.
 - Mississippi held eight hearings between May 17 and 27, 1999, with nearly 160 attendees total
 - Nine public hearings were held in Georgia between May 8 and June 24, 1999
 - Kansas held nine hearings over a six week period from April to June 1999
- In order to maximize participation in the public hearing process and reach interested parties in all parts of the State, several States broadcast their hearings.

Montana held its public hearing via the Montana Education Telecommunications Network, reaching participants at 14 sites around the State.

Iowa used the Iowa Communications Network to reach 43 sites across the State with only one public hearing.

The **District of Columbia** had the hearing videotaped and broadcast regularly on the citywide cable television station.

- The **District of Columbia** and **Rhode Island** also attempted to increase participation in their public hearings by providing interpreters for Spanish-speaking persons and for people who are deaf or hard of hearing. **Rhode Island** also chose a meeting facility that was wheelchair accessible.

Notification of Public Hearings

States use a variety of methods to notify interested parties about the CCDF public hearings. An overview of State notification strategies is provided below:

- Most States use the media to reach their intended audience; some publish an announcement in the Legal Notices section of the State's major newspapers, while many States send press releases to a broad array of news and information outlets. **Arizona** sent press releases to over 120 print and electronic media outlets.
- Direct mailings to child care providers, community groups, parents, and others are also a popular mechanism for soliciting input on the State Plan.

California sent its announcement to a large and diverse group of individuals and organizations, including all CCR&Rs, contractors, county offices of education, school districts, tribal organizations, community college early childhood education

departments, Child Development Training Consortium members, Early Start programs, PTAs, California Children's Roundtable members, public universities and colleges, child development professional organizations, a list of interested parties, educational organizations, California School Age Consortium (CSAC), and Head Start grantees within California.

In **New Jersey**, over 10,000 notices were mailed out to the Unified Child Care Agencies, Child Care Centers, Family Day Care Providers, Human Services Agencies, local Human Service Advisory Councils, the DHS Child Care Advisory Council, school superintendents and all State Departments.

In **South Dakota**, envelope stuffers were included in provider and family communications announcing the hearing date.

- As might be expected, widespread use of the Internet has influenced the way States publicize their public hearings. The number of States using the Internet as a mechanism for disseminating information about public hearings increased by nearly four times over the number reported in the 1997-99 plan cycle. Many States posted both their hearing notice and their draft Plan on the Lead Agency's Web site. Several States also allowed interested parties to provide comments on the draft Plan via the Internet.

Delaware posted its draft Plan on the Lead Agency Web site and on DiamondNet, a Web site and Statewide bulletin board system for nonprofit agencies in the State.

- Many States were assisted in their outreach strategies by other State and local agencies, child care management agencies and other Lead Agency contractors, CCR&Rs, and other organizations involved in the delivery of services to low-income families. These agencies were often the nucleus of the State's outreach and dissemination efforts.

Alabama's Child Care Management Agencies (CMAs) were asked to provide notice to their constituencies (which include a broad representation of child care and early childhood providers and advocates) through their newsletters or other correspondence.

Public review of **Alaska's** draft Plan began with three community forums hosted by the three CCR&Rs in Juneau, Anchorage and Fairbanks. The CCR&Rs were asked to distribute the plan to parents, providers, businesses, and organizations within their regions and communities.

In **Georgia**, the Lead Agency contracted with the Statewide CCR&R association to conduct the State's nine public hearings. **Missouri** also utilized CCR&Rs to host public hearings throughout the State and to provide public notice.

Section 2.4

Describe activities to encourage partnerships that promote private-sector involvement in meeting child care needs. (658D (b)(1), §98.14(a) & (b).

All of the State Plans contain descriptions of public-private partnership activities. The States have adopted a wide range of approaches, from adding programs to building infrastructure to developing systems of care. Additionally, the States have reported a wide range of partners that include CCR&Rs, businesses, housing authorities, economic development authorities, and welfare-to-work agencies. Both State-initiated and community-based models are highlighted in this section.

Local Community Leadership

The following examples highlight the innovative ways that States are supporting efforts in communities to bring together public and private resources to improve the supply, accessibility, and quality of child care.

Each **Indiana** county has a Step Ahead Council working to improve the delivery of services to children and families, including the development of team plans for a State symposium on child care financing. The initiative started with 14 projects; now all 92 counties are building public/private partnerships to increase the role of private sector representatives as leaders on child care issues and investors in quality child care.

In **Minnesota**, the McKnight Foundation convened regional collaboratives to bring together employers, public agencies, and child care organizations to work on local solutions to assist families in the transition from child care to work.

Nebraska has planned specific activities to promote and enhance business involvement in meeting child care needs. Many local communities have developed public-private partnerships to address child care needs. The Head Start State Collaboration Project has developed packets to identify strategies to develop partnerships, especially in communities that have limited child care opportunities.

In **South Carolina**, the lead agency is working closely with the Governor's First Steps program that is expanding and encouraging corporate and community involvement in child care. Corporate involvement at the State level is demonstrated by membership on the State and local First Steps Advisory Committees and by pledged funding for the First Steps initiatives.

In **Texas**, at least 51% of the members of Local Workforce Development Boards represent private industry. The Boards are in the process of developing child care policies and procedures as the program transitions from being State directed to being locally directed. The input of the private industry representatives is expected to result in more meaningful activities to meet private sector needs.

Increasing the Availability of Care

Across the country, partnerships are increasing the availability of care by building and improving facilities, working with CCR&Rs to engage new partners, and through other innovative approaches. The following examples demonstrate the range of current and planned efforts:

Building and Improving Facilities

Although CCDF monies cannot be used for the purchase, construction, or permanent improvement of any building or facility, many states and communities are partnering with banks and community development agencies to create and renovate child care facilities.

California is in the process of implementing loan guarantee and direct loan programs to obtain, maintain, or expand child care facilities. These programs are the result of collaborative efforts between the Lead Agency, the Department of Housing and Community Development, and various banks. The priority of these programs is for services to children from low-income housing.

In the **District of Columbia**, a new Developer Initiative facilitates meetings between housing developers and child care providers. This initiative has resulted in the building of six child care centers in very low-income areas. Developers have built the facilities on a volunteer basis because they recognize that providing facilities for children is a protection of their investment.

The **Illinois** Facilities Fund is working to identify future sources of funds to be used to increase licensed child care capacity throughout the state. The Lead Agency has worked with the Illinois Facilities Fund in the past to expand child care capacity in targeted neighborhoods, constructing seven large family resource centers between 1992 and 1995.

In **Minnesota**, the state legislature established a grant and loan program to enhance and expand child care sites. This project continues to be successful in using public funds to attract contributions from banks and foundations.

North Carolina has created the Child Care Revolving Loan Fund that makes low-interest loans available to private for-profit and non-profit organizations that are starting up, expanding, or improving the quality of a child care facility. The organization that administers the Loan Fund on the Lead Agency's behalf also provides business-related technical assistance.

South Dakota has adopted a unique approach to facilities development. To help make more affordable child care facilities available to small communities, the Governor directed that facilities built by incarcerated inmates be marketed as an affordable alternative for communities in establishing small child care programs serving 20 or fewer children. These facilities were initially designed as affordable homes for elderly and disabled individuals and have been made larger to

accommodate child care services. Currently, four child care facilities have been constructed and permanently placed in communities with populations of less than 5,000. Collaborating agencies in this effort include the CCDF Lead Agency, the Governor's Office of Economic Development, USDA Rural Development, the South Dakota Housing Authority, Department of Corrections, local community development groups, child care providers, and Tribal agencies.

Partnerships with CCR&Rs

In many places, CCR&Rs are the hub of partnership activity. Often created with public and private dollars, CCR&Rs are engaging new partners in new ways.

In Delaware, the business community donates materials to the resource centers operated by the Statewide CCR&R.

Georgia is funding its CCR&Rs to expand partnerships through their outreach efforts in the communities where they are located. These efforts include forums, seminars, and meetings with businesses to address child care issues.

Ohio's Lead Agency partners with the private sector to provide CCR&R services, including enhanced resource and referral services to all who need them, and educational outreach to citizens and employers on the availability and accessibility of child care in the local community. The CCR&Rs also conduct business roundtables and provide support to child care providers on child care issues.

Other Innovative Approaches to Increasing the Availability of Care

In California, a Capacity Building initiative was allocated \$10 million in 1999 for 21 counties with the greatest number of low-income families underserved by child care. Activities in this program, designed to increase the capacity and/or quality of child care in the designated counties, include outreach and recruitment of family child care home providers; training of children's center teachers; and renovation, repair, and expansion of child care facilities.

In Colorado, the Lead Agency will continue to provide guidance to communities and contractors at the State level to reach out to and involve the private sector in child care initiatives. The Lead Agency contracts with counties to develop collaborative public-private partnerships to build child care capacity and increase the availability of affordable, quality early care and education and school-age programs for low-income families. Grants and/or loans to providers to assist them in meeting State and local standards are a part of these grants.

New Jersey is providing technical assistance and consultation in the development of new pilot child care centers and/or family day care to serve the children of State employees, thereby supporting the State's leadership role in promoting employer-supported child care.

Pennsylvania's Allegheny Early Childhood Initiative (ECI) is a public-private partnership that has been developed in Allegheny County. The initiative brings together private industry, public and private resources to expand availability of child care in the area. This five-year public/private program is designed to place eligible low-income Allegheny County children (an estimated 8,000) in quality child care. Up to \$59 million in private funds is being raised to support ECI.

Quality Improvement

In large part, quality improvement partnerships are focused on creating systems for professional development; providing training opportunities for providers; recruiting new providers, and supporting accreditation efforts.

Arizona's Lead Agency continues to be a partner in the Arizona Self-Study Project. This collaborative effort involves a relationship with the Arizona Department of Health Services and private agencies to provide technical assistance to child care centers as they pursue accreditation.

The well-established **California** Child Care Initiative was created in 1985 to address the shortage of licensed quality family child care in California. The initiative is conducted throughout the State by the non-profit California Child Care Resource and Referral Network. State General Funds are matched on a 2 to 1 basis with private corporate or foundation funds. Initiative funds are used to implement a five-stage family child care supply building process. In one recent fiscal year, 459 new providers were recruited, 856 were trained, and 1,609 new child care spaces were created.

The **New York** State Career Development Initiative (CDI), a group of public agencies and private organizations, is continuing work to improve the quality of services to children ages 0 to 9 by establishing a career development system for early childhood practitioners in New York State. The Lead Agency has been an active participant since the group's inception. Currently, CCDF funds support two major CDI initiatives: the creation and Statewide rollout of an Infant/Toddler credential, and the development and piloting of an Administrator's Credential.

New York is also creating a new Apprenticeship Program in which the Lead Agency is collaborating with the New York State Department of Labor. The two agencies are seeking Federal funds through a U.S. Department of Labor demonstration project to craft a public private partnership that will enhance the career ladder within the child care field. If New York State is successful in this competitive grant program; it will also partner with key private entities to attract day care centers into the apprenticeship program.

The Bush Foundation awarded **South Dakota's** Lead Agency a 3-year, \$2.1 million award to improve the quality of infant and toddler care in South Dakota. The funds are being used to educate trainers throughout the State regarding the unique needs of

children ages 0 to 3. To date, 100 people have been trained in the first two modules of the WestEd®⁴ curriculum, a highly regarded research-based program that responds to the particular needs and development characteristics of infants and toddlers. Following this intensive training, selected individuals return to their local communities to offer accessible and affordable infant/toddler training programs for local child care providers. Since October 1998, over 30 infant/toddler training sessions have been held across the State.

In **Tennessee**, full implementation of the training system, Tennessee Early Childhood Training Alliance (TECTA), requires many public-public and public-private partnerships to leverage sufficient funding. Funding alliances are continually pursued, because the system meets the training needs of Head Start as well as Part B (services to children 0-3 years of age) and Part C (services to children 3 to 5 years of age) programs of the Individuals With Disabilities Education Act (IDEA) for qualified paraprofessional staff. Foundations and corporations with concern for quality care and early education programs are also encouraged to assist with funding. Partnerships with Head Start and business are already developing at the five training sites through local training advisory committees.

Recruitment and Professional Development

Another focus of public-private partnerships as described in State Plans is the recruitment, training, and retention of providers. Many States are initiating innovative ways to reach out to family-based as well as center-based staff.

Many States, including **Colorado, Idaho, Illinois, and Pennsylvania**, are adopting the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project model in an effort to recruit, train, and retain employers.

In the **District of Columbia**, the Family Child Care Initiative, a collaboration between Lifework Strategies, the Washington Child Development Council, AT&T, and IBM is providing support, training and technical assistance to new and seasoned family child care providers.

In **Hawaii**, a State and Federally funded contract will facilitate training to encourage license-exempt providers and recipients of public assistance to become licensed.

Michigan is developing and implementing a variety of provider training programs for new and existing child care providers, including provider start-up services, incentives for new child care providers, and services designed to retain child care providers in the profession.

⁴ WestEd® is a non-profit research, development, and service agency based in California. It serves as the U.S. Department of Education's Regional Education Laboratory (REL) for Arizona, California, Nevada and Utah. WestEd® produces the Program for Infant/Toddler Caregivers (PITC) training program and other resources on early childhood care and education.

Post-secondary **South Dakota** Child Development Associate (SDCDA) training is being offered by the Early Childhood Enrichment (ECE) programs at five sites across the State. In addition, 21 Family and Consumer Science high school teachers completed the SDCDA Trainer's Training and are implementing school-to-work programs at the high school level.

Commissions and Forums

The following examples highlight the innovative ways that States are using commissions and forums to engage new partners and improve child care opportunities and quality.

In **Alaska's** Early Years Critical Years Initiative, State Child Care Program administrators were core members of the steering committee that planned and presented a Statewide conference on young children. Over 600 people attended the three-day conference, which was co-sponsored by private businesses. The conference focused on brain development during the first three years of life and the critical role early care and education environments have on the development of young children. Follow-up activities for this conference include additional training opportunities on early care and education, and implementation of the conference proceedings.

The Lead Agency in the **District of Columbia** is working to establish a Mayor's Task Force on Financing Child Care Services. The Mayor will be asked to establish a group to develop a plan for long-term financing of child care services, including exploring the development of a private, endowed child care fund.

In **Florida**, as part of the passage of Florida's welfare reform legislation, the Governor appointed a 10-member Child Care Executive Partnership Board that is comprised of business leaders throughout the State. Since its inception, this committee has significantly increased the involvement of private industry in Florida's subsidized child care system. During its first two and half years, the Board has spearheaded efforts that have raised almost \$12 million in matching funds to expand child care services to low-income working parents.

In October 1998, **Maryland's** governor established the Maryland Child Care Business partnership to advise the Lead Agency secretary on strategies and resources to increase the availability of child care for limited-income working families. The Partnership is charged with developing a plan by which matching public funds will be made available through the Lead Agency for State and local initiatives that have employer and community support and that increase the availability of child care for low-wage workers.

In **New Jersey**, the Lead Agency will continue to work with business and industry within the State to encourage employers to assume a more vital role in supporting working families. The State Employment and Training Commission and the U.S. Military as well as corporations such as AT&T, Johnson and Johnson, Hartz Mountain, Merck, Ciba Geigy, and Prudential have been instrumental in shaping innovative policy that responds to the needs of both the public and private sector.

New York's Lead Agency initiated three regional forums in conjunction with the Rockefeller Institute of Government and the Business Council of New York State. The purpose of each forum was to explore the child care delivery system in the region and to generate ideas about ways to help private-sector companies and other organizations address the needs of working parents. Based on the forum proceedings, the Institute will develop policy options and action steps for increasing private-sector involvement in child care.

New York also has a Governor's Small Business Task Force, which brings together State agencies, including the CCDF Lead Agency and other State agencies, to work with lobbying groups, Chambers of Commerce, and small businesses—including child care providers—to help promote an environment that is supportive to small business in New York State.

In **Oklahoma**, a dinner and conference on "Rethinking the Brain and Early Childhood: Implications for Oklahoma Workforce Development" was held in 1999. The dinner was attended by over 120 business leaders, community leaders, agency directors, and legislators. The conference was attended by many of the same people, plus representatives of the education, faith, and child care communities. Both events were scheduled to increase awareness of early brain development research and to develop strategies to impact the quality of early care and education. The Lead Agency coordinated the events with the University of Oklahoma and the Families and Work Institute. The events were underwritten by two companies, two foundations, the United Way of Metro Oklahoma City, an early childhood association, and the State Chamber of Commerce.

Rhode Island's business and industry leaders have been invited to various Starting Right gatherings to inform them about issues relating to early care and education, and about the impact of both on the current and future work force. In July 1998, the Lead Agency and the Office of the Governor held a Child Care Summit to inform major Rhode Island employers, college and university presidents, legislators, child care providers, parents, and advocates about recent research pertaining to brain development in the early years. The purpose of the summit was to produce a greater understanding of the need to address children's needs during their earliest years to maximize their learning potential as they enter the formal education system, and to seek support from business for comprehensive early care and education.

Encouraging Employer Involvement

Many States reported partnership efforts to encourage more employer involvement in child care that included tax incentives, technical assistance activities, and public recognition of business's efforts. Some of these are highlighted below:

Tax Incentives

Arkansas has tax credits for employers who develop on-site child care facilities.

The **District of Columbia** has designated “tax incentives areas” where facilities are rented at or below market rate to non-profit child care center operations.

Georgia is promoting the State’s new corporate tax credit provisions that allow companies to take 75% of their investment in employer-sponsored care as a tax credit. The provision also allows businesses to take 100% of their investment in construction of on-site facilities as a tax credit.

Minnesota has changed its licensing requirements to allow employers to provide child care as a family group provider if 14 or fewer children are on the premises at one time. This change has encouraged several employers in rural areas to convert housing sites into child care programs for their employees. The State intends to focus more efforts to systematically involve employers in child care efforts.

West Virginia is planning to target CCDF grant funds to businesses that provide on-site child care services. At present, the agency offers grants of up to \$10,000 for development of early childhood development programs. Now, the agency is targeting business groups that are interested in the development of child care centers and new infant care programs as well as programs that will target care for special needs children or offer care during non-traditional work hours. Grant funds will also be provided to family day care providers for start-up/improvement of the home.

Technical Assistance

States report many technical assistance efforts to encourage businesses to offer a variety of child care opportunities to their employees, including providing flex-time and job sharing opportunities; on-site child care services; opportunities to work staggered-hour shifts or split shifts; or assisting in the establishment or the expansion of programs and services to meet employee and local community needs. Some of these innovative approaches are highlighted below:

Colorado’s Bright Beginnings, a private-public partnership designed to improve the lives of Colorado’s children in their most critical period of development – pre-natal to age 3 – developed a Business Resource Guide that continues to provide businesses with information on family issues, including family-friendly policies. The guide discusses policies that help parents balance work and home responsibilities and meet their child care needs, while at the same time helping the employer’s bottom line. The business guide is intended to assist employers in assuring that the needs of employees and their children are met. The guide lists businesses that have addressed employee child care needs, and describes what they are doing.

Georgia is polling employers Statewide regarding concerns and interests in child care for their employees. The Georgia Child Care Council distributed information about options and ways companies can become involved in child care for their employees.

Approximately two-thirds of **Indiana's** counties have benefited from the Cinergy Corporate Mentor Initiative. Cinergy Corporation, a utility company, provides mentors for this initiative. Cinergy local community and economic development managers share their expertise in financing, marketing, and managing public/private partnerships. Leaders from each of the Indiana Child Care Fund's participating corporations also serve as mentors. Technical assistance sessions are offered annually by the Child Care Fund's corporate leaders to assist counties in encouraging businesses to act.

Senior staff members from **New Jersey's** Lead Agency participate with senior staff members from other State agencies in team visits to interested employers. During these visits, the teams provide specific technical assistance and consultation to employers, including the sharing of basic information concerning safety and programmatic aspects of State licensing regulations.

Public Recognition

Oregon's Families in Good Company is a Statewide campaign to acknowledge employers who recognize the importance of family-friendly policies in the workplace. The campaign is organized by the Lead Agency, Portland General Electric, Children First, Commission on Children and Families, Oregon Child Care Commission, and numerous private firms. "Families in Good Company" sponsors an annual recognition award event and work-life conference to give child care and tax-credit information to employers.

In **Vermont**, one of the organizations addressing the development of partnerships with the private sector is Child Care Fund of Vermont (CCFV), which is a component of the Vermont Community Foundation. The primary activity of the CCFV is a project called Child Care Counts. As part of this project, the Governor and Vermont Business Magazine have joined together to establish a Business Honor Roll and Child Care Champions. This effort recognizes businesses that have family-friendly practices and encourages business leaders to financially support child care in their communities.

West Virginia is planning to recognize employers that have adopted model policies that are "family friendly." This recommendation is currently being implemented by the Governor's cabinet and is based on the success of the awards for exemplary early childhood programs. The cabinet is developing standards that will be used to select exemplary businesses in terms of their attention to creating a family-friendly workplace.

Public Awareness

Several States indicated positive results from partnerships designed to build public awareness about the importance of high quality early education and care.

In **Iowa**, a public-private partnership is part of a national three-year public awareness and engagement campaign. "Iowa's Child" was launched with the national kick-off of "I Am Your Child" on April 28, 1997. It is a Statewide effort with local coordination to educate and inspire parents, educators, business leaders, policy makers, and the public to improve and expand child care and early childhood education programs and to stress the important role each person plays in a child's life. The goals of "Iowa's Child" mirror that of the national "I Am Your Child" campaign.

Kansas' Lead Agency will continue to take an active role in expanding child care services and working with the private sector by helping communities identify their child care needs and bring resources together to plan new programs and support existing programs. Through a Statewide Media Campaign being conducted by the CCR&R network, the Lead Agency will be partnering with the Department of Labor in conducting five sessions for business and industry leaders. The sessions will focus on the benefits of employer-supported child care to business and industry.

In **Maryland**, the CCDF-funded Maryland Earned Income Credit (EIC) Awareness Campaign encourages families to participate in EIC. The campaign is conducted between October and May of each year by a partnership of over 30 non-profit organizations, businesses, and State and local public agencies. Its purpose is to educate and encourage eligible families to apply for the Federal EIC and the new refundable Maryland EIC. The campaign uses direct mail, the United Way telephone hotline, public service announcements, advertisements, and bus posters to reach as many families as possible. Future campaigns will also include information about the recently enacted Maryland child care tax credit.

Oregon's Child: Everyone's Business is a three-year campaign involving more than a dozen public and private partners with support from the Commission on Children and Families. The campaign offers free resource information in English and Spanish for parents, caregivers, businesses, and organizations. Presentations are available to community groups on brain research findings and printed materials offer practical information on parenting and child development.

Supporting Welfare-to-Work Efforts

Supporting welfare-to-work efforts is another focus of public-private partnerships. The following examples demonstrate a range of innovative approaches:

Alaska's Human Resource Investment Council (AHRIC), the State's lead workforce development agency, is comprised of a board of private employers, the State's workforce development and post secondary education agencies, tribal organizations and private businesses. The Lead Agency works with the Council on projects that have child care and early childhood development connections. Many of these projects cross the lines between agencies and create collaborative ventures. The AHRIC took a lead role in development of the State's child care apprenticeship grant application.

Arizona is hoping to address a number of workforce development issues through its Early Childhood Business Partnership project. The project's intent is to formalize recruitment, training, and job placement of TANF recipients in the field of early care and education. It aims to recruit individuals who have the desire to enter the early childhood field and who demonstrate an aptitude for this work. The project seeks to provide meaningful employment to individuals currently receiving public assistance and to assist in meeting the on-going and increasing need for qualified child care providers in the State. The Lead Agency's partners in the project include the Arizona Head Start Collaboration Project, Head Start grantees, the Arizona Child Care Association (Northern and Southern Chapters), family child care recruitment agencies, and CCR&Rs.

The **District of Columbia** Lead Agency, in collaboration with the Department of Employment Services, convened a meeting of organizations, including the Private Industry Council (PIC), Chamber of Commerce, Board of Trade, Washington Council of Agencies, and Federal City Council, to encourage their members to hire TANF participants for entry-level jobs and to provide child care and other supports necessary to ensure successful employment.

In January 1996, six of **Missouri's** State Welfare Reform Coordinators were designated to oversee the development of welfare reform initiatives in the various areas of the State, including the development of public-private partnerships. One such partnership involves public-private negotiations to build child care centers in locations where industrial parks exist or where companies employ a high number of TANF recipients.

Washington State is encouraging the expansion of work/family programs in the State by providing technical assistance to employers who may be employing TANF recipients.

Collaborative System-Building Efforts

Many States reported partnerships that tackle groundbreaking efforts to create comprehensive systems of care for children and families. Some of these innovative approaches are summarized below:

In **Alaska**, the Lead Agency is a participant in a group of "Collaborative Funders" consisting of public and private agencies and organizations that have as a common goal coordination of financial resources needed to serve special populations. The Anchorage United Way agency facilitates this organization whose members include directors of private foundations, public school administrators, and public and non-profit agencies. The group attempts to bring funders together with appropriate projects.

Colorado's Educare is another example of a public-private partnership that is amplifying current CCDF-funded efforts. Educare began in the fall of 1997 when a coalition of business, philanthropic, religious, and political leaders came together to

plan ways to enhance the early child care and education system in Colorado. Educare's vision is to provide a universal system of high-quality, child-centered care. Several counties are serving as pilots over the next two to five years, after which replication is envisioned. In October 1998, the Colorado Trust awarded a five-year, \$7.4 million grant so Educare Colorado could begin to implement this plan. Colorado's Lead Agency will continue to collaborate closely with Educare toward the mutually shared goal of quality care for all children.

The Early Childhood Collaborative of D.C., Inc. is a public/private partnership whose mission is to create, throughout the **District of Columbia**, a continuum of child development and child care services, integrated with family support services. The partnership includes seven Executive Branch agencies, the D.C. Public Schools, and the D.C. Head Start Grantee agencies. The D.C. Early Childhood Committee, which supports the Collaborative, has raised more than \$2 million for two infant and early care and family support centers that serve primarily low-income families.

In **Hawaii**, the Director of the Lead Agency sits on the Interdepartmental Council established to assist the Good Beginnings Alliance, a public-private partnership dedicated to the development of a coordinated system of early childhood education and care for the State. This coordinated system promotes both business and local community involvement in the development and allocation of resources, and the coordination of services to meet the child care needs of young children and their families.

The **Iowa** Child Care and Early Education NetWork is a non-profit corporation to support and strengthen child care and early education programs for parents, providers, communities and employers. The NetWork was formed to involve the private sector in planning and funding a quality child care system for Iowa families. Public and private sector support will be used to coordinate, assist, strengthen, and promote community-based CCRs; expand the capacity and improve the quality of child care and early childhood programs; and provide a mechanism through which child care and early childhood advocates can accomplish shared goals.

Michigan's Lead Agency provided partial funding for a Ready to Learn Leadership Summit in June 1999. The Summit convened top Michigan leadership from eight sectors—business, government, health, education, the media, labor, faith, and philanthropy—to examine how Michigan might develop a comprehensive, quality early education and care system. Community Forums were held around the State to create dialogue, gain input and suggestions, and identify the roles and responsibilities of all sectors in ensuring that children enter school ready to learn. A special effort was made to encourage private sector involvement.

In **Oklahoma**, the Lead Agency has contracted with the Families and Work Institute to design a process to create a comprehensive early care and education system. The resulting system will address for-profit child care, non-profit child care, school-age care, State-funded programs for four-year-olds, and Head Start with an emphasis on

collaborative strategies. The design will include a structure for linking early care and education services with child health, parenting supports, and other early childhood programs and services

The **Wisconsin** Early Childhood Collaborating Partners is an organization whose goal is the establishment of a blended, high quality, comprehensive early childhood care and education system. Efforts toward accomplishing this goal are focused on building State networks and collaboration, designing professional development opportunities and developing new and innovative funding approaches. The Collaborating Partners group gives the early care and education community a forum for developing the dialogue necessary to cultivate relationships among systems. With over 50 public and private agencies and associations participating, Collaborating Partners represents the majority of organizations that care for Wisconsin's children and their families.

Part III—Child Care Services Offered

Section 3.1.1

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

Twenty-two States award grants or contracts for child care slots. However, these initiatives are typically limited to special populations or capped at a percentage of the CCDF funds available for services.

- Twelve States (AR, CA, CO⁵, DC, FL⁶, IL, MA, NJ, NY⁷, PR, SC, VT) award contracts for infants, toddlers, and preschool-aged children.
- Thirteen States (AR, CA, IL, KY, LA, MS, NJ, NM, NY, OR, PR, VT, VA) reported that they award contracts for “wrap around” services to extend Head Start or Pre-Kindergarten services for the full day and full year.
- Eleven States (AR, CA, DC, FL, IL, MA, NV, NJ, NY, PR, SC) reported that they award contracts for school-age child care.
- Seven States (AZ, DC, MA, OR, PA, SC, WI) award contracts for programs that serve targeted populations, such as children with special needs, teen parents, parents who are participating in a substance abuse program, families in crisis, homeless families, migrant or seasonal workers, targeted neighborhoods, and others.
- Two States (MS and NJ) award contracts for summer programs.
- One State (MA) reported that it awards contracts to programs that provide care during non-traditional hours.

In **Indiana**, local Step Ahead Councils have the discretion to spend up to 10% of direct service dollars on contracts or grants.

The Lead Agency in **Pennsylvania** will support sub-grants and set-asides in order to preserve services for a special population of children or to assure the availability of services in a neighborhood. These grants are managed by the local voucher management agency and may not exceed 20 percent of their total service budget.

⁵ Counties may elect to enter into contracts with child care programs for “guaranteed slots,” and 13 counties currently do so.

⁶ The voucher management agencies in Florida negotiate sub-contracts with some child care providers. While these providers are awarded funds as contracts, rather than vouchers, funding is not guaranteed and slots are not reserved.

⁷ In New York State, county governments administer child care subsidies and may elect to award these funds as contracts so long as they support parent choice, and have at least one form of payment that is portable and can follow the child to whatever program is selected.

Specific standards and policies have been established to guide the voucher management agency in determining when it is appropriate to initiate a sub-grant or set-aside.

Wisconsin also allows local agencies that administer its welfare reform initiative, W-2, to develop grants or contracts with child care providers. In addition, the agency contracts with tribal agencies and with the United Migrant Opportunity Service.

Section 3.1.2

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-four Lead Agencies (AK, AZ, CO, IL, KS, KY, LA, MD, MN, MS, MO, NV, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, WY) reported that they do NOT limit in-home care.
- Twenty-six Lead Agencies (AL, AR, CA, DE, DC, FL, GA, HI, ID, IN, IA, ME, MA, MI, MT, NE, NC, ND, PR, SD, TX, VT, VA, WA, WV, WI) reported that they limit in-home care. States that limit the use of in-home care do so for a number of different reasons, including concerns about costs.

More States are choosing to limit the use of in-home care

More than half of the Lead Agencies included in this analysis of the 1999-2001 Child Care and Development Fund plans reported that they limit the use of in-home care. Only 42% of the Lead Agencies included in the analysis of the 1997-99 CCDF plans reported that they limited the use of this type of care.

Financial Limits

Many Lead Agencies have established financial limits on the use of in-home care to reduce costs and to ensure that the in-home provider receives at least the minimum wage. In some States this cap is established by specifying a minimum number of children that must be served; in other cases, parents are required to pay the difference between the State ceiling and the minimum wage.

- Seven States (ID, IN, IA, MT, NE, PR, WI) authorize in-home care only for families in which three or more children require child care.
- Two States (AR and DE) authorize in-home care only for families in which four or more children require child care.
- Three States (AL, HI, NC) do not specify a minimum number of children that must be served but require the parents to pay the difference between the State cap on child care subsidy reimbursement and the amount needed to comply with minimum wage laws.

California does not specify a minimum number of children, but reports that in-home care is limited to situations where there are a sufficient number of children requiring care to ensure that the Federal wage laws are met.

Virginia also does not specify a minimum number of children, but limits in-home care to instances in which the price of the care is “reasonable” when compared with the market rate ceiling for care outside the home and the care arrangements comply with the Internal Revenue Service and Fair Labor Standards requirements. The Lead Agency reports, however, that it is willing to authorize more costly in-home care if the parent is willing to pay the difference between the market rate ceiling for comparable child care outside the home and the actual price of in-home care.

Limitations related to other concerns

Many States are also concerned about the difficulty of assuring the quality of in-home care. In some cases, in-home care is used only for children who are hard-to-place or to support families with irregular or evening work schedules.

- Two States (FL, TX) will NOT authorize in-home care for children who are receiving protective or preventive services, instead relying on regulated care for children who are victims of—or at risk of—abuse and neglect.
- Five States (DE, DC, ID, NE, WI) report that they authorize in-home care when there is no other viable alternative (e.g., for families who work non-traditional hours, live in rural areas where other care is not available). **North Dakota** authorizes in-home care for children who are ill.
- Four States (NE, ND, WV, WI) use in-home care for families that have children with special needs.

Section 3.2

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. Include, at a minimum (§98.43(b)), the date of the local market rate survey(s) and how the payment rates are adequate to ensure equal access based on the results of the required local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey).

All of the States reported that they rely on data from a market rate survey to establish rates and to ensure that families who receive child care assistance have equal access to comparable child care services. The table on page 50 shows the date of the local market rate survey as reported in each State Plan. Payment rate ceilings for child care in licensed or regulated centers in each State are included in the Table on pages 50-55. In some cases, rates within a State vary by geographic area. In the March 1998 *Report of State Plans*, the rate for the region, county, zone or district that included the largest city in the State was given; to allow for comparisons with data from the previous report, rates are reported for the same geographic areas used in that report wherever possible and are identified under the heading “Notes” (column 14). As a result, the rate shown may not be the absolute maximum reimbursement rate allowed within a State.

- Twenty-seven States (AK, AZ, AR, FL⁸, ID, IL, IN, KY, MD, ME, MI, MN, MS, MO, MT, NV, NY, NC, OH, RI, SC, SD, UT, VA, WV, WI, WY) reported that they cap reimbursement at the 75th percentile of the local market rate, although quite a few of the States indicated that they base their rate ceilings on market rate survey data that is several years old.
- One Lead Agency (PR) reported that it caps reimbursement at 100% of the local market rate.
- One Lead Agency (CA) reports using more than one method to establish rates. Centers and family child care home networks with which the Lead Agency contracts are reimbursed based upon one of two statutorily established rates. Rate ceilings for the certificate program are based on a regional market rate survey and are determined by calculating

Rates are closer to market price and are more often tied to quality

Twenty-nine of the Lead Agencies included in this analysis reported that they cap reimbursement at levels equal to or higher than the 75th percentile of the local market rate. Only half of the Lead Agencies reported doing so in the *Report of State Plans* for the period 10/01/97 to 9/30/99. Sixteen States indicated that they have established rate differentials for various levels of quality, and several others indicated that they plan to establish differential rates in the future.

⁸ Under Florida’s new school-readiness legislation, local boards will be allowed to establish their own reimbursement-rate ceilings and rate policies.

1.5 standard deviations from the median rates. Adjustment factors are applied to the standard rate ceilings to allow for a higher rate for special needs children and for evening and weekend care.

Illinois recently implemented an overall rate increase (based on new market rate survey data) and a provider cost-of-living adjustment. Two new “add-ons” also bolstered rates, including a 10% supplement for providers who serve infants and toddlers and an additional daily supplement for care provided during non-standard hours. In addition, the Lead Agency revised the eligibility criteria and reduced co-payments for many families. Taken together, these policies will significantly increase access to child care for families who receive subsidies.

The Lead Agency in **Mississippi** sought to increase access to child care for families that receive child care subsidies by authorizing the payment of one registration fee per subsidized child.

North Carolina has established a special rate policy to ensure that subsidized families in rural areas have equal access to child care. If there are fewer than 75 private paying children in the age group in the county where the provider is located, the State assumes that the sample is too small to determine an accurate market rate ceiling. In these cases, the Statewide market rate ceiling for that age child (which, in rural areas, is usually higher than the county rate) is applied.

- Sixteen States (CO⁹, FL¹⁰, KY, MN, MS, MO, NJ, NC, OH, OK, PA, SC, UT, VT, WV, WI) reported that they have established rate differentials for various levels of quality and/or for special types of care.

Child care providers who have achieved **Florida’s** Gold Seal quality status are reimbursed at rates that are 20% higher than the market rate ceiling for a particular child.

Reimbursement rates in **Oklahoma** are designed to support the State’s Reach for the Stars initiative. Two Star programs (e.g. those that have met higher staff training criteria and participate in an annual assessment) receive a daily per-child rate supplement. Three Star child care providers (e.g. those that are accredited by the National Association for the Education of Young Children (NAEYC)) receive a higher per-child rate supplement.

⁹ In Colorado, counties establish their own rate ceilings and have the option of establishing rate differentials for various levels of quality and/or for special types of care.

¹⁰ See footnote 8 on page 47.

Vermont raised rates for all types of care in July of 1999. Additionally, the State pays accredited child care programs a special supplement equal to 5% of the total subsidy earned each quarter.

Dates of Local Market Rate Surveys

State	Date of the Local Market Rate Survey
Alabama	Concluded April 1999
Alaska	January 1998
Arizona	December 1998
Arkansas	June 1998
California	March 1999
Colorado	1999
Connecticut	
Delaware	December 1998
District of Columbia	July 1998
Florida	The last market rate sample/survey was conducted between May and September of 1998 and was implemented October 1, 1998.
Georgia	July 1998
Hawaii	May 1999
Idaho	November 1998
Illinois	July 1, 1998
Indiana	Survey completed April 1998
Iowa	December 1998
Kansas	August 1998
Kentucky	October / November 1998
Louisiana	November 1999
Maine	September 1997
Maryland	January 1999
Massachusetts	1994 (new survey conducted after Plans were submitted)
Michigan	March 1999
Minnesota	September 1998
Mississippi	April 1999
Missouri	April / May 1999
Montana	August 13, 1998
Nebraska	Spring, 1999
Nevada	May 1998
New Hampshire	
New Jersey	December 1997
New Mexico	November 1999
New York	May 1999
North Carolina	October 1997 (Date of the survey for rates awaiting approval for implementation.)
North Dakota	A Market Rate Survey was completed April 1, 1999. New rates and updated sliding fee schedule will be developed for implementation October 1, 1999.
Ohio	January 1998
Oklahoma	9-1-98 through 6-30-99
Oregon	March 1999
Pennsylvania	June-July 1998
Puerto Rico	June 1998
Rhode Island	July 1998
South Carolina	May 1998
South Dakota	February and March 1999
Tennessee	August 15, 1998
Texas	February 1999
Utah	September 1998
Vermont	1995, 1996, 1998
Virginia	December 31, 1999
Washington	Spring 1998
West Virginia	June 1999
Wisconsin	Summer 1998
Wyoming	Survey was completed 4/1/99

Reimbursement Rates

Reimbursement rates for children served full-time in licensed or regulated child care centers

(Col 1)	(Col 2)	(Col 3)	(Col 4)	(Col 5)	(Col 6)	(Col 7)	(Col 8)
State Name	Rates vary by area?	Age Range (Infants)*	Rate	Age Range (Toddler)*	Rate	Age Range (Preschool)*	Rate
Alabama	y	Infant	\$90/ week	Toddler	\$90/ week	Preschool	\$94/ week
Alaska	y	0 to 18 mos.	\$919/ month	18 to 30 mos.	\$893/ month	(child) 30 mos. to 13 yrs.	\$800/ month
Arizona	y	Birth <1 yr.	\$25.20/ day	1 yr. < 3 yrs.	\$22/ day	3 yrs. < 6 yrs.	\$20/ day
Arkansas	y	Infant	\$16.00/ day	Toddler	\$15.20/ day	Preschool	\$14.40/ day
California	y	Under 2 yrs.	\$42.40/ day	2 - 5 yrs.	\$35.90/ day	2 - 5 yrs.	\$35.90/ day
Colorado	y	Under 2 yrs. of age	\$27.27/ day	2 yrs. of age and older	\$18.18/ day	2 yrs. of age and older	\$18.18/ day
Connecticut							
Delaware	y	Infant	\$98.25/ week	Toddler	\$91.15/ week	over 2	\$81.40/ week
District of Columbia	n	6 wks - 2 yrs.	\$31.10/ day	age 2 - 4	\$23.55/ day	age 2 - 4	\$23.55/ day
Florida	y	0 - 12 months	\$125/ week	13 - 23 months	\$115/ week	24-35 mos. 36-47 mos. 48-59 mos.	\$102/ week \$100/ week \$99/ week
Georgia	y	6 wks - 12 months	\$90/ week	13 - 35 months	\$85/ week	3 - 5 yrs.	\$75/ week
Hawaii	n	All Ages	\$375/ month	All Ages	\$375/ month	All Ages	\$375/ month
Idaho	y	0 - 12 months	\$404/ month	13 - 30 months	\$344/ month	31-60 mos.	\$434/ month
Illinois	y	Under 2 1/2	\$32.95/ day	2 1/2 and Older	\$23.75/ day	2 1/2 and Older	\$23.75/ day
Indiana	y	Infant	\$43/ day	Toddler	\$35/ day	3-4 yrs. 5 yrs.	\$30/ day \$29/ day
Iowa	n	Infant	\$11.50/ half-day	Toddler	\$11.50/ half-day	Preschool	\$9.50/ half-day
Kansas	y	0 - 12 months	\$3.39/ hour	13 - 30 months	\$2.73/ hour	31 months - 5 yrs.	\$2.28/ hour
Kentucky	y	Infant	\$18/ day	Toddler	\$18/ day	Preschool	\$15/ day
Louisiana	n	All Ages	\$15/ day	All Ages	\$15/ day	All Ages	\$15/ day

* The definitions for each age range vary by State, which may lead to a particular range being left blank for some States. Blank cells do not imply that a State is not serving children in that range. Age ranges given are those provided by the Lead Agency in the State Plan.

** Payment ceilings shown may be those for a particular geographic area within a State, where rate ceilings vary within the State, and may not necessarily be the absolute maximum reimbursement rate allowed within that State.

Reimbursement Rates

Reimbursement rates for children served full-time in licensed or regulated child care centers

(Col 1) (Col 2) (Col 3) (Col 4) (Col 5) (Col 6) (Col 7) (Col 8)

State Name	Rates vary by area?	Age Range (Infants)*	Rate	Age Range (Toddler)*	Rate	Age Range (Preschool)*	Rate
Maine	y	Infant	\$140/ week	Toddler	\$140/ week	Preschool	\$130/ week
Maryland	y	Infant	\$745/ month	Regular	\$407/ month	Regular	\$407/ month
Massachusetts	y	Infant	\$45/ day	Infant/Toddler Toddler	\$42.50/ day \$40.00/ day	Preschool	\$29/ day
Michigan	y	0 - 2 1/2 Yr	\$2.95/ hour	2 1/2 Yr +	\$2.50/ hour	2 1/2 Yr +	\$2.50/ hour
Minnesota	y	Infant	\$67/ day	Toddler	\$49/ day	Preschool	\$44/ day
Mississippi	n	birth to 12 months	\$76/ week	13 to 36 months	\$73/ week	3 to 5 yrs.	\$70/ week
Missouri	y	Infant	\$14/ day			Preschool	\$10/ day
Montana	y	Infant	\$22/ day	Regular	\$16.50/ day	Regular	\$16.50/ day
Nebraska	y	Infant	\$18/ day	Toddler	\$16/ day	Preschool	\$16/ day
Nevada	y	0 - 12 months	\$121/ week	13 - 36 months	\$105/ week	37 - 71 months	\$100/ week
New Hampshire							
New Jersey	n	Infant/Toddler (0 up to 2.5 yrs.)	\$26.38/ day	Infant/Toddler (0 up to 2.5 yrs.)	\$26.38/ day	2.5 up to 5 yrs.	\$21.76/ day
New Mexico	y	Infant	\$396/ month	Toddler	\$363/ month	Preschool	\$346.50/ month
New York	y	under 1 1/2	\$43/ day	1 1/2 - 2	\$43/ day	age 3 - 5	\$30/ day
North Carolina	y	Infant/Toddler	\$424/ month	Infant/Toddler	\$424/ month	3 - 5 year old	\$368/ month
North Dakota	n	Infant	\$115/ week	Toddler	\$110/ week	Other	\$100/ week

* The definitions for each age range vary by State, which may lead to a particular range being left blank for some States. Blank cells do not imply that a State is not serving children in that range. Age ranges given are those provided by the Lead Agency in the State Plan.

** Payment ceilings shown may be those for a particular geographic area within a State, and may not necessarily be the absolute maximum reimbursement rate allowed within that State.

Reimbursement Rates

Reimbursement rates for children served full-time in licensed or regulated child care centers

(Col 14)

(Col 13)

(Col 12)

(Col 11)

(Col 10)

(Col 9)

State Name	Age Range (School-Age)*	Rate	Special Needs	Rate	Notes**
Maine	School-age	\$130/ week			Rates vary by county. Rates for Cumberland County given.
Maryland	Regular	\$407/ month			Rates vary by region. Rates for Baltimore City region given.
Massachusetts	School-age Blended	\$16.50/ day			Rates vary by region. Rates for Region IV - Metro given.
Michigan	2 1/2 yrs. +	\$2.50/ hour			Rates vary by Shelter Area (groups of counties). Rate for Shelter Area VI given.
Minnesota	School-age	\$42/ day		established by counties	Rates vary by county. Rates for Hennepin County given.
Mississippi	5 to 13 yrs. (summer)	\$69/ week	all ages	\$83/ week	
Missouri	School-age	\$9.19/ day		25% above (lowest of) provider's base rate or State max. rate	Rates vary by area. Rates for Infant Care are divided into Metro, Sub-Metro and Rest of State, and rates for preschool & school-age are divided into seven groups of counties and Rest of State. Rates given are for "Rest of State."
Montana	Regular	\$16.50/ day		\$16/day	Rates vary by district. Rate for Billings District given.
Nebraska	School-age	\$16/ day			Rates are Statewide with the exception of certain counties with different rates. Rate for Statewide given.
Nevada	72 months and above	\$91/ week			Rates vary by two counties and rural areas. Rate for Clark County given.
New Hampshire					
New Jersey	5 - 13 yrs.	\$21.76/ day	Infant/Toddler 2.5 - 19 yrs.	\$26.38/ day \$21.76/day	
New Mexico	School-age	\$313/ month			Rates vary by metro and rural areas. Rates for metro areas given.
New York	age 6 - 12	\$30/ day			Rates vary by county. Rate for Bronx, Kings, Manhattan, Queens, and Richmond Counties given.
North Carolina	School-age	\$346/ month			Rates vary by county. Rate for Statewide given.
North Dakota	Other	\$100/ week			

* The definitions for each age range vary by State, which may lead to a particular range being left blank for some States. Blank cells do not imply that a State is not serving children in that range. Age ranges given are those provided by the Lead Agency in the State Plan.

** Payment ceilings shown may be those for a particular geographic area within a State, where rate ceilings vary within the State, and may not necessarily be the absolute maximum reimbursement rate allowed within that State.

Reimbursement Rates

Reimbursement rates for children served full-time in licensed or regulated child care centers

(Col 1) State Name	(Col 2) Rates vary by area?	(Col 3) Age Range (Infants)*	(Col 4) Rate	(Col 5) Age Range (Toddler)*	(Col 6) Rate	(Col 7) Age Range (Preschool)*	(Col 8) Rate
Ohio	y	Infant	\$129/week	Toddler	\$112/week	Preschool	\$100/week
Oklahoma	y	0 - 24 months	\$14/day	25 - 48 months	\$12/day	49 - 72 months	\$12/day
Oregon	y	0 - 12 months	\$25/month	1 yr. - 30 months	\$509/month	31 months - 5 yrs.	\$372/month
Pennsylvania	y	Infant	\$28.40/day	Young Toddler Old Toddler	\$27.90/day \$26.30/day	Preschool	\$22.70/day
Puerto Rico	n	Infant/Toddler	\$200/month	Infant/Toddler	\$200/month	Preschool	\$160/month
Rhode Island	n	Infant/Toddler (1 wk. thru 2 yrs.)	\$129.50/week	Infant/Toddler (1 wk. thru 2 yrs.)	\$129.50/week	Preschool (3 yrs. thru 5 yrs.)	\$100/week
South Carolina	y	0 thru 2	\$77/week	0 thru 2	\$77/week	3 thru 5	\$74/week
South Dakota	y	up to age 3	\$2.30/hour	up to age 3	\$2.30/hour	3 yrs. and older	\$2.00/hour
Tennessee	y	under age 2	\$85/week	under age 2	\$85/week	2 and over	\$77/week
Texas	y	Infant	\$24.13/day	Toddler	\$20.82/day	Preschool	\$20.09/day
Utah	y	0 to < 24 mos.	\$24/day	2 - 3 yrs.	\$19.50/day	4 - 5 yrs.	\$17.19/day
Vermont	n	under 3	\$21.29/day	under 3	\$21.29/day	other	\$18.92/day
Virginia	y	Infant	\$55.27/day	Toddler	\$53.61/day	Preschool	\$42.69/day
Washington	y	0 - 11 mos.	\$33.50/day	12 - 29 mos.	\$26.59/day	30 mos. - 5 yrs.	\$23.41/day
West Virginia	n	Infant/Toddler (0 - 24 mos.)	\$20/day	Infant/Toddler (0 - 24 mos.)	\$20/day	Preschool/School-age (25 mos. and up)	\$17/day
Wisconsin	y	< 2	\$6.08/hour	age 2 - 12	\$5.10/hour	age 2 - 12	\$5.10/hour
Wyoming	n	0 - 2	\$2.50/hour	age 2 - 3	\$2.25/hour	age 4 - 5	\$2.14/hour

* The definitions for each age range vary by State, which may lead to a particular range being left blank for some States. Blank cells do not imply that a State is not serving children in that range. Age ranges given are those provided by the Lead Agency in the State Plan.

** Payment ceilings shown may be those for a particular geographic area within a State, where rate ceilings vary within the State, and may not necessarily be the absolute maximum reimbursement rate allowed within that State.

Reimbursement Rates

Reimbursement rates for children served full-time in licensed or regulated child care centers

(Col 14)

(Col 13)

(Col 12)

(Col 11)

(Col 10)

(Col 9)

State Name	Age Range (School-Age)*	Rate	Special Needs	Rate	Notes**
Ohio	School-age	\$95/ week			Rates are Statewide with the exception of certain counties with different rates. Rate for Statewide given.
Oklahoma	73 months - 13 yrs.	\$10/ day	Moderate disabilities Severe disabilities	\$13/ day \$25/ day	Rates for two- and three-star centers may vary by geographic area. Statewide rates for one-star centers are given.
Oregon	6 yrs. and over	\$372/ month		\$525/ month	Rates vary by groups of zip codes. Rate for Group Area A given.
Pennsylvania	Young School-age Old School-age	\$22.70/ day \$22.70/ day			Rates vary by county. Rate for Bucks County given.
Puerto Rico	School-age	\$100/ month		250.00	
Rhode Island	School Age, 6-12 yrs. Youth 13-15 yrs.	\$85/ week			
South Carolina	6 through 12 yrs.	\$70/ week		negotiated	Rates vary by urban and rural areas. Rate for urban area given.
South Dakota	3 yrs. and older	\$2.00/ hour		\$2.50/ hour	Rates vary by Urban Rates (seven counties) and Rural Rates. Urban Rates given. Rates for Special Needs Children are Statewide.
Tennessee	2 and over	\$77/ week			Rates vary by Top 15 Counties (highest average populations) and 80 other counties. Rate for Top 15 Counties given.
Texas	School-age	\$21/ day			Rates vary by Local Workforce Development Areas (LWDA). Rates for LWDA 14 given.
Utah	6 - < 13 yrs. other	\$17/ day \$18.92/ day			Rates vary by Urban and Rural. Rate for Urban given.
Virginia	School-age	\$41.61/ day			Rates vary by county. Rate for Fairfax County given.
Washington	5 - 12 yrs.	\$21.66/ day			Rates vary by region. Rate for Region 4 given
West Virginia	Preschool/ School-age (25 mos. and up)	\$17/ day	Infant/Toddler Preschool/School-age	\$20/ day \$20/ day	
Wisconsin	age 2 - 12	\$5.10/ hour			Rates vary by county. Rate for Milwaukee County given.
Wyoming	age 6 - 12	\$2.00/ hour			

* The definitions for each age range vary by State, which may lead to a particular range being left blank for some States. Blank cells do not imply that a State is not serving children in that range. Age ranges given are those provided by the Lead Agency in the State Plan.

** Payment ceilings shown may be those for a particular geographic area within a State, where rate ceilings vary within the State, and may not necessarily be the absolute maximum reimbursement rate allowed within that State.

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% 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(4), §98.20 (a)).

Despite increases in CCDF funding and large transfers from TANF, most States have not increased their income eligibility ceilings, and quite a few States reported eligibility ceilings that were lower (as a percentage of the Statewide median income) than those reported in the 1997-99 plans. In some cases, States indicated that eligibility ceilings were lowered because Federal and State funds were insufficient to serve all eligible families and the State wanted to ensure that child care subsidy funds were targeted to families who are most in need.

- Only nine States (AK, GA, KS, ME, MA, MS, ND, PR, VA) reported that they set their income eligibility ceiling at 85% of the State median income, the maximum level allowed under the CCDF.
- In this State Plan cycle, 21 States (AL, CO, DE, DC, ID, IL, IN, IA, LA, MD, MI, MT, NJ, NY, OK, OR, PA, SC, TX, WA, WV) reported income eligibility ceilings (as a percentage of the State median income) that are **lower** those reported in the 1997-99 State Plans.
- Fourteen States (AZ, GA, KS, KY, MA, MO, NM, OH, RI, SD, TN, VT, VA, WY) reported income eligibility ceilings (as a percentage of the State median income) that are **higher** those reported in the 1997-99 State Plans.

The chart on the following pages shows each State's State Median Income (SMI) and the income level for a family of three at 85% of SMI, as reported in the State Plan. The chart also shows the upper income level that the Lead Agency uses to limit eligibility (only if that upper income level is lower than 85% of SMI) and the upper income level for "very low income" as defined by the Lead Agency. Additionally, these two income categories are shown as a percentage of SMI, and 85% of SMI is shown as a percentage of the 1999 Federal Poverty Level (FPL).

Income Eligibility Criteria for Child Care (Family of Three)

For each State, the maximum monthly income at which a family is eligible for services is in **boldface type**.

STATE	State Monthly Median Income (SMI) from State Plan*	85% of SMI	85% of SMI as a Percent of 1999 Federal Poverty**	Income Eligibility Level Lower than 85% of SMI if Used to Limit Eligibility	Income Eligibility Level as a % of SMI	Very Low Income	Very Low Income as a % of SMI
Alabama	\$3,376	\$2,870	248%	\$1,504	45%	\$1,503	45%
Alaska	\$4,346	\$3,694	255%		85%	\$1,423	33%
Arizona	\$3,299	\$2,804	242%	\$1,909	58%	\$1,157	35%
Arkansas	\$2,556	\$2,172	188%	\$1,533	60%	\$1,022	40%
California	\$3,761	\$3,197	276%	\$2,821	75%	\$1,881	50%
Colorado	\$4,129	\$3,510	303%	\$2,139	52%	\$1,504	36%
Connecticut							
Delaware	\$3,966	\$3,371	291%	\$1,764	44%	\$811	20%
District of Columbia	\$3,728	\$3,169	274%	\$2,326	62%	\$1,585	43%
Florida	\$3,138	\$2,667	231%	\$1,706	54%	\$2,104	67%
Georgia	\$3,314	\$2,817	243%		85%	\$2,023	61%
Hawaii	\$3,832	\$3,257	245%	\$2,874	75%	\$1,278	33%
Idaho	\$3,158	\$2,684	232%	\$1,706	54%	\$1,705	54%
Illinois	\$4,047	\$3,440	297%	\$1,818	45%	\$1,214	30%
Indiana	\$3,705	\$3,149	272%	\$2,161	58%	\$1,628	44%
Iowa	\$3,625	\$3,081	266%	\$1,793	49%	\$1,619	45%
Kansas	\$3,664	\$3,114	269%		85%	\$1,832	50%
Kentucky	\$3,222	\$2,739	237%	\$1,851	57%	\$1,851	57%
Louisiana	\$3,226	\$2,742	237%	\$2,420	75%	\$1,157	36%
Maine	\$3,378	\$2,871	248%		85%	\$1,131	33%
Maryland	\$4,655	\$3,957	342%	\$1,870	40%	\$767	16%
Massachusetts	\$4,552	\$3,869	334%		85%	\$2,275	50%
Michigan	\$3,932	\$3,342	289%	\$2,172	55%	\$809	21%

Income Eligibility Criteria for Child Care (Family of Three)

For each State, the maximum monthly income at which a family is eligible for services is in **boldface type**.

STATE	State Monthly Median Income (SMI) from State Plan*	85% of SMI	85% of SMI as a Percent of 1999 Federal Poverty**	Income Eligibility Level Lower than 85% of SMI if Used to Limit Eligibility	Income Eligibility Level as a % of SMI	Very Low Income	Very Low Income as a % of SMI
Minnesota	\$4,240	\$3,604	311%	\$3,181	75%	\$3,180	75%
Mississippi	\$2,745	\$2,333	202%		85%	\$1,416	52%
Missouri	\$3,261	\$2,772	240%	\$1,482	45%	\$674	21%
Montana	\$3,049	\$2,592	224%	\$1,735	57%	\$469	15%
Nebraska	\$3,185	\$2,707	234%	\$2,105	66%	\$1,121	35%
Nevada	\$3,731	\$3,171	274%	\$2,798	75%	\$1,532	41%
New Hampshire							
New Jersey	\$4,657	\$3,959	342%	\$1,735	37%	\$2,892	62%
New Mexico	\$2,802	\$2,382	206%	\$2,313	83%	\$389	14%
New York	\$3,913	\$3,326	287%	\$2,338	60%	***	***
North Carolina	\$3,626	\$3,082	266%	\$2,719	75%	\$2,719	75%
North Dakota	\$2,876	\$2,445	211%		85%	\$288	10%
Ohio	\$3,628	\$3,084	267%	\$2,105	58%	\$700	19%
Oklahoma	\$3,100	\$2,635	228%	\$1,936	62%	\$1,933	62%
Oregon	\$3,795	\$3,226	279%	\$2,088	55%	\$1,157	30%
Pennsylvania	\$3,766	\$3,201	277%	\$2,139	57%	\$1,156	31%
Puerto Rico	\$1,505	\$1,279	111%		85%	\$753	50%
Rhode Island	\$3,608	\$3,067	265%	\$2,603	72%	\$1,278	35%
South Carolina	\$3,475	\$2,954	255%	\$1,446	42%	\$1,157	33%
South Dakota	\$3,278	\$2,786	241%	\$2,140	65%	\$1,157	35%
Tennessee	\$3,378	\$2,871	248%	\$2,027	60%	\$1,478	44%
Texas	\$3,360	\$2,856	247%	\$1,735	52%	\$1,157	34%
Utah	\$3,205	\$2,724	235%	\$1,794	56%	\$1,138	36%
Vermont	\$3,134	\$2,664	230%	\$2,586	83%	\$1,157	37%

Income Eligibility Criteria for Child Care (Family of Three)

For each State, the maximum monthly income at which a family is eligible for services is in boldface type.

STATE	State Monthly Median Income (SMI) from State Plan*	85% of SMI	85% of SMI as a Percent of 1999 Federal Poverty**	Income Eligibility Level Lower than 85% of SMI if Used to Limit Eligibility	Income Eligibility Level as a % of SMI	Very Low Income	Very Low Income as a % of SMI
Virginia	\$3,993	\$3,394	293%		85%	\$1,157	29%
Washington	\$3,758	\$3,194	276%	\$2,024	54%	\$856	23%
West Virginia	\$2,891	\$2,457	212%	\$1,735	60%	\$463	16%
Wisconsin	****	****	****	\$1,909	****	****	****
Wyoming	\$3,389	\$2,881	249%	\$1,539	45%	\$1,273	38%

* State Monthly Median Income is provided based on information provided in the State Plans (which does not necessarily coincide with most recent year SMI)

** In 1999, the Federal Poverty Level (FPL) for a family of three for the 48 contiguous States and the District of Columbia was \$13,880. The FPL for Alaska was \$17,360 and the FPL for Hawaii was \$15,970.

*** New York did not provide information on Very Low Income

**** Wisconsin did not provide information on SMI or Very Low Income

Section 3.3.3

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? (658P(4), 658E(c)(3)(B), §98.20(a)(3)(ii)(A))

- Thirty-four States (AL, AK, AZ, AR, CA, DE, DC, GA, HI, IN, IA, KS, KY, LA, ME, MA, MI, MS, MO, MT, NE, NV, NJ, NY, OK, OR, PR, RI, SC, SD, TX, VT, WA, WV) waive the fee and eligibility requirements for cases in which children receive, or need to receive, protective services.
- Five States (FL, ID, MD, PA, VA) do not waive the fee and eligibility requirements for cases in which children receive, or need to receive, protective services.
- For eleven States (CO, IL, MN, NM, NC, ND, OH, TN, UT, WI, WY), this is not applicable because CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

Section 3.3.4

Does the Lead Agency allow child care for children age 13 and above who are physically and/or mentally incapable of self-care? (658P(4), 658E(c)(3)(B), §98.20(a)(1)(ii))

- Forty-seven States (AL, AK, AR, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY) allow care for children age 13 and older who are physically and/or mentally incapable of self-care. The upper age limit ranges from age 14 to age 19.
- Only three States (AZ, OH, WI) do not allow care for children age 13 and older who are physically and/or mentally incapable of self-care.

Section 3.3.5

Does the Lead Agency allow child care for children age 13 and above who are under court supervision? (658P(4), 658E(c)(3)(B), §98.20(a)(1)(ii))

- Thirty-four States (AK, DE, DC, GA, HI, ID, IL, IN, KS, KY, LA, MI, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OK, PR, RI, SD, TN, TX, UT, VT, VA, WA, WV, WY) allow child care for children age 13 and above who are under court supervision. The upper age limit ranges from age 14 to age 19.

- Sixteen States (AL, AZ, AR, CA, CO, FL, IA, ME, MD, MA, MN, OH, OR, PA, SC, WI) do not allow child care for children age 13 and above who are under court supervision.

Section 3.3.6

Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§98.20(a)(3)(ii), §98.16(f)(7)) If yes, this means that for CCDF purposes the State considers these children to be in protective services.

- Fifteen States (AK, AZ, DE, DC, FL, KY, LA, ME, MA, MO, MT, NE, NJ, SD, VT) choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities.
- Thirty-five States (AL, AR, CA, CO, GA, HI, ID, IL, IN, IA, KS, MD, MI, MN, MS, NV, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, TN, TX, UT, VA, WA, WV, WI, WY) do not provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities.

Section 3.3.7

Does the State choose to provide respite child care to children in protective services? (§98.16(f)(7), §98.20)

- Twenty-one States (AL, AK, CA, DE, DC, IN, KY, LA, ME, MN, MO, MT, NE, NV, NY, OR, PR, SD, TX, VA, WV) provide respite child care to children in protective services.
- Twenty-nine States (AZ, AR, CO, FL, GA, HI, ID, IL, IA, KS, MD, MA, MI, MS, NJ, NM, NC, ND, OH, OK, PA, RI, SC, TN, UT, VT, WA, WI, WY) do not provide respite child care to children in protective services.

Section 3.4.1

States were asked to report on the priorities they set for serving CCDF-eligible children.

According to the guidance provided to the States with the State Plan preprint, the Lead Agency must give priority for child care services to children with special needs (as defined by the State in Appendix 2 of the preprint) and to children of families with very low incomes (as defined in the table at section 3.3.1). “However, neither the statute nor the regulations prescribes how to ‘give priority.’ Therefore, while the list of priority for

services must include special needs and very low income children, they need not appear first on the list.” Also, the guidance indicates that the term “special needs” may be defined broadly in this context; “it is not limited to children with physical or mental disabilities (see 63 FR 39961).”

- Eighteen States (AL, AK, AZ, DE, GA, HI, ID¹¹, IN, LA, MD, MA, MS, MT, NM, OH, SC, TN, VA) give families participating in TANF first priority and families transitioning off TANF to enter the workforce second priority.
- Sixteen States (AR, IL, IA, KS, KY, MN, MI, NE, NV, PA, PR, SD, UT, WA, WV, WY) give first priority to children with special needs.
- Five States (CA, FL, HI, KY, NJ) award children in protective or preventive services first priority on their waiting lists.
- Nine States (ID, IL, OK, RI, VT, WA, WV, WI, WY) reported that they do not need to establish priorities because they currently have no waiting lists for child care subsidies and are able to serve all eligible families. **Rhode Island** has established a legal entitlement to child care for all families with incomes at or below 225% of the Federal poverty level.

Section 3.4.2

The following describes how the State will meet the specific child care 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.

- Fourteen States (DE, ID, IL, KS, MI, MO, NE, OK, PR, RI, VT, WA, WV, WY) report that they currently serve all eligible families. It is important to note, however, that only nine of these States have established income eligibility ceilings at the maximum Federal level of 85% of the State median income. Most States report that they cap eligibility at levels significantly below the Federal maximum. One of these States—Rhode Island—has established a legal entitlement to child care assistance for all families with incomes at or below 225% of the Federal poverty level.
- Thirty-one States (AL, AK, AR, CA, DE, DC, GA, HI, ID, IL, IA, KS, MA, MI, MN, MT, NE, NV, NJ, NY, OH, OK, PR, RI, TN, UT, VT, WA, WV, WI, WY) have either established an entitlement or a funding policy that guarantees child care assistance to TANF recipients who are employed, in job training, or participating in a welfare reform activity.

¹¹ Although Idaho does not currently have a waiting list, the Lead Agency indicated that if it became necessary to establish a waiting list TANF families would receive priority.

- Thirty States (AL, AK, AR, CA, DE, DC, GA, IL, IA, KS, MA, MI, MN, MO, MT, NE, NV, NJ, NY, OH, OK, PR, RI, TN, UT, VT, WA, WV, WI, WY) have either established an entitlement or a funding policy that guarantees child care assistance to “transitional families” (i.e., those who are transitioning off TANF and into the workforce). In most cases, these families are only eligible for child care if their income is at or below the State’s income eligibility ceiling.

Expanding services with limited funds is a complex balancing act

Fourteen States report that they are currently able to provide child care assistance to all eligible families, including TANF recipients as well as the working poor. Most of these States also cap income eligibility ceilings at levels that are well below the Federal maximum of 85% of the Federal poverty level. Given that child care funds are limited, most States make TANF recipients their top priority and are able to serve only a portion of income-eligible families.

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.

The chart on pages 67-69 shows the monthly income level at which the full fee is required, whether a Lead Agency requires the fee for families at or below poverty, and the minimum and maximum co-payments required by the Lead Agency. The fee information on this chart is based on information provided by the States in attachments to the State Plan.

The following is an explanation of how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable:

States use a variety of methods to establish co-payment policies and ensure that child care is affordable. Co-payments are typically based on a percentage of family income, a percentage of the price of the child care, or a percentage of the State reimbursement rate.

- Thirty-eight Lead Agencies (AL, AZ, CA, CO, FL, GA, IL, IN, IA, KS, KY, ME, MD, MA, MN, MS, MO, MT, NM, NY, NJ, NE, NC, OH, OK, OR, PA, PR, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY) have established co-payments based on a percentage of the family income.
- Five Lead Agencies (AK, DE, DC, ID, NV) have established co-payments based on a percentage of the price of the child care.

Making co-payments affordable is a tough balancing act

Lead Agencies often struggle to balance competing demands when establishing affordable co-payments. Limited funds make it difficult to simultaneously keep co-payments low, ensure that reimbursement rates cover costs, and avoid waiting lists. More States are electing to balance these competing needs by restructuring fee scales to make them more equitable and to take other benefits (such as tax credits) into consideration.

- Six Lead Agencies (AR, HI, LA, MI, ND, VT) have established co-payments based on a percentage of the State reimbursement rate.
- One State (TX) does not have a State policy on co-payments. The Lead Agency has recommended that parent fees be no less than 9% and no more than 15% of the family's gross income. However, Local Workforce Development Boards establish their own co-payment policies.

Minnesota's co-payment schedule was developed in relation to the benefits and eligibility limitations of other family support programs as well as tax credits. The schedule is designed so that increases in earned income result in an increase in disposable income for the family, rather than being entirely consumed by an increased co-payment. Co-payments are based on a percent of family income and are not related to type of care used or number of children in care. At 75% of the SMI, families pay 20% of their income; at 58% of the SMI, they pay 10% of income; families below 58% of SMI pay less than 10% of income.

Missouri considers child care affordable when the cost of care does not exceed ten percent of a family's gross income, less medical insurance premiums.

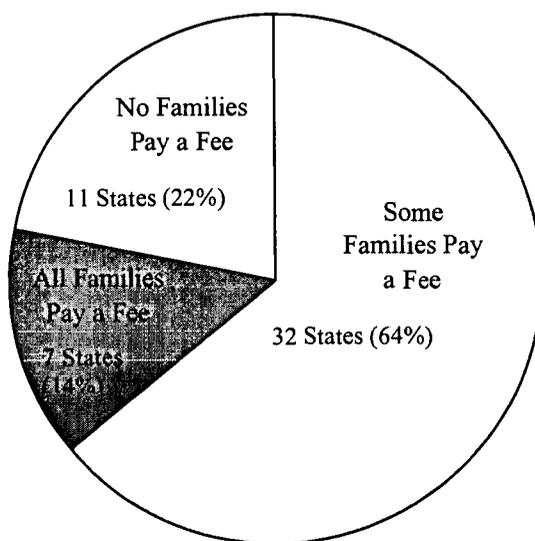
The Lead Agency in the State of **Washington** contracted with the Washington State Institute for Public Policy to assess whether the child care co-payment structure was affordable for families. The study sought to answer three questions: 1) Does the co-payment schedule recognize that below a minimum income co-payments may compete with expenditures on basic necessities such as shelter, utilities, or transportation? 2) Is the maximum co-payment at or below 12% of family income? 3) When a family's earned income increases, does the co-payment schedule avoid reductions in the family's total resources?

West Virginia's Lead Agency carefully examined the delicate balance that needs to be achieved between co-payments, provider rates, and waiting lists. They sought to develop co-payment policies that: 1) would allow the maximum number of families to receive child care at an affordable amount; 2) would not mean the operation of a child care waiting list that allowed for some higher income families to receive care while a family with little or no income was on a waiting list; and, 3) would pay sufficient amounts to cover the cost of care and encourage providers to accept subsidies.

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

- Eleven States (22%) do not require any families with incomes at or below the poverty level to make a co-payment (AR, CA, DE, HI, IN, IA, LA, PR, RI, SD, VT).
- Thirty-two States (64%) waive the co-payment requirement for some families with incomes at or below the poverty level (AL, AK, AZ, CO, DC, GA, ID, KS, KY, ME, MA, MD, MI, MN, MS, MO, MT, NE, NV, NM, NY, NC, ND, OK, OR, PA, TN, TX, UT, VA, WA, WV).
- Seven States (14%) require all families—regardless of income—to make a child care co-payment (FL, IL, NJ, OH, SC, WI, WY).

Percentage of Lead Agencies Requiring a Fee from Families At or Below Poverty



Sliding Fee Scales

State Name	Monthly Upper Income Level at Which Maximum Fee is Required*	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?
Alabama	\$2,313	Some	\$2.00 (weekly)	\$85.00 (weekly)	Yes
Alaska**	\$3,694	Some	3% of cost of care	100% of cost of care	Yes
Arizona	\$1,909	Some	\$1.00 (daily) + \$.50, 2nd child	\$10.00 (daily) + \$5.00, 2nd child	Yes
Arkansas	\$1,533	None	0% of fee	100% of fee	Yes
California	\$2,821	None	\$0.00	\$10.10 (daily)	Yes
Colorado	\$2,150	Some	\$6.00 (monthly)	\$237.00 (monthly) + \$15.00 each additional child	Yes
Connecticut					
Delaware	\$1,764	None	1% of cost of care	46% of cost of care	Yes
District of Columbia	Not Available	Some	\$0.00	Not Available	Yes
Florida	\$2,104	All	\$.80 (daily) + \$.40 each additional child	\$9.60 (daily) + \$4.80 each additional child	Yes
Georgia	\$2,334	Some	\$5.00 (weekly) + \$3.00 each additional child	\$52.00 (weekly) + \$26.00 each additional child	Yes
Hawaii	\$2,660	None	0% of Lead Agency reimbursement rate	20% of Lead Agency reimbursement rate	Yes
Idaho	\$1,800	Some	1% of cost of care	100% of cost of care	Yes
Illinois	\$1,818	All	\$4.33 (one child), \$8.67 (two children) (monthly)	\$134.32 (one child), \$233.98 (two children) (monthly)	Yes
Indiana	\$1,628	None	0%	10% of gross income	Yes
Iowa	\$2,108	None	\$0.00	\$6.00 (half-day)	Yes
Kansas	\$2,140	Some	\$0.00	\$243 (monthly)	Yes
Kentucky	\$2,799	Some	\$0.00	\$11.50 (one child); \$12.75 (two or more)	Yes
Louisiana	\$2,420	None	0% of cost	100% of cost	Yes
Maine	\$2,671	Some	2% of income	10% of income	Yes
Maryland**	\$1,872	Some	\$4.00 + \$4.00 each additional child (monthly)	\$161.00 + \$122.00 each additional child (monthly)	Yes
Massachusetts	\$3,123	Some	\$.20 (daily)	\$22.80 (daily)	Yes

Sliding Fee Scales

State Name	Monthly Upper Income Level at Which Maximum Fee is Required*	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?
Michigan	\$2,172	Some	5% of Lead Agency reimbursement rate	70% of Lead Agency reimbursement rate	Yes
Minnesota	\$3,181	Some	\$0.00	\$636 (monthly)	Yes
Mississippi	\$2,333	Some	\$10.00 (one child); \$20.00 (two children) (monthly)	\$155.00 (one child) and \$165.00 (two children) (monthly)	Yes
Missouri	\$1,482	Some	\$1.00 per year	\$4.00 (daily)	Yes
Montana	\$1,735	Some	\$5.00	\$243	Yes
Nebraska	\$2,105	Some	\$0.00	\$187 (one child); \$334 (two children) (monthly)	Yes
Nevada	\$2,799	Some	10% of cost of care	100% of cost of care	Yes
New Hampshire					
New Jersey	\$2,892	All	\$9.10 (monthly) + \$6.80, 2nd child	\$294.90 (monthly) + \$156.85, 2nd child	Yes
New Mexico	\$2,350	Some	\$11	\$191	Yes
New York**	\$2,490	Some	\$1.00 (weekly)	\$90.00 (weekly)	No
North Carolina	\$2,719	Some	9% of countable monthly income	9% of countable monthly income	Yes
North Dakota	\$2,446	Some	10% of allowable cost of care	80% of allowable cost of care	Yes
Ohio	\$2,388	All	\$0.00 (monthly)	\$172.00 (monthly)	Yes
Oklahoma	\$1,937	Some	0%	100% of cost of care	Yes
Oregon	\$2,087	Some	\$25.00 (minimum)	\$612.00	Yes
Pennsylvania	\$2,140	Some	\$5.00	\$65.00	Yes
Puerto Rico	\$1,279	None	\$5.00 (monthly)	\$48.00 (monthly)	Yes
Rhode Island	\$2,602	None	\$0.00	\$48.00	Yes
South Carolina	\$2,024	All	\$3.00 (weekly)	\$11.00 (weekly)	Yes
South Dakota	\$2,140	None	\$10.00 (monthly minimum)	20% co-payment ceiling	Yes
Tennessee	\$2,533	Some	\$5.00 (one child); \$9.00 (two children) (weekly)	\$35.00 (one child); \$61.00 (two children) (weekly)	Yes
Texas	N/A	Some	9% of gross monthly income (one child); 11% (two or more children)	9% of gross monthly income (one child); 11% (two or more children)	No

Sliding Fee Scales

State Name	Monthly Upper Income Level at Which Maximum Fee is Required*	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?
Utah	\$1,794	Some	\$10.00 (one child); \$15.00 (two children)	\$255.00 (one child); \$281.00 (two children)	Yes
Vermont	\$2,586	None	0% of subsidy rate	90% of subsidy rate (monthly)	Yes
Virginia**	\$2,141	Some	10% of gross monthly income	10% of gross monthly income	No
Washington	\$2,024	Some	\$10.00	\$407.49 (calculated based on formula)	Yes
West Virginia	\$1,735	Some	\$0.00	\$3.75 (one child); \$4.50 (two children)	Yes
Wisconsin	\$2,312	All	\$5.00 (one child); \$9.00 (two children) (weekly)	\$63.00 (one child); \$78.00 (two children) (weekly)	Yes
Wyoming	\$1,539	All	\$.05 per hour per child	\$.50 per hour per child	Yes

* 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.

** 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 the table on pages 51 - 56. Scales for the following localities were used: Alaska, Anchorage area; Maryland, Baltimore area; New York, New York City area; Virginia, Fairfax County area.

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.

Section 3.6 - Certificate Payment System

States were asked to provide the following information:

- *A description of the certificate:*
- *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.*
- *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.*

A child care certificate can take many forms. It can be a voucher, a check, or other form of disbursement. Child care certificates must, however, be regarded as assistance to the child rather than the provider. In other words, they must be flexible enough to allow funds to follow the child to whatever program or provider is selected by the parent.

- Almost all Lead Agencies describe their certificate as a “service authorization” or “notice of eligibility” for child care assistance. While various forms and procedures are used, States typically use the certificate as a paper trail to officially inform the parents—and the child care providers they select—that the child is eligible for a subsidy. In most cases, the certificate also includes information on the approved reimbursement rate and the total number of hours of child care that are authorized.
- A few States describe their child care certificate process as something other than a payment authorization. These State procedures include:

California does not have a State-determined certificate process. Instead, the Lead Agency allows local voucher management agencies to determine the exact forms and procedures so long as they comply with Federal requirements for flexibility and choice.

The **Idaho** Child Care Program pays for child care by a State check process. A State check is written with a co-endorsement to the parent and provider. The check is mailed to the parent unless otherwise specified.

In **Puerto Rico**, the certificate is a parent and provider contract. Payments are made by the issuance of a double endorsement check in the names of the parent and provider. It is disbursed on a monthly basis, once the parent and provider agreement is duly signed and the Child Attendance Report has been turned in and registered.

- In most cases, child care subsidies are paid retroactively. The certificate is used to ensure that the provider and the parent know that payment will be forthcoming. However, a few States have established – or are exploring the feasibility of establishing – policies for prospective payment. These include the following:

The Lead Agency in **Alaska** has learned that its payment system does not conform to typical provider billing practices. The current system, which requires caregivers to use the State's payment cycle and to submit additional documentation for children whose care is paid by State or Federal funds, has created hardships for both parents and providers. To address these concerns, Alaska has developed a pilot project to test more flexible, locally controlled, pre-payment systems in three communities. Under the pilot, subsidy checks will be issued to parents at the beginning of the month, so payment can be made in a caregiver's regular billing cycle. Methods for parent application and renewal will also be expanded to accommodate family schedules.

Michigan developed a new policy, called Quick Start, to ensure prompt payment. Under the Quick Start initiative, an initial payment is authorized based on information provided on the application and documentation of provider suitability. Verification of information is required for ongoing payments.

South Dakota has established a coupon system for families with immediate, short-term child care needs, such as job search, job club, and job readiness activities. Coupons are supplied to each TANF Employment Specialist and Caseworker for distribution at the local level when necessary. A Child Care Certificate can then be issued for long-term child care needs.

In **Utah**, eligible parents are given prospective payment for child care reimbursement based on need via electronic benefit transfer which can be accessed at any ATM or at the provider point of services.

- While States use a variety of methods to ensure parental choice, most child care subsidy authorization workers verbally inform parents about their ability to choose from a variety of child care settings and also provide written materials about child care options when the parent is issued a certificate. Ten States (AL, CA, FL, IL, IN, ME, MA, NV, NJ, TN) report that they ensure that CCR&R services are provided at the time child care is authorized. Three others (AK, GA, OK) reported that they inform parents that CCR&R services are available if they need assistance in locating care.

In **Indiana**, when it has been determined that the family is eligible for services and that sufficient funds are available, the voucher agent issues the voucher certificate. Either the voucher agent, or a collaborative partner, such as a CCR&R, provides the parent with the consumer education information and materials that have been created to guide parental choice of quality child care. The parent also receives a listing of potential care settings and providers available locally. Any provider chosen must become certified or registered with the voucher agent. The parent is given a provider application packet to give to the provider. The provider completes the application packet and returns it to the parent. Provider application materials can be mailed between the voucher agent and the provider; however, the parent must be afforded an opportunity to review the application packet and the Health and Safety Assessment for license-exempt providers.

In **Louisiana**, the certificate is a paper document that identifies the child eligible for assistance and states a date by which information about that child's care situation must be returned. The partially completed certificate is given or mailed to the parent/guardian for an eligible child. The parent/guardian takes the certificate to the chosen provider, who completes the form by entering the date the child care arrangements began or are scheduled to begin, the number of hours per week that the child is scheduled to be in care, and the dollar amount of fees charged for child care services. The parent/guardian returns the form to the designated parish office.

- Lead Agencies that provide child care services through grants and contracts, as well as certificates, have developed a variety of ways to ensure that parents are able to choose the child care provider that is most appropriate for their family and child. These include the following:

Eligibility specialists in **Arkansas** maintain a list of contract providers as well as certificate vendors and share both of these lists with parents when authorizing subsidies. In addition, the specialists will take referrals from the contract providers if the parent wishes to have a certificate rather than the contract service or if contract slots are unavailable. In some counties, the parent may be placed on the waiting list for a certificate if funding is limited.

In the **District of Columbia**, child care subsidy funds may be authorized by staff at the Lead Agency and at Level II contracted child care centers. Lead Agency staff issue certificates, determine eligibility for Level I contract centers, and make referrals to Level II contract centers (where eligibility is determined on-site). Level II centers participate in an Eligibility Training Institute where a component focuses on parent options and the use of a video entitled "Caring Choices." Providers are required to have parents sign a form acknowledging that they have been informed about all of the child care choices available to them.

Indiana uses voucher management agencies to administer child care subsidy funds. The contract specifies that voucher management agencies are required to offer eligible families the option of a voucher or referral to sub-grantees funded through the contract.

The Lead Agency in **Mississippi** also uses designated agents and sub-grantees to administer child care subsidies. Sub-grantees are responsible for informing parents of their option to apply for a child care certificate. Additionally, notification of the parental option to apply for a child care certificate is on the front and back of the Application for Child Care Slot Services used by sub-grantees.

In **New Jersey**, 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 from the State's voucher management agency assist applicants in completing the application form when they are referred to a contract center. Additionally, advertisement through yellow pages, billboards, and/or brochures is available in all parts of the State to advise the public of the certificate program.

The Lead Agency in **Pennsylvania** allows each of its local voucher management agencies to set aside up to 20% of all service funds for sub-grants for special populations. Sub-grants are made available to child care providers who meet certain criteria. Parents are offered the opportunity to receive care through a sub-grantee or with a certificate.

Part IV—Processes with Parents

Section 4.1

The following describes the process for a family to apply/receive child care services. 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, and*
- *Length of eligibility.*

Use of the Internet is growing

More States are using the Internet to disseminate information about child care subsidies or help families request applications for assistance.

Parents learn about available child care subsidies in many ways. 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 program. Additional strategies for informing parents about child care subsidies are discussed below.

- Thirty-four Lead Agencies (AL, AZ, CA, CO, DC, FL, GA, HI, IL, IA, KS, KY, ME, MD, MA, MI, MN, MO, MT, NV, NJ, NY, NC, ND, OH, OK, OR, PA, TN, UT, VA, WA, WV, WY) reported that they use 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 States (AZ, AR, CO, DC, FL, ID, IA, LA, ME, MD, MA, MN, MT, NE, NC, OK, PA, RI, WA, WV) reported that providers were part of their outreach efforts.
- Eighteen States (AL, CO, DC, FL, HI, ID, ME, MA, MI, MT, ND, OH, PA, PR, TN, VA, WA, WI) 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 are also distributed by community human service agencies, Head Start and other child care providers, employment and training centers, and CCR&Rs.
- Six Lead Agencies (AR, DC, MI, NV, PR, TN) reported that they use print media as well as radio and television to distribute information about child care subsidies.
- Five States (AK, MA, NC, OH, SD) report that they provide information about child care subsidies on their Web sites.

In **Nevada**, parents are informed of the availability of child care services in a variety of ways. Print media is used as well as television and radio. As an example, the Economic Opportunity Board in southern Nevada owns its own radio station and has

regular programs concerning child care. Representatives of the Children's Cabinet in northern Nevada are interviewed on television on a somewhat regular basis. Both organizations maintain CCR&R capabilities to provide parents with a full range of child care options.

Consumer education in **Puerto Rico** includes a mass media campaign that uses newspapers, radio, and/or TV to announce the availability of services. In addition, the Lead Agency distributes leaflets whenever a project or service is offered in a local community, places posters in public places, and works with CCR&Rs to inform parents about child care services.

In **Texas**, the Local Workforce Development Boards have been given responsibility for informing parents about what child care services are available to them and how to access these services. Each Board is also required to prepare a consumer guide to empower parents in making their child care choices.

Where and How Applications are Made

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 is also the Lead Agency in some States). Quite a few States, however, have chosen to contract with an outside agency to assist them with this process and/or have established procedures that allow families to apply for child care assistance via mail, phone, or fax.

- Fourteen States (AL, FL, IL, IN, KY, ME, MA, MS, NV, NJ, TN, TX, VT, WV) use a voucher management agency (or other local designee) to determine eligibility for child care assistance.
- Ten States use a combination of voucher management agencies and State agency staff to determine eligibility for child care assistance. These include: **Alaska**, **California** (county social services staff—or their designees—determine eligibility for TANF families), **Colorado** (3 counties), **Minnesota** (some counties), **Montana** (State staff determine eligibility for TANF families only), **New York** (some counties), **North Carolina** (some counties), **Ohio** (some counties), **Oregon** (some areas), and **Pennsylvania** (State staff determine eligibility for TANF families only.)
- Eighteen States (AK, AR, AZ, ID, KS, LA, ME, MI, MO, NV, ND, OR, PA, SD, TN, TX, WA, WV) allow families to *request* applications for child care subsidies via mail or telephone.

States offer parents more ways to apply for subsidies

Many States are responding to the needs of families by making it easier to apply for child care subsidies. Fourteen States reported that they contract with a voucher management agency to determine eligibility for child care assistance. This is an increase over the 1997-99 plan period, in which nine Lead Agencies reported using a voucher management agency. In addition, several States have eliminated the requirement for a face-to-face interview and now allow families to apply for child care subsidies through the mail or on the telephone.

- Two States (AR, SD) allow parents to *request* an application for subsidized child care via email.
- One State (MA) reports that it is expanding its Web site to include an “eligibility wizard” that will permit families to estimate whether they are eligible to access a child care subsidy. The State is also working on a new automated child care eligibility system that will use the Internet to help create a single point of entry for all intake staff, counselors, providers, and families.
- Seven States allow parents to *complete* the application for child care subsidies via mail (ME, MI, ND, OR, TX) and/or telephone (NV, OR, TX, WA). A face-to-face interview is not required in these States.

In **North Dakota**, an application form for child care subsidies can be obtained from county social service offices, CCR&Rs, Head Start programs, agencies under contract to provide employment and training activities, and WIC offices. The completed application must be returned to the county social service office, but can be returned by mail.

The Lead Agency in **South Carolina** is responsible for determining eligibility for low-income working families. However, applications are available at Level 2 and Level 3 providers (child care programs that have a contract with the Lead Agency and are considered to offer a higher quality of care), the 46 county health department WIC offices, and Head Start, Early Head Start, and tribal Head Start grantees. Completed applications can be mailed to the lead agency for eligibility determination.

In **Mississippi**, applications for child care certificates are processed by one of nine Lead Agency designated agents around the State. Each designated agent has jurisdiction over specific counties and serves as the sub-grantee for the certificate program. Several designated agents have a presence in every county in their jurisdiction. In those counties where no full-time physical presence exists, Designated agents use fax machines, mail, telephone, referral forms, and monthly site visits to expedite the child care process. Each designated agent has a toll-free telephone number for use by parents and child care providers. The parent may call and request that an application packet be mailed or they may pick one up at the designated office. The parent must fill out the application, obtain the required documents, and return them to the designated office in person or by mail.

Length of Eligibility

In most States, families are eligible for child care subsidies for as long as they meet the State’s eligibility criteria. Child care payments are typically authorized, however, for six or twelve months, after which time the Lead Agency or its designee reviews the family circumstances to ensure that they continue to meet the eligibility criteria.

- Thirteen States (AK, AZ, CA, IA, KY, MD, MO, NJ, NY, NC, OK, PR, SC) generally authorize child care payments for up to 12 months.

- Twenty-four States (AL, AR, CO, DE, DC, GA, ID, IL, IN, KS, MA, MI, MS, MT, NM, OH, PA, SD, TX, UT, WA, WV, WI, WY) generally authorize child care payments for 6 months.
- One State (LA) reports that it authorizes child care for a six- to twelve-month period.
- One State (OR) authorizes child care for a three- to six-month period.
- One State (NV) authorizes child care for three months.

Florida has passed new school-readiness legislation that makes changes to many of the systems that fund early care and education services. Included in this legislation is a provision that States that “a child who meets the eligibility requirements upon initial registration for the program shall be considered eligible until the child reaches kindergarten age.” For school age child care, eligibility is redetermined every six months.

Although **Illinois** redetermines eligibility for child care subsidies every six months, the State has made an exception in situations where Head Start and child care are collaborating to provide full-day, year-round services. In these cases, eligibility is determined once a year at the beginning of the program year.

The **District of Columbia** follows a similar strategy, allowing a full school year of eligibility for children in pre-kindergarten programs and allowing children enrolled in Head Start to retain child care subsidy eligibility until the Head Start eligibility limit is reached.

Section 4.2

Describe 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.

Every Lead Agency has established a procedure for maintaining records of substantiated parental complaints. In most cases, the licensing division assumes responsibility for this task. An increasing percentage of States are developing new automated systems to maintain these records, or modifying existing automated systems to include screens or fields for data on complaints about providers. Lead Agencies make complaint information available to parents in a variety of ways. Many States have established toll-free numbers where information can be requested—or complaints filed—verbally. A few States have also begun to use the Internet to help parents request and/or obtain information on complaints.

- Eight States (AR, CO, MA, MO, NE, NY, TN, WA) have established automated systems to track parental complaints.
- Seven States (MS, NY, NC, PA, SC, VT, VA) report 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.
- Two States (OH and NC) currently allow parents to request and/or receive complaint information via the Internet, and one Lead Agency (DC) is planning for Internet access to complaint information in the future.

More States use technology to track complaints

A growing number of States are using automated systems to track complaints and ensure that staff—and, in some cases, parents—have access to up-to-date information. States are also establishing toll-free numbers to make it easier for parents to file complaints or request information about complaints about programs or providers.

Colorado has developed a new automated retrieval system, Optical Imaging, that allows the public to access licensing files and complaints throughout the State. It is currently being piloted in two CCR&Rs, with Statewide implementation scheduled in 2000.

The **Massachusetts** computerized complaint tracking system (called CLEER) gives all staff from the Lead Agency immediate access to all open and completed complaints and investigations on any of the 17,000 licensed child care providers. When a complaint investigation is completed, a visit or investigation report is entered into CLEER. A printed copy of the report is sent to the child care provider and is placed in the provider's licensing file.

The **Mississippi** Child Care Express/Resource and Referral operates a Statewide database and a toll-free telephone number to make it easy for parents to file complaints. Complaints are recorded on the Parental Child Care Complaint Form and substantiated in writing by the parent, or through investigation as deemed appropriate by the Lead Agency.

The automated Child Care Complaint Tracking system in **Nebraska** allows staff to track individual case complaints and generate reports based on types of complaints, geographic areas of the State, referral to other entities or programs, and disposition. Complaints alleging unlicensed care are also tracked. Additionally, parents and other interested parties may use a toll-free number to request copies of compliance reviews on any licensed child care program. Compliance reviews are completed on all visits/inspections of licensed child care programs including complaint investigations and routine announced and unannounced visits.

The Lead Agency in **New York** maintains a toll-free telephone number that parents and other individuals may use to file complaints about child care providers. Through the use of computer automation, the telephone company immediately routes calls to the Lead Agency's Regional Office that has responsibility for licensing and registration in the area from which the call is being placed. Whenever a complaint is taken, it is immediately registered on the Lead Agency's automated complaint tracking system. As the complaint is investigated and a determination is made, this system is updated, thus providing a record of the status of all complaints that have been filed. The Lead Agency makes information about complaints, as well as other investigations, available to parents upon request.

Ohio's Lead Agency maintains a Web site that offers access to information regarding the number of complaints filed against each center licensed by the State.

Vermont uses CCDF quality funds to staff a toll-free Consumer Concern Line. This line assures phone access from 8:00 a.m. to 4:30 p.m., Monday through Friday, for anyone wishing to make a complaint or wanting information on the complaint status of a child care provider. At present, the Consumer Concern Line maintains complaint records on licensed centers, registered family child care homes, and Authorized Legally Exempt Child Care Providers. The register will be expanded to include all certified legally exempt providers when that certification replaces the current authorized child care provider category. The Consumer Concern Line also serves as a Statewide vehicle for consumer education about how to identify and locate quality care.

The Lead Agency in **Washington** maintains a record of complaints (from parents and others) in the Case and Management Information System (CAMIS), the agency's automation system. Complaints are received, categorized, and forwarded for investigation to licensors or CPS investigators, as appropriate, by the Lead Agency's intake staff. The outcome of licensing and/or CPS investigations is entered in CAMIS, whether "founded," "unfounded," or "inconclusive" (CPS allegations) or "valid," "invalid," or "inconclusive" (licensing allegations). Complaint outcome information is available to parents and the public on request by telephoning the facility licensor. Parents and the public can also request public disclosure of licensing files to obtain written information. This includes information about complaint receipt and outcomes.

Section 4.3

Provide 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

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. The TANF agency, not the Child Care Lead Agency, is responsible for establishing the criteria or definitions.

The chart below shows the State agency responsible for TANF, as reported by each Lead Agency:

State TANF Agencies Responsible for Establishing Definitions	
STATE	TANF AGENCY
Alabama	Alabama Department of Human Resources
Alaska	Department of Health and Social Services, Division of Public Assistance
Arizona	Arizona Department of Economic Security, Jobs/JTPA Administration
Arkansas	Department of Human Services, Division of County Operations
California	California Department of Social Services
Colorado	not reported
Connecticut	
Delaware	Delaware Health and Social Services, Division of Social Services
District of Columbia	Income Maintenance Administration, Department of Human Services.
Florida	Department of Children and Families - Economical Self-Sufficiency
Georgia	TANF Unit of the Employment Services Section, Division of Family and Children Services (definitions developed in consultation with the CCDF Lead Agency)
Hawaii	Department of Human Services
Idaho	Idaho Department of Health and Welfare
Illinois	Department of Human Services
Indiana	Family and Social Services Administration Division of Family and Children
Iowa	not reported
Kansas	Department of Social and Rehabilitation Services (SRS).
Kentucky	Cabinet for Families and Children
Louisiana	Office of Family Support
Maine	Bureau of Family Independence
Maryland	Department of Human Resources, Family Investment Administration
Massachusetts	Department of Transitional Assistance
Michigan	Family Independence Agency
Minnesota	Minnesota Department of Human Services
Mississippi	Division of Economic Assistance, Mississippi Department of Human Services
Missouri	Department of Social Services, Division of Family Services
Montana	Montana Department of Public Health and Human Services, Human and Community Services, Division Public Assistance Bureau
Nebraska	Nebraska Department of Health and Human Services, Self Sufficiency Division, Economic Assistance Unit
Nevada	Welfare Division
New Hampshire	
New Jersey	Division of Family Development

State TANF Agencies Responsible for Establishing Definitions	
New Mexico	Human Services Department
New York	Department of Labor
North Carolina	The CCDF Lead Agency collaborated with the Division of Social Services to develop definitions.
North Dakota	North Dakota Department of Human Services
Ohio	Ohio Department of Human Services
Oklahoma	not reported (The Lead Agency reports that “these criteria are defined by case manager judgment and available as cited at OAC 340-10-2-2”)
Oregon	Adult and Family Services Division, Department of Human Resources.
Pennsylvania	Department of Public Welfare
Puerto Rico	not reported
Rhode Island	Department of Human Services
South Carolina	South Carolina Department of Social Services
South Dakota	not reported
Tennessee	Tennessee Department of Human Services Families First
Texas	not reported (Due to waiver in place, State does not use standard definitions of these terms)
Utah	Department of Workforce Services-Employment Development Division
Vermont	Department of Social Welfare
Virginia	Virginia Department of Social Services
Washington	Washington State Department of Social and Health Services, Economic Services Administration, WorkFirst Division.
West Virginia	The Office of Family Support, Bureau for Families and Children
Wisconsin	State of Wisconsin - Department of Workforce Development
Wyoming	Department of Family Services

Part V—Activities and Services to Improve the Quality and Availability of Child Care

Section 5.1

The law requires that not less than 4% of the CCDF be used for quality activities (658G, §98.13(a), §98.51, §98.16(h)). The Lead Agency estimates that the following amount (or percentage) will be used for the quality activities described in this Part:

State	Amount Used for Quality Activities	Percentage Used for Quality Activities
Alabama		4%
Alaska	\$3,419,154	This amount represents more than the required 4%, including \$499,054 quality earmark funds for one grant year.
Arizona		Not less than 4 %
Arkansas		4%
California	\$82,845,000	
Colorado		6.5%
Connecticut		
Delaware	\$1,012,619	
District of Columbia	\$2,170,300	25%
Florida		6%
Georgia	\$6,310,039	
Hawaii	\$1,747,257	
Idaho		8% regular, 5% earmark, 13% total
Illinois	\$26,000,000	
Indiana		Not less than 4%
Iowa	\$1,477,407	
Kansas	\$4,366,843	4% quality minimum
Kentucky		A minimum of 4% of the CCDF funds will be used for quality.
Louisiana	\$2,564,249	4% of \$64,106,214
Maine		10%
Maryland	\$11,128,777 (FFY2000)	
Massachusetts	\$11,978,429	7.8%
Michigan		4%
Minnesota	\$15,827,695 in a two year period	4% plus earmark
Mississippi		5%
Missouri	\$6,000,000	
Montana	\$1,953,000	
Nebraska		4%
Nevada		6%+
New Hampshire		
New Jersey		4%
New Mexico	\$2,400,000	
New York	\$45 million Federal/State	

State	Amount Used for Quality Activities	Percentage Used for Quality Activities
North Carolina	\$5,747,299 (4% of CCDF Federal dollars/State Match) \$4,964,762 (Quality Expansion dollars) \$1,437,628 (Infant/Toddler Set-Aside) \$538,699 (Resource and Referral Set-Aside)	
North Dakota		16%
Ohio		4% plus the required expenditures for the Quality Expansion and the Infant/Toddler Care earmarks
Oklahoma		12%
Oregon		Oregon's commitment to quality will exceed 4% of the CCDF requirement. In addition, CCDF earmarked funds will be spent to improve quality in excess of the 4%.
Pennsylvania		4%
Puerto Rico		12%
Rhode Island		4%
South Carolina		minimum of 4%
South Dakota	\$404,057	
Tennessee		4%
Texas		4% or greater (at Local Workforce Development Board's discretion, more than 4% of expenditures may be used for these activities.)
Utah		7%
Vermont	\$1,234,613	
Virginia		5%
Washington		4% plus earmarks for resource and referral, school-age, infant/toddler, and quality expansion.
West Virginia	\$3,330,537	4% plus earmarks
Wisconsin	\$17,401,900	14.5% of all CCDF funds
Wyoming		4%

States may use these funds for a variety of quality initiatives, including those that target: infants and toddlers, child care CCR&Rs, school-aged 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 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.

Section 5.2

Describe the activities to improve the quality of care for infants/toddlers and the entity(ies) providing them.

States use CCDF funds to support a variety of initiatives to improve the quality of care for infants and toddlers. These include the following:

- Forty Lead Agencies (AL, AK, AZ, CA, CO, DE, DC, GA, IL, IN, KS, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NJ, NY, NV, NC, ND, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, WA, WV, WI, WY) report that they use funds from the infant/toddler earmark for specialized training initiatives. Many of these initiatives focus on a specific curriculum or are linked to college courses. Quite a few also make funds available for substitutes, stipends for trainers, and incentives for practitioners to attend training (such as free supplies).
- Three of the Lead Agencies (MT, NY, WI) have developed a new Infant-Toddler Credential, and use the earmark funds to provide scholarships and other incentives for practitioners to attain the credential.
- Five States (GA, IA, MD, OR, PA) mention that mentoring programs play a significant role in their infant/toddler training initiatives.

Infant/toddler training includes systemic links

As States increasingly invest funds in infant/toddler training, they are doing so in ways that promote systemic change. Often, for example, the Lead Agency will require that the training be linked to an institution of higher education that can provide college credit. Some States also provide funds for special incentives to encourage providers to attend or complete the training. Additionally, more States are allowing training grants to be used to support substitutes and/or address other staffing needs.

Alaska's infant/toddler project offers \$1,800 mini-grants to providers to obtain specialized infant/toddler training. Providers receive an initial installment of \$600 to pursue the training. At the end of the training program (prescribed in the grant agreement), the providers are eligible to claim the second level of their grant, another \$600. At the time the providers accept a new infant/toddler into care, they will be eligible for the final \$600 installment of their grant.

California supports a range of training initiatives with its infant/toddler earmark, including training groups that are currently involved in developing a plan for expanding infant/toddler capacity (this training focuses on issues such as brain research and promising practices); providing stipends to trainers who offer on-site training and technical assistance to staff in infant/toddler programs; and supporting 10 regional coordinators to build networks among and provide support to infant/toddler trainers.

Florida is using resource vans from the Caring for Kids program to help spread the word about infant/toddler training and technical assistance, as well as to distribute supplies and training materials to these caregivers.

Iowa is piloting an Infant Mentor Center that links registered family child care homes to a center-based program for enhanced training and support.

Montana has established a new Infant/Toddler Caregiver Credential, as well as a pilot project that will subsidize the wages of workers who attain the new credential and work in programs that are pursuing accreditation. These programs will also receive a higher reimbursement rate.

- Thirteen States (CA, DC, FL, GA, IL, KS, MI, MO, NJ, NC, OK, PA, WA) are using the infant/toddler earmark to support a specialist who can work with centers on the health, safety, and developmental needs of infants and toddlers. In many cases, these specialists are part of a collaboration with the State Healthy Child Care initiative or the State's health department.

Florida has made funds available to each of its CCR&Rs to hire an infant/toddler specialist. These specialists will become certified as infant/toddler trainers and will be available to offer group and individual training and technical assistance to infant and toddler caregivers. **Kansas** will also place its infant/toddler specialists at local CCR&Rs.

Oklahoma requested a Carl Albert Fellow to provide extensive technical assistance to targeted communities in expanding and maintaining infant/toddler care. Mini-grants were also made available for community planning, equipment, and initial teacher salaries and training to child care facilities that were establishing or expanding infant/toddler care.

Washington used the Governor's Executive Fellow to coordinate its infant/toddler work. Additionally, the Lead Agency worked with the Department of Health to implement a pilot project at 10 sites that are in need of technical assistance and support to providers caring for babies and toddlers, as well as to develop an Infant/Toddler Nurse Child Care Consultation Handbook.

- Eighteen States (AK, AZ, AR, CA, IA, MN, MS, NJ, NY, OK, PR, RI, SC, SD, TN, TX, WA, WV) use the set-aside funds for start-up and resource grants to infant and toddler programs. Three of these Lead Agencies (AR, MS, NY) noted that they make program enhancement grants available to infant and toddler programs that are seeking to improve the quality of care they provide. In most cases, these funds could be used to pursue accreditation, as well as for curriculum development, staff training, and so forth.

Arkansas has developed a specialized grant program for infant/toddler programs that are seeking to expand as well as for those pursuing State accreditation. Additionally, the Lead Agency has developed a new RFP that supports a range of approaches to quality improvement for infants and toddlers, including additional staff to meet lower ratios, increased compensation, reduced turnover, and greater parent involvement. Selection will be based, in part, on the program's ability to establish benchmarks for improvement and to replicate results.

Mississippi allows programs that apply for their Infant Care Expansion grants to use the funds for a range of services, including minor renovations, lower staff-child ratios, equipment, and supplies.

The Lead Agency in **New York** is developing an RFP to help child care centers that serve infants and toddlers become accredited. Grants will be provided to cover accreditation fees and costs, including the cost of substitutes while teachers are in

training, absorbing the cost of lower teacher/child ratios until these costs can be included in the fee structure, and enhancing program space and materials.

South Carolina made grants available to encourage programs that were currently operating at the lowest level of care (meeting State licensing requirements) to raise their level of care to the enhanced or accredited status.

- Several Lead Agencies used funds from the infant/toddler earmark to establish and/or support a consortium, collaborative, or planning group to work on infant and toddler child care issues.

In **Arkansas**, the planning group oversaw implementation of the mini-grant program for infant and toddler caregivers described above.

In **Iowa**, the Lead Agency provided seed money for expanded infant support networks throughout the State.

- Two States (CO and OH) reported that they make broad, flexible grants available to communities to support a range of child care initiatives. These funds can be used to support activities that improve the quality and supply of infant and toddler care.
- Eight States (MA, MS, MT, NM, NC, SD, VT, WV) reported that they took steps to increase the level of public subsidy to providers who care for infants and toddlers. Additionally, **South Carolina** is planning a new financial incentive for these caregivers.

Massachusetts increased its infant and toddler reimbursement rates.

Mississippi established a pilot project to increase the number of family child care homes that provide infant/toddler care and participate in a formal child care network. Family child care providers who operate under the auspices of a network are eligible for a higher rate of reimbursement.

Montana made higher reimbursement and special salary stipends available to providers who obtained their new Infant/Toddler Caregiver Credential and agreed to complete an accreditation process within 18 months.

New Mexico provides additional reimbursement to providers who lower their ratios for infants and toddlers and/or who achieve accreditation.

South Dakota pays a higher child care reimbursement rate to registered family child care homes that agree to care for six or fewer children and participate in at least 10 hours of specialized infant/toddler training.

Vermont established new contracts or grants for infant/toddler care. To be eligible, providers must be accredited, participate in a child care network, and maintain an individual professional development plan for all staff.

West Virginia pays an additional \$2 per day per child to providers whose staff have completed the State's infant/toddler training.

South Carolina is developing plans to offer a financial incentive to child care providers who voluntarily meet low staff-child ratios for infants and toddlers. Providers will also be required to comply with other standards that exceed State licensing requirements.

- Five Lead Agencies (KS, NE, NV, OK, SD) reported that they are expanding infant and toddler programs in collaboration with Early Head Start.

Kansas is using CCDF and TANF funds to support a State Early Head Start initiative that works with existing community-based programs to offer full-day, year-round services.

Nevada is increasing infant/toddler slots by providing wrap-around care in Early Head Start programs.

- Eight States (IA, MA, MI, NJ, OK, PR, SD, WA) described new consumer education initiatives aimed at issues related to infant and toddler care.

Massachusetts worked with its local CCR&Rs to compile a comprehensive manual of auxiliary services for infants and toddlers and establish support and information networks for parents and caregivers.

New Jersey created a Child Care Warm Line, a Statewide toll-free number that child care providers and parents may call with health related questions and/or to receive references to community resources.

South Dakota worked with a public television station to develop a television series on brain development, distributed a video on brain development (that emphasized music and reading) to TANF recipients, hosted a breakfast and Statewide training session on the latest brain development research findings, and established a speakers' bureau to encourage training and education in brain development. The State is also planning to involve hospitals in educating new mothers on the importance of early brain development.

- Five Lead Agencies (CA, HI, IA, NJ, RI) used infant/toddler set-aside funds to help promote inclusive child care for children with special needs. In some cases, these funds were used to support the State's Map to Inclusive Child Care project. **California** has used a portion of these funds to create a cadre of qualified trainers who can assist early childhood programs in complying with the Americans with Disabilities Act.

Rhode Island has established a Child Care Support Network to promote inclusion of children with disabilities in child care settings and increase parental involvement and communication regarding the child.

- Two States (CA and WI) will allocate funds to model demonstration programs for infants and toddlers.

California plans five or more model programs that will demonstrate the best practices of the Program for Infant/Toddler Caregivers (PITC)¹².

Wisconsin's Early Childhood Excellence Initiative will support the establishment of five centers in low-income areas. These centers will provide a rich, stimulating environment aimed at ensuring that infants and toddlers reach their full potential, and will also serve as training centers for practitioners in infant/toddler programs.

- One State (MA) reported that it established stronger regulatory standards for programs that serve infants and toddlers. Another (SC) indicated that it plans to do so in the future.
- **Mississippi** recognizes that many parents seeking care for infants and toddlers rely on “kith and kin” caregivers and is therefore researching strategies to strengthen this system of informal care.

Section 5.3

Describe child care resource and referral activities and the entity(ies) providing them.

- All of the States reported that they provide some type of CCR&R services.
- Forty-four States (AL, AK, AZ, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA) contract with an outside entity to provide CCR&R services. Most typically, this entity is a non-profit community-based organization. The Lead Agency in four States (AR, MS, NE, PR) provides CCR&R services directly or through local public agencies.
- Increasingly, Lead Agencies are choosing to establish and/or contract with a single, Statewide CCR&R network office to help administer local CCR&R contracts and provide a more cohesive system of services.

Florida contracts with the Florida Children’s Forum to oversee their Statewide network of CCR&R services as well as to coordinate training, technical assistance, start-up mini-grants and education funds aimed at strengthening the early care and education system in centers and homes.

Maryland contracts with the Maryland Committee for Children to act as the Statewide coordinating entity for their system of 13 regional child care resource centers.

¹² See footnote #4 on page 35.

Oklahoma plans to contract with the Oklahoma Association of Resource and Referral Agencies Network office, which will then sub-contract with nine regional agencies.

Colorado has a special contract with the Colorado Office of Resource and Referral Agencies (CORRA) to provide expanded referral services to families that have children with special needs as well as to work with child care providers to expand services for these children.

- Most States have regional or county-based CCR&R, although five Lead Agencies (DE, HI, RI, SC, WY) report having one Statewide CCR&R.
- Many Lead Agencies also contract with CCR&Rs to help administer their child care program.

New Jersey refers to its CCR&R agencies as Unified Child Care Agencies. These entities provide a host of services, including voucher administration, child care referrals, consumer information, registration of family child care providers, development of new child care homes and centers, training, technical assistance, and other quality enhancement initiatives.

Some CCR&R agencies in **Colorado** contract with county governments to help administer child care subsidies (Colorado has a county-administered social services system); however, the State contracts with these entities to provide information on licensing and regulatory requirements, complaint procedures, options available to parents through certificates, selecting quality child care, provider recruitment, and training.

Idaho also contracts with its network of CCR&R agencies to maintain the State's child care vendor system as well as to inform parents about available services, refer parents to care, offer training and technical assistance to child care providers, and administer child care provider grants (for health and safety, toys, and equipment).

- Lead Agencies are also taking new steps to build stronger links between CCR&Rs and local social service and job-search offices.

Delaware is currently developing a computer kiosk with a touch screen that can be placed in a job search site. The kiosk will offer information, in both Spanish and English, that allows a parent to search for child care using approximately 15 to 20 criteria, such as age of children, location of care, school district, and type of care. A list of potential providers will be generated and printed.

Missouri is implementing a pilot project that involves placing CCR&R staff on-site at local Lead Agency offices in St. Louis and Kansas City. These staff will provide on-site counseling to TANF families requiring child care in order to transition into work activities, as well as training to Lead Agency staff regarding selection of quality child care.

Section 5.4

Describe school-aged child care activities and the entity(ies) providing them.

- Thirty-five States (AZ, AR, CA, CO, DE, DC, GA, HI, ID, IA, IN, KS, KY, ME, MD, MA, MI, MN, MS, NJ, NY, NC, OH, OK, PA, PR, RI, SC, SD, TN, UT, VA, WA, WV, WY) reported that they make funds available to help start-up, expand, improve, or support school-age child care programs.

Arkansas uses CCDF funds to support enrichment activities for school-age children at summer feeding sites.

Delaware has established a flexible source of funding that may be used to start or improve school-age child care programs.

In **Iowa**, the School Age Care Alliance served as the fiscal agency and facilitating entity for the development of proposals aimed at expanding the supply and improving the quality of child care in the State.

Kentucky awards community challenge grants that leverage additional community support for school-age child care.

- Nineteen of the States mentioned above (AZ, DC, GA, HI, IN, KS, ME, MD, MA, MS, NY, NC, PR, SC, SD, UT, VA, WV, WY) provide operating support to school-age child care programs, either in the form of portable subsidies (which follow the child to whatever program is chosen) or direct grants (to specific school-age child care programs).

The **District of Columbia** has negotiated agreements to jointly fund school-age child care programs with the District of Columbia Public Schools and the District's Department of Parks and Recreation.

Georgia funds scholarships for low-income working parents with school-age children. Local programs desiring to apply for a contract for scholarships are also required to begin or complete the accreditation process. If the accreditation process is not completed, they must develop a plan to accomplish some other quality initiative during the term of their contract.

Operating assistance is a key support for school-age child care

While some Lead Agencies have focused on efforts to improve the quality and supply of school-age child care, a significant percentage of States have chosen to use CCDF funds to help make school-age child care more affordable for families. Some States provide this support as portable subsidies for low-income children (i.e. scholarships that follow the child to whatever program is chosen). Others offer direct program grants, which are typically used to make a school-age child care program affordable for all the children who attend.

Indiana makes funds available for scholarships as well as program costs such as planning, development, operation, expansion and/or improvement of school-age child care programs. Each school corporation in the State receives a CCDF school-age child care allocation. Schools work with their Step Ahead Council to distribute the funds by contracting with their local CCDF voucher agency to either administer the funds as portable subsidies or to sub-contract directly with school-age child care programs (in centers and homes).

The Lead Agency in **New York** is currently implementing a new initiative, Advantage Schools, which provides financial assistance to programs that offer safe and accessible places for school-aged children to learn and play from 3-7 p.m. on school days. The programs, which are selected via a request for proposals, are to be operated in school buildings by community organizations.

North Carolina is using a portion of its school-age child care funds to underwrite summer camp experiences for targeted groups of children.

The Governor of **South Dakota** offered challenge grants to school districts that agreed to host school-age child care programs and provide free rent. The number of funded school-age child care slots increased by 450%.

- Nineteen States (AR, CA, CO, DC, GA, IL, ME, MN, NJ, NY, NC, ND, OK, PA, PR, UT, WA, WV, WI) reported that they support training and technical assistance for school-age child care programs and practitioners.

California funds training for school-age program professionals, stipends for trainers with a school-age focus, and school-age curriculum and materials development.

The **Colorado** Department of Education, in cooperation with the Lead Agency, is piloting a school-age provider credential program and other professional development opportunities for providers.

The **District of Columbia's** Quality Child Care Initiative supports school-age child care training by conducting program assessments (using environmental rating scales) and then working with programs to develop a plan for program improvement. Additionally, the District supports scholarships for core courses for school-age professionals at the University of the District of Columbia, as well as a variety of non-credit-bearing training courses.

In **Minnesota**, each school-age child care program that receives a start-up or expansion grant is also assigned a school-age mentor trained through Concordia University's mentor program.

New York is currently in the process of establishing a special school-age child care Child Development Associate (CDA) credential.

- Nine States (AK, DC, GA, IA, KS, KY, MO, NM, NC) use CCDF earmarked funds to promote school-age child care program accreditation.

Kansas sponsored an Endorser training session for the National School-Age Care Alliance Accreditation Project. The funds support the training costs for 20 Endorsers, who will then be available to accredit school-age child care programs in the State.

- Four States (MT, OR, SD, UT) describe efforts to bring school-age child care programs together or support other collaborative school-age initiatives.

Montana brought together licensed and registered school-age child care providers, school-based programs and unlicensed programs (such as the Boys and Girls Clubs) to establish a network of providers in the State and encourage affiliation with a nationally recognized authority on high-quality school-aged care.

The Lead Agency in **South Dakota** hosted a gathering of out-of-school-time directors from around the State in an effort to facilitate the formation of a State out-of-school-time organization.

Utah is encouraging the use of local community "teams" to participate in the annual evaluation of out-of-school-time programs. Teams consist of individuals from a wide range of interests including parents, educators, local government, local businesses, PTA/PTO, local service agencies (police, juvenile justice, mental health, child care licensing), higher education, University Extension Service, and others.

- Three States (FL, UT, WA) are funding Statewide or regional school-age child care specialists to work with programs.

Florida will place a school-age specialist at the Florida Children's Forum to work with the Statewide network of CCR&Rs.

Utah funds regional school-age coordinators who provide a range of services, including program monitoring, technical assistance, public awareness, and support for community collaboration efforts.

Washington has funded six regional representatives to implement school-age training and professional opportunities and to help build local capacity and systems to support children and youth in out-of-school time.

- One State (WV) reported that it intends to develop specific licensing standards for school-age child care programs.
- Another State (UT) reported that it uses a portion of its CCDF set-aside to maintain a school-age child care program database.

Section 5.6

Describe the activities and the entity(ies) providing them in the following categories: comprehensive consumer education, grants and loans to providers, monitoring of compliance with licensing and regulatory requirements, training and technical assistance, compensation of child care providers, and other quality activities that increase parental choice and improve the quality and availability of child care.

Comprehensive Consumer Education

Every State reported that it supports CCR&R services that include, among other activities, consumer education. Most 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 include broadcast and news media in their public education campaigns.¹³ In addition, the following consumer education strategies were noted:

Video Presentations: **Alabama** shows videos on choosing child care and other consumer education issues in social service agency waiting rooms. **Delaware** is developing a similar approach, which it will incorporate into its child care touch-screen kiosk.

Toll-Free Phone Lines: **California** has an automated toll-free telephone line that refers parents and child care providers to the CCR&R agency in their local area. **Pennsylvania** has a Statewide HELPLINE for parents to call to obtain information on how to locate child care, receive help paying for child care, and on what to look for when selecting child care. **North Carolina** also has a toll-free hotline for parents to call to learn about children's development, health, and safety.

Parent Involvement Efforts: **California** also has a parent involvement initiative that includes a parent advisory committee and parent involvement training. The **District of Columbia** uses CCDF funds to support a Parent Forum and the development and dissemination of information on city-wide parenting resources.

Promoting Accreditation: **Georgia, Michigan, and Texas** distribute information on the importance of early childhood program accreditation.

Promoting Other Quality Measures: **North Carolina** distributes information on its new five-star rated licensing system. **Oklahoma** has developed materials to educate the public about its Reaching for the Stars program.

Information on the Links between Child Care and Economic Development: **Georgia** also provides information about the positive impact that childhood care and education has on society, both socially and financially to voters, employers, taxpayers, policy makers, and media representatives.

¹³ See Section 4.1 beginning on page 74 for additional information on outreach activities.

Information on the Importance of an Educated and Stable Child Care Workforce: **North Carolina** plans to develop and distribute materials explaining to parents how staff training and lower staff turnover (achieved with the help of higher compensation) translate into safer, more enriching care for their children

Coordinated Child Care & Health Care Outreach: The Lead Agency in **North Carolina** intends to work in collaboration with health agencies involved in outreach and implementation of the State's children's health insurance program to make parents aware of the various child and family resources available in the State.

Use of the Internet: Many State agencies have developed new Web pages and/or expanded their Web sites to include child care consumer information.

Grants and Loans to Providers

States have developed a variety of grant and loan programs to help providers start or expand, purchase supplies and equipment, or improve the quality of their programs.

- Seventeen States (AK, CA, CO, GA, KS, MI, MN, MT, NE, NJ, OK, OR, PA, RI, SD, TN, WV) report that they make grant funds available to child care providers for a range of quality improvement or expansion activities.

California makes training and staff development funds available through a network of more than 53 local child development program quality consortia. The consortia include programs that serve subsidized and non-subsidized children. Additionally, programs can apply directly to the Lead Agency for facility renovation/repair grants and instructional materials grants.

Kansas administers its start-up and quality improvement grants program through the State network of CCR&Rs, KACCRA.

Oregon makes grants available to county commissions, who may use the funds to address a range of needs including start-up, on-going operation, and quality enhancement. County plans are required to demonstrate that funds are used to meet benchmarks established by the Oregon Progress Board.

- Four States (LA, MD, NY, VT) report that they make targeted grants available to specifically assist providers in maintaining compliance with health and safety standards.
- One State (NJ) described an \$8 million earmark for capital construction, renovation, and major expansion of child care programs located in school districts that will receive targeted universal prekindergarten funding.

A new trend: linking quality grants to specific outcomes

A handful of States are initiating a new approach to grant-making: linking grant funds to making improvements identified during a program assessment. In some cases, these assessments are tied to achieving accreditation or meeting benchmarks established by the State. Others are evaluated based on environmental rating scales.

- Three Lead Agencies (AR, DE, DC) have special initiatives that offer grants to child care programs to make improvements identified during a program assessment or in order to achieve accreditation.

The Lead Agency in **Arkansas** conducts an assessment to determine if a program meets standards established for its State Quality Approval System. Programs that meet these standards will be eligible for various financial incentives and grants.

Delaware has established challenge grants and offers technical assistance to programs seeking national accreditation.

- One State (WI) reported that it had established a quality improvement grants initiative that provided multi-year operating assistance. To receive these grants, programs must comply with, or be working toward compliance with, Wisconsin's High Quality Standards.
- Three States (MD, NC, WA) indicated that they had established loan programs to provide funds for facility improvement.

Maryland has a revolving loan fund administered by the Department of Business and Economic Development.

North Carolina administers its loan funds through a Statewide Community Development Financial Institution, called Self-Help.

- Two States (CA and CO) reported that they make grants available to local planning groups.

California's local planning councils assess the need for child care, identify gaps, and establish priorities.

Colorado has 10 pilot communities that are creating consolidated child care services. These pilot sites may apply for additional resources to support planning and implementation, including grants/loans to providers to assist in meeting State/local standards, such as creating full-day, full-year programs, meeting staff development needs, and creating and implementing early childhood councils.

Monitoring of Compliance with Licensing and Regulatory Requirements

CCDF funds are not only helping States to lower caseloads for licensing staff, they are being used to expand training opportunities for these staff and to create cross-system regulatory and technical assistance staff teams.

- Twenty-five States (AK, AL, CA, CO, DE, FL, ID, KS, MD, ME, MS, MT, NE, NV, NJ, NY, NC, OR, PR, SD, TN, VT, WV, WI, WY) reported that they were able to hire additional staff and/or expand licensing activities with the use of CCDF funds. Two States (AZ, HI) indicated that they might use CCDF funds to hire additional staff.

Alaska is currently in the process of establishing a child care licensing task force to review existing regulations, procedures, application processes, monitoring, and enforcement practices. The task force will also be looking closely at how the current standards relate to the State's career development system.

CCDF funds help strengthen quality improvement efforts

CCDF funds are not only helping States to lower caseloads for licensing staff, they are being used to expand training opportunities for these staff and to create cross-system regulatory and technical assistance staff teams. A few States are also looking carefully at their regulatory requirements and how they link with career development and reimbursement policy.

In addition to expanding staff in the Community Care Licensing Division, **California** has used CCDF funds to support the Trustline Registry, a database that contains information on license-exempt caregivers, including nannies and babysitters, who have passed a background screening.

Delaware hired a new administrative staff person to review and revise child care regulations to make sure that they are current and support quality care.

Florida has used CCDF funds for employment and training of staff to inspect child care facilities and homes. This includes the development of a core curriculum and basic competencies for licensing staff as well as collaborative meetings among regulators, child care providers, and other State programs to clarify minimum standards in health, safety, nutrition, and immunizations.

West Virginia has developed local quality teams that include State and local regulatory staff as well as staff from the child and adult food programs and CCR&Rs. These four core team members work with other local entities to develop a plan to improve the quality and availability of child care in their region. West Virginia is also working with the National Association for Regulatory Administration (NARA) to develop new licensing regulations that are based on the State's career development efforts: Essential Elements of Quality, Core Competencies, and Career Pathways. Once the standards are developed, a tiered reimbursement system will be established to support the new levels of quality.

- Two States (CA and NE) use CCDF funds to support data collection that promotes accountability and quality improvement in several areas.

California is developing a system to identify and measure the achievement of desired results for children and families that receive subsidized child care. This system will also include performance standards for direct service programs, alternative payment contractors, and CCR&Rs. At the same time, funds have been allocated to evaluate the efficiency and effectiveness of all major quality activities over a five-year period.

Nebraska will contract with an outside entity to conduct an evaluation of CCDF funded activities and how they relate to the State's broad goals of improving the accessibility, quality, and affordability of child care.

Training and Technical Assistance

Every State reported that it was involved in some training and technical assistance activities. While a few States provided these services directly, most contracted with community-based organizations or institutions of higher education to offer training and technical assistance.

- Seventeen States (AL, AK, IL, IA, KY, LA, ME, MA, MN, MT, NM, NC, ND, TN, VT, WV, WI) reported that they contract with CCR&Rs to provide training and technical assistance to child care providers. Some States view training and technical assistance as a core service of the CCR&R; others have developed special initiatives.

Each CCR&R in **Illinois** has a training coordinator on staff who conducts an annual survey of the providers within the service delivery area to find out what training programs would be most beneficial. Based on the needs identified by the providers, the training coordinator develops a training calendar for the year and holds training sessions for providers.

Iowa uses its CCR&R network to administer training funds, which may be used for a variety of purposes, including workshops or courses that address the minimum training requirements, the purchase of self-study materials, and scholarships or other financial support of conferences that emphasize early childhood development training.

In **Louisiana**, CCR&Rs work with Child Care Health Consultants to provide health and safety training and technical assistance.

New Mexico has developed a new training and technical assistance initiative, AIM HIGH, that provides targeted assistance to individual providers and is tied to a tiered reimbursement system. The State's Training and Technical Assistance Network (many of whose members are also CCR&R agencies) administers this program.

A "big picture" look at training

More and more States are viewing child care provider training and technical assistance as part of a broader career development approach and linked to training strategies in other systems (such as Head Start, pre-kindergarten, and early intervention). States are also working with Statewide systems like the CCR&R agencies and institutions of higher education to administer or help coordinate these funds.

Each CCR&R in **West Virginia** now has two training specialists, who train local providers, edit a quarterly local newsletter, and coordinate local training conferences. The trainers meet on a quarterly basis to develop an understanding of the topics that should be covered in their training. Each trainer must develop one curriculum unit annually that will be shared with the other training staff.

- Other States have developed a variety of systems and structures to administer training and technical assistance services. Several examples are identified below:

California has established a Child Development Training Consortium that provides direct training through college-level coursework. Many of these courses are offered at off-campus locations to facilitate access for working students. Eighty-one community colleges participate in the initiative.

The **Colorado** Department of Education coordinates a network of approximately 40 local Learning Clusters. The clusters bring together practitioners from all parts of the early care and education system to assess learning needs, develop and implement a plan to meet those needs, disseminate information on training, and increase community capacity through better relationships and collaboration.

The **District of Columbia's** Quality Child Care Initiative (QCCI) involves training a selected group of data collectors and technical assistance specialists in the use of environmental rating scales to evaluate and improve infant, early childhood, school age and family child care programs. The data collectors will establish a baseline level of performance for each participating early care and education classroom, against which program improvement will be assessed at the end of the project. A program improvement plan will be developed with program staff and administration based on findings from the initial site assessment. The technical assistance specialists will provide technical assistance to 100 assigned classroom teams during the first year of the project.

The **District of Columbia** also uses CCDF funds to support family child care networks and satellite systems that provide a range of training and technical assistance services to family child care homes.

The Lead Agency in **Massachusetts** is currently developing distance learning courses with various State colleges and child care organizations. The result will be three college-level, self-study courses for child care providers.

The **Nebraska** Department of Education, in collaboration with the Lead Agency, established an Early Childhood Training Center to oversee a variety of training and technical assistance activities. Nebraska also supports regional grants to promote collaborative training, using CCDF, Head Start Collaboration, and Part C funds.

Pennsylvania developed a Statewide training system that offers roughly 50,000 training opportunities to a wide range of child care providers in the State.

West Virginia has made the Department of Labor Apprenticeship program a key component of the State's training efforts. A mentor program for family child care providers was recently added to the initiative.

- Twenty-two States (AK, AZ, AR, CO, DE, FL, GA, KS, MS, MN, MT, NE, NJ, NC, ND, OK, OR, TN, TX, WA, WI, WV) report that their training and technical assistance efforts are part of a Statewide early-childhood career development strategy.

Alaska plans to use its career-development system to guide decision-making in training, technical assistance, licensing, and provider compensation. In addition to supporting comprehensive Statewide career development options for early care and education practitioners, the Lead Agency plans to re-evaluate the State's child care licensing regulations to ensure that they address quality and include specific training and education guidelines that may be tied directly to a career development framework.

Delaware's career development system is coordinated by a State employee who ensures that training and technical assistance efforts are coordinated across systems and agencies. Delaware also maintains a Personnel Registry and Training Approval Database to track training and trainers.

North Dakota is in the process of developing a Training Approval Board to review, edit, and approve early childhood training.

Oklahoma recently established the Center for Early Childhood Professional Development to plan and coordinate training linked to the State's career development system. The Center administers a tuition/fee scholarship program, provides training for the State's Child Care Career Series as well as other training workshops and conferences, oversees a Statewide pool of training consultants, maintains a video lending library, and coordinates the Oklahoma Professional Development Team.

- Nine States (IL, LA, MA, MI, NE, NY, OK, TN, WV) reported that they provide grants and/or technical assistance to programs seeking national accreditation.
- Five States (FL, MA, MS, NE, NY) are using CCDF funds to support director credentialing and/or management training for child care program directors.
- Six States (AK, CA, CO, DE, MD, NY, TX) mentioned that they are developing new training and technical assistance services for legally-exempt providers.

Both exempt and licensed providers in **Alaska** are able to participate in the Child and Adult Food Care Program (CACFP). Additionally, CCDF funds were made available to the Food Programs' Coordinator to extend child care training and mentoring activities.

The Lead Agency in **Colorado** is working closely with the State health department on the Colorado Child and Adult Care Food Program (CACFP) Legally-Exempt Homes Expansion Project. Legally-exempt homes participating in the Expansion Project will have access to financial and technical assistance and will participate in a certification process through the State's CCR&R system.

Delaware is using CCDF funds to support a project aimed at helping relative caregivers provide safe and developmentally appropriate environments for young children. The project has three goals: 1) to create a community-based partnership of support groups and mentoring relationships between relative caregivers and licensed child care providers; 2) to provide technical assistance and support through the County Resource Centers; and 3) to train relative caregivers in the areas of health and safety, child development, behavior, communication techniques, conflict resolution, and other areas specific to relative caregiving and quality care.

- Two States (CA and NE) reported that their technical assistance efforts included sponsoring toll-free “hotlines” for providers and consumers.

The **California** Child Care Healthline is a Statewide, toll-free telephone service accessible to child care providers and parents. The Healthline provides information and consultation on children's health and safety issues, including communicable disease management and reporting requirements; immunization; behavioral and nutritional concerns; child abuse; children with special needs; and early childhood education and development. Pediatric health professionals answer the Healthline. Referrals to health-related services are made as necessary.

Nebraska established ChildLine as a service of the State’s Early Childhood Training Center. A child development specialist, who is available to answer questions about licensing and other administrative matters, as well as questions about working with young children, staffs this toll-free number.

Compensation of Child Care Providers

The importance of having a direct impact on practitioner compensation has increased as more States have become involved in career development efforts. Several States described new compensation initiatives in their State Plans, including the following:

- Eight States (AK, IN, MT, NC, SD, UT, WA, WI) described using CCDF funds to support grant programs aimed at improving wages for child care practitioners.

Since 1981, **Alaska** has supported a grant program for child care providers who agree to serve subsidized children. These funds may be used for a variety of purposes, including staff compensation. The Lead Agency also plans to develop a system of provider benefits that would be linked to training, education, experience and licensing, and identify funding sources that could be available to providers.

Indiana reports that each county has the option of including some form of compensation for caregivers in its Step Ahead quality plan.

Montana has established Merit Pay Awards for child care providers who participate in pre-approved early childhood continuing education coursework and work at least 15 hours a week in a regulated early childhood program.

In 1999, **North Carolina** established a new initiative called NC CARES (Committed to Attracting and Retaining Educated Staff) that combines the benefits of T.E.A.C.H.® (a scholarship program), WAGES (a salary enhancement initiative), and an Early Childhood Health Insurance Program that helps child care employers pay for health insurance for their workers.

South Dakota reports that a salary bonus for providers who complete a CDA credential program will be tested as a pilot in the Rapid City area.

Utah reports that it will give cash bonuses to child care providers as they complete each level of the State's career ladder.

Washington recently enacted the Washington State Wage Ladder, a new salary enhancement initiative that will be run as a pilot in 100 child care centers.

Wisconsin continues to support Quality Improvement Grants that provide ongoing support for improved wages, benefits, and other incentives for staff.

- Seven States (CO, FL, GA, ID, IL, NC, WI) reported that they use CCDF funds to support the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® project, which provides educational scholarship opportunities for child care professionals. Increased compensation is linked to participation in T.E.A.C.H. ®
- Two States (CA and MN) described mentor teacher initiatives that involved increased compensation for staff.
- Five States (KS, NJ, OR, TX, VT) reported that they have raised reimbursement rates and/or established tiered reimbursement rates in an effort to help increase compensation for early childhood practitioners.

Other Quality Activities

States mentioned some additional quality improvement initiatives that did not fit into any of the previously mentioned categories. These include the following:

Idaho created a Public Participation Plan and used the process to develop a strategic vision for the Iowa Child Care Program as well as to help build a grassroots constituency on child care and child development issues.

Minnesota is developing a new initiative, administered by the Lead Agency, that will provide seed funding for partnerships to address economic development opportunities in communities.

North Carolina is supporting several new research studies, including a market rate/cost study that will guide policy development in recognizing the relationship between market rates and the actual cost of providing child care. A second study will evaluate child care injuries (through an analysis of child care providers' incidents reports) in order to help

the Lead Agency understand the most dangerous aspects of child care. Provider training will be developed based on these findings.

Part VI—Health and Safety Requirements for Providers

The National Resource Center for Health and Safety in Child Care (NRCHSCC) funded by DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line 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 World Wide Web at: <http://nrc.uchsc.edu/>

Sections 6.1 – 6.4¹⁴

Are all center-based providers paid with CCDF funds subject to licensing under State law which is reflected in the NRCHSCC's compilation referenced above?

- Twenty-seven Lead Agencies require ALL center-based providers paid with CCDF funds to be subject to licensing under State law as reflected in the NRCHSCC's compilation (AZ, AR, DC, GA, ID, IN, IA, KS, KY, ME, MD, MS, MT, NE, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, VT, WA).
- Twenty-two Lead Agencies DO NOT require all center-based providers paid with CCDF funds to be subject to licensing under State law as reflected in the NRCHSCC's compilation (AL, AK, CA, CO, DE, FL, HI, IL, LA, MA, MI, MN, MO, NV, NY, OR, TX, UT, VA, WV, WI, WY).

Facilities exempt from licensing standards include religiously affiliated centers, centers in public and private schools, school-age care programs operated by local governments, centers on Federal land, centers that provide care for less than 4 hours per day, or others as set by the State.

¹⁴ 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.

Are all group home providers paid with CCDF funds subject to licensing under State law which is reflected in the NRCHSCC's compilation referenced above?

- Only three Lead Agencies reported that they DO NOT require all group home providers paid with CCDF funds to be subject to licensing under State law as reflected in the NRCHSCC's compilation (AR, UT, WY).
- Other States either require all group home providers to be licensed under State law as reflected in the NRCHSCC's compilation or do not fund child care provided in group homes. However, many States do not have settings that are determined to be "group homes."

Are all family home providers paid with CCDF funds subject to licensing under State law which is reflected in the NRCHSCC's compilation referenced above?

- Sixteen Lead Agencies require ALL family home providers paid with CCDF funds to be subject to licensing under State law as reflected in the NRCHSCC's compilation (AL, AZ, DE, DC, GA, KS, ME, MD, MA, NY, NC, OH, OK, TX, VT, WA).
- Thirty-three Lead Agencies DO NOT require all family home providers paid with CCDF funds to be subject to licensing under State law as reflected in the NRCHSCC's compilation (AK, AR, FL, HI, ID, IL, IN, IA, MN, MS, MO, NE, NJ, NM, ND, OR, RI, SC, SD, TN, UT, VA, WV, WI, WY).

Are all in-home providers paid with CCDF funds subject to licensing under State law which is reflected in the NRCHSCC's compilation referenced above?

- Only three Lead Agencies reported that they require ALL in-home providers paid with CCDF funds to be subject to licensing under State law as reflected in the NRCHSCC's compilation (AZ, OH, VT).
- Other States do not require all in-home providers to be regulated under State law as reflected in the NRCHSCC's compilation.

For that care (center-based, group home, family home, and in-home) which 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 employ a number of methods to ensure the health and safety of children in license-exempt child care programs. Many Lead Agencies require that providers complete a healthy and safety self-certification or checklist. Other Lead Agency requirements for license-exempt programs include:

- Background check for providers;
- Proof of provider health examination and/or TB test and/or Statement that provider is free from communicable diseases;
- Record of immunizations for all children in the child care center;
- Compliance with standard safety practices regarding hand washing, food preparation, diapering, and waste disposal;
- Compliance with local fire, building or environmental codes;
- Maintenance of the facility/home to keep it safe, sanitary, and free from debris, pests, and other hazardous materials and conditions;
- Availability of hot and cold running water, inside toilet facilities, proper lighting and ventilation, and appropriate heating and cooling systems;
- Availability of smoke detector(s), fire extinguisher(s), first aid kit, and working telephone;
- Safe storage of firearms, ammunition, cleaning products, medicines, and other hazardous equipment and products; and
- Preparation and posting of emergency procedures and evacuation procedures.

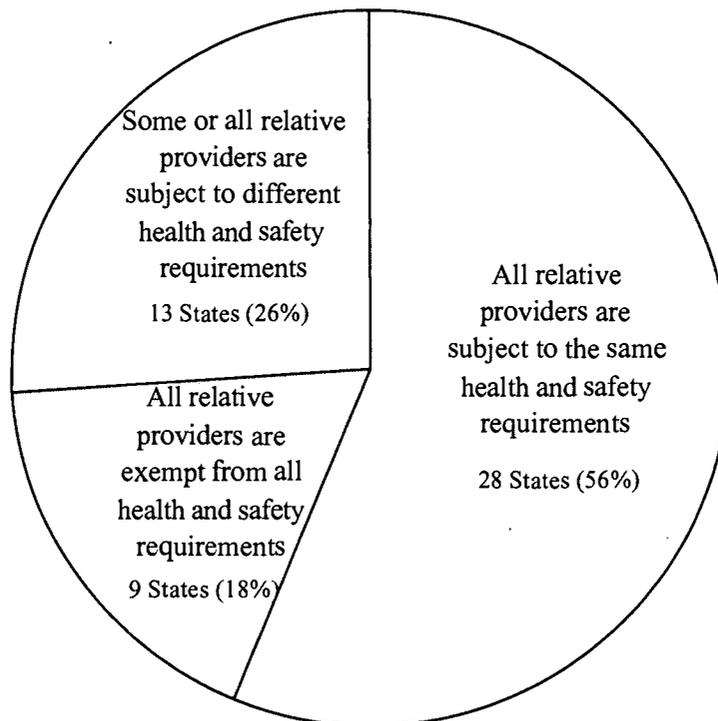
Sections 6.5

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(5)(B), §98.41(a)(1)(ii)(A)).

- Twenty-eight Lead Agencies (AK, AR, DC, GA, IL, IN, IA, LA, MD, MN, MS, MT, NE, NJ, NY, OH, OK, OR, PA, PR, RI, SC, TN, UT, VT, WV, WI, WY) do not exempt any relative providers from the health and safety requirements for license-exempt providers.
- Nine Lead Agencies (AL, HI, ID, MI, MO, NV, NM, ND, TX) exempt ALL relative providers from all health and safety requirements.
- Thirteen Lead Agencies (AZ, CA, CO, DE, FL, KS, KY, ME, MA, NC, SD, VA, WA) subject some or all relative providers to health and safety requirements that are

different from those required of other license-exempt providers (as described in Sections 6.1 – 6.4).

Relative Provider Exemptions from Health and Safety Requirements



Sections 6.7

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))

States may elect to exempt certain children from immunization requirements. The following outlines State responses to the four exemption categories provided in the State Plan pre-print:

- Nineteen States exempt from immunization requirements children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles) (AL, AZ, CO, DE, FL, HI, IN, KS, ME, MA, MI, MO, MT, NM, NC, PA, TN, TX, WA).

- Sixteen States exempt from immunization requirements children who receive care in their own homes (AL, CO, DE, HI, IN, KS, ME, MA, MI, MO, MT, OK, PA, TN, TX, WA).
- Only three Lead Agencies do not exempt from immunization requirements those children whose parents object to immunization on religious grounds (HI, MS, MT).
- Only three Lead Agencies report that they do not exempt from immunization requirements those children whose medical condition contraindicates immunization (MS, NM, NC).

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Appendix II—Eligibility and Priority Terminology

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following terms. (658P, 658E(c)(3)(B)):

1. "Attending (A Job Training or Educational Program)"

Alabama

Enrolled and attending 20 hours or more per week. TANF recipients may have additional requirements, as detailed in the TANF State plan.

Alaska

Regular attendance in an educational or training program that meets the definition of #3 below.

Arizona

To be present, at an activity outside of the individual's home, on a regular and acceptable basis, as determined by the trainer or educator.

Arkansas

A job training or an accredited educational program and officially enrolled in and participating in the program 95% of the required time for completion of the program.

California

The parent has certified and submitted documentation of their participation in a job training or educational program leading to employment.

Colorado

Verification of enrollment at an educational institution or participation in a job training program is required. Verification is required every six months. Under TANF, attendance and conditions of attendance are defined in the participant's Individual Responsibility Contract.

Delaware

A person is enrolled and regularly attends training or educational programs leading to employment. Would include study time as well as class time.

District of Columbia

Participating in at least 20 hours a week in an educational activity leading to a GED or high school diploma, or other approved training program which can be documented.

Florida

Attendance in a job training or education program is monitored by local WAGES Coalition contract provider. Referrals, updated referrals, or stop notices are sent to the Community Child Care Coordinating Agency by Jobs and Benefits staff or local WAGES contract providers as families comply or fail to comply with attendance standards.

Georgia

Active participation in an education or training activity as defined by the agency/institution where the activity is offered.

Hawaii

Enrolled in a job training or educational program as defined by the institution, agency or business which sponsors the program.

Idaho

Child care must be needed so the caretaker/parent may attend an education or training program.

Illinois

Documented enrollment and participation in a job training or educational program; can include actual class time, travel, and other related, required documented activities.

Indiana

One is attending job training or an educational program when participation occurs outside of the home for a job training or educational program.

Iowa

Formally enrolled full-time, as defined by the institution, in an approved educational or vocational training program. Part-time plans may be approved only if the number of credit hours to complete training is less than full-time status, the required prerequisite credits or remedial course work is less than full-time status, or training is not offered on a full-time basis. For FIP recipients participating in PROMISE JOBS, part-time-plans may be approved as above. In addition, PROMISE JOBS participants may use part-time training when family circumstances indicate this is necessary. In all instances where part-time training is used, PROMISE JOBS participants must be able to complete the training within maximum participation limits as established by Iowa Administrative Code Chapter 93.

Kansas

Enrolled in an approved job training or educational program and meeting the attendance expectations.

Kentucky

Attending a job training or educational program required by TANF or in which progress is made toward self-sufficiency.

Louisiana

Present at the training site for job training or in the classroom for educational programs as scheduled.

Maine

Enrolled at least half time in any recognized school, training program or institution of higher education.

Maryland

Means a parent, legal guardian, or a person in loco parentis is not available to care for a child and no other acceptable child care can be arranged because the parent, legal guardian or a person in loco parentis is in a job training program or enrolled in an educational program.

Massachusetts

Participation in the Employment Services Program (ESP) shall be subject to the requirements specified in 106 CMR 207.115 and available program resources.

(A) A participant must:

- (1) attend a program orientation;
- (2) attend an initial assessment interview;
- (3) assist in the development of an employment plan;
- (4) attend reassessment interviews, as required;
- (5) schedule the minimum hours of participation required by 106 CMR 207.000 for each ESP component in which the participant has been enrolled in an activity except as specified in 106 CMR 207.115(B)
- (6) attend at least 75% of the actual scheduled hours of any ESP component activity in which he or she has been enrolled; (for a description of the ESP components, see 106 CMR 207.120 to 207.180.)
- (7) provide verification of participation at time periods determined by the Department on a form prescribed by the Department.

(B) The ESP worker may waive the minimum scheduled hours of participation requirement in an Educational or Skills Training Component(s) in either or both of the following situations:

- (1) no education or skills training program consistent with the employment development plan and meeting the minimum scheduled hours of participation requirement is available; and/or
- (2) the participant is in the final stages of an education or skills training program and he or she needs less than the minimum scheduled hours for participation in order to complete the education or skills training program within six months. (Department of Transitional Assistance Regulations 106 CMR 2.07.115)

Michigan

Participating in an activity leading to a high school diploma or its equivalent (i.e., General Education Development [GED] and Adult Basic Education [ABE] classes); or for persons receiving TANF cash assistance or Food Stamps, an activity intended to enhance employability.

Minnesota

A student in an approved educational program and who is making satisfactory progress as determined by the school or is determined to be making progress in accordance with the standards established in a county's child care assistance program plan is considered to be attending an educational or job training program.

Mississippi

Enrolled as a student where provisions for child care subsidy are unavailable and child care is necessary in order for the parent to participate in a TANF activity or an approved child care training program.

Missouri

Attending as necessary to maintain satisfactory progress, as defined by the institution or job training program.

Montana

A person is considered to be attending, whether part-time or full-time, if they remain in good standing with either the job training or education program in which they are enrolled. Child care is allowed for scheduled class time and the time necessary to commute between the parent's home, the day care facility and the education or training facility.

Nebraska

Parents will be considered attending a job training or educational program when they participate in that program according to its schedule, days of operations, or sessions.

Nevada

Requires enrollment at the time of initial determination of eligibility and adequate progress toward program completion at subsequent eligibility reviews.

New Jersey

A parent will be considered to be attending if they are enrolled in a job training or educational training program, documented through proof of registration.

New Mexico

Being physically present and actively participating in educational or training classes that are directly related to enhancing job skills, including English as a second language, literacy training, Adult Basic

Education, General Equivalency Diploma or post-secondary institution or as required by vocational training programs, or full-time attendance in an accredited high school program.

New York

A person will be considered to be attending a program if the person is enrolled and is participating in a job training or education program for the period of time required for the particular client under the regulations of the State Office of Children and Family Services or the State Department of Labor.

North Carolina

Making satisfactory progress in a program approved by the local purchasing agency. Included are brief absences for personal or program needs, such as illness of the parent or child, or semester breaks, etc.

North Dakota

Taking part in one of the following: Education or training activities which may include high school, basic remedial education programs, trade schools, colleges, universities or other activities designed to help the participant achieve basic literacy or training needed to secure employment or retain employment. For traditional high school, "attendance" means: taking more than 4 classes; part time is 4 or fewer classes. For alternative high school, "attendance" means: the definition by the alternative setting. For college or university "attendance" means: full time is 12 or more credit hours per semester or quarter. Part-time is less than 12 credit hours per semester or quarter. Vocational and trade schools vary as to full time or part-time student. Hours will be verified by class schedule for educational training. A person who is in receipt of TANF benefits and who is involved in a work activity, job training, or educational program, must be in compliance with the work program before child care can be paid.

Ohio

Satisfactory participation criteria requires that the eligibility determiner periodically review the participant's grade point average or an equivalent measure, the time limits for reasonable completion of the program of study and the participant's attendance in regards to a level of frequency that ensures the participant's satisfactory participation.

Oklahoma

When day care is approved for training or education, it is limited to charges necessary for actual classroom attendance, including travel time but not including additional study time.

Oregon

Satisfactory participation in a job training or educational program that requires absence from the child on a part-time or full-time basis. Authorized care will be for reasonable hours of care needed to support participation in the program including meal and commute time. Care may be authorized for gaps up to two weeks between or before scheduled program or activities, if necessary to keep the provider.

Pennsylvania

For non-TANF families—a minor parent who has not graduated from high school or does not have a general diploma (GED) shall be enrolled in an education program and attend on a full-time basis. Full-time is defined by the program. Written documentation must also be provided by the program. For TANF families—participation in any program approved by the CAO as a work-related activity in accord with TANF eligibility requirements.

Puerto Rico

A parent who is officially enrolled in a job training or educational program, including any such TANF related activities; he or she must be participating in 75% of all scheduled classes or sessions, except when he/she or child is ill.

Rhode Island

Attending is defined as participation in an approved employment or training component of a Family Independence Program Family Options/Employment Plan.

South Carolina

Enrolled in one of the programs described in #3 below.

South Dakota

Full-time and part-time is as defined by the institution when applicable. If not defined by the institution, job training is at least 20 hours per week for non-TANF families. TANF families are required to meet the work requirements set forth by TANF criteria. If a TANF family meets the work requirements and would like assistance for attendance at school, child care benefits will be provided. Likewise, if a non-TANF family meets the work requirements and wants to attend school, child care costs will be allowed regardless of the number of hours in school. The work requirement for non-TANF families is waived for students enrolled in and physically attending a full-time program of study or training leading to a GED, a high school diploma, or a certificate of completion of a technical program which does not exceed two years.

Tennessee

Enrolled in and attending, on a full-time basis, a training or educational program and traveling or studying related to attending. Summer participation need not be full-time if courses are unavailable and the student fulfills the 40 hour activity requirement.

Texas

A parent is considered to be attending a job training or education program as long as the parent:

- Is considered by the program to be officially enrolled,
- Meets all attendance requirements established by the program, and
- Is making progress toward successful completion of the program.

Utah

Utah's child care program supports job training and education for single parents who work 15 hours or more a week. Utah also supports job training and education for two parent families when one parent is employed 15 hours or more a week while the other parent works 35 hours or more a week and the other parent is not able to care for the children. Child care is approved to cover not more than 24 months to meet the training/education goal. For FEP parents, training/education participation is defined by the employment plan goals.

Vermont

Enrolled in or participating in an approved training program which is certified by the institution according to their individual training requirements.

Virginia

Attending refers to an individual in a job training or educational activity who participates in that activity on a regular basis as stipulated in state regulations or policy.

Washington

- For TANF families—participating in TANF WorkFirst approved activities for the amount of time specified in the participant's Individual Responsibility Plan;
- For Non-TANF families—enrolled and going to a job training or educational program.

West Virginia

Enrolled and participating in classroom or training activities, study/research activities related to the class or training, and travel to and from class or activities. Satisfactory attendance is documented by a 2.0 grade average from higher education facilities and by statements from the education or training facility in all other cases.

Wisconsin

The parent is recognized as a student in good standing.

Wyoming

A person enrolled in a job training or educational program. A school schedule or other verification from the educational facility is required and the parent/caretaker is required to submit proof of satisfactory progress. Post secondary students are required to submit verification that the parent/caretaker has maintained cumulative grade point average of 2.0 or higher as a condition for continued eligibility. Up to one hour per day for travel and one hour for meals is allowable but study is not covered. Post-secondary students who also receive TANF are eligible for up to two hours of child care for every hour spent in class per Wyoming Statute Section 42-2-103.

2. "In Loco Parentis"

Alabama

Adults without legal custody or guardianship of the child and includes exclusively: an adult relative who receives TANF assistance for the child but who is not included in the TANF budget; foster parents of a child in the legal custody of the Department; and, adults with whom the Department places a child for Protective Service reasons.

Alaska

In place of a parent; for example, a foster parent, a guardian, relative or friend with whom the child resides; the term describes someone who provides care and supervision but without going through the formalities of legal adoption.

Arizona

An individual who has legal guardianship or who has initiated the process of legal guardianship; is a caretaker relative who exercises responsibility for the day-to-day physical care, guidance and support of a child who physically resides with the relative and who is by affinity or consanguinity or by court decree a grandparent, great-grandparent, sibling of the whole or half blood, stepbrother, stepsister, aunt, uncle, great-aunt, great-uncle or first cousin.

Arkansas

A person having physical custody of the child who has assumed guardianship and responsibility for that child. When day care is provided to enable employment, training or education, the income of that person will always be counted (regardless of the relationship of the child) in determining eligibility and setting fees for the service.

California

Any person living with a child who has responsibility for the care and welfare of the child.

Colorado

An unrelated or related individual who is taking the place of a parent and has obtained an affidavit from the child's biological parent or legal guardian which identifies the unrelated individual as the child's primary caretaker.

Delaware

One who has assumed the guardianship and control of the child.

District of Columbia

In the place of parents. Individual(s) has been charged, through legal action (i.e. by law or court order), with the same legal rights, duties and responsibilities as a parent or legal guardian.

Florida

This term is not defined in Florida statutes or rule.

Georgia

An adult who has assumed responsibility for the care of a minor child.

Hawaii

In place of the parent, i.e., charged with the rights, responsibilities and duties of a parent defined as: 1) birth or adoptive parent, 2) step-parent or relative who is related to the child by blood, marriage or adoption, who resides with and is responsible for the care, education, and financial support of the child, or 3) person other than the parent who can provide legal documentation to verify that the person can act on the child's behalf and is responsible for the care, education, and financial support of the child.

Idaho

When the parents have made an agreement for another individual to care for their child (both formally and informally), the individual will be eligible to apply for benefits. The temporary caretaker must meet all eligibility requirements. This applies to both family relatives and non-relative caretakers.

Illinois

Assuming guardianship and control of the child (need not be formalized through the court).

Indiana

According to *Sturup v. Mahan*, 261 Ind. 463, 305 N. E. 2d 877 (1974), a person stands in loco parentis when he assumes the legal obligation of parent without adoption.

Iowa

An adult standing in place of the parent; custody/guardianship is not required to be formalized through the court if the individual is a relative.

Kansas

Any blood relative with custody or any person with court-ordered custody and with the legal right and responsibility to act as a parent.

Kentucky

A person who has assumed or by court order agreed to function in the place of a parent.

Louisiana

Responsible for the care, supervision and financial support of a child residing with the individual more than half of the time, if the child's parent is not living in the home.

Maine

An adult acting in place of a parent, such as a grandparent, foster parent, a state caseworker, and/or legal guardian.

Maryland

A person who is at least eighteen years old, who is not a child's parent or legal guardian, with whom the child resides and who has assumed control of the child.

Massachusetts

Massachusetts, for the purpose of the CCDF, allows those caring for a child on a full-time basis and acting as a foster parent, legal guardian or temporary legal guardian to be deemed as a parent.

Michigan

A non-custodial parent, legal guardian, foster parent, adoptive parent, or if the parent is not in the home, another related person, who lives with and is the caretaker (responsible for the care) of the child(ren) needing child day care services. If both the parent and the legal guardian are in the home, the legal guardian must be the applicant.

Minnesota

Legal guardians and their spouses and eligible relative caretakers and their spouses.

Mississippi

Person standing in for a parent by blood, marriage, notarized letter of parental intent, or adoption and legal guardianship.

Missouri

A specified relative, or legal guardian maintaining care and control of the child.

Montana

A friend or relative with whom the child resides, whether or not custody is court ordered.

Nebraska

In loco parentis refers to situations where in place of a parent, a parent's rights, duties, and responsibilities are charged to another. Children in these situations must be under age 19, and are referred to as wards of the Department or wards of the court.

Nevada

Adult(s) standing in as parent(s) for children who are in need of supervision or protective services, and for families who are in transition.

New Jersey

Means those individuals who are serving as the primary caretaker without legal confirmation for the child(ren) on behalf of whom certificate(s) are requested. These individuals are considered in loco parentis in the parent(s) or the child(ren) are not residing within New Jersey and the child(ren) reside with these individuals on a full-time basis. These individuals must meet all other eligibility criteria.

New Mexico

Any blood relative with custody (whether or not court ordered) or any other court ordered custody.

New York

A person standing in loco parentis means a guardian, caretaker relative or any other person with whom a child is living who has assumed responsibility for the day-to-day care and custody of the child.

North Carolina

A person with whom the child resides other than the biological or adoptive parent, who does not have a court ordered financial responsibility.

North Dakota

A legal guardian who is physically caring for the child in his or her home or any other person (relative or nonrelative) physically caring for the child for an indefinite period of time.

Ohio

Any adult(s) who is charged with the rights, duties and responsibilities of a mother and/or father and whose presence in the home is needed to perform these rights, duties and responsibilities.

Oklahoma

A caretaker other than the parent(s) with whom the child resides and in which day care services are needed. This caretaker could be a relative or a non-relative.

Oregon

In place of the parent; may include, but is not limited to a step parent, guardian, or legal guardian.

Pennsylvania

"In lieu of parents" or caretaker: for non-TANF families—caretaker—an adult who has legal custody and who lives in the family's common dwelling and who has responsibility for the child for whom subsidy is requested or a specified relative as defined in 55 Pa. Code Section 151.42. For TANF families—a person who meets the requirements of a specified relative in accord with TANF eligibility requirements.

Puerto Rico

Guardian or tutor in custody or appointed by court that assumes the role of a parent and is in charge of the child.

Rhode Island

When the relative with whom the child lives is not the biological or adoptive parent, the term *in loco parentis* (in place of the parent) is used. Spouses of any of the persons in the listed groups meet the relationship requirement and continue to meet it even after the marriage is terminated by death or divorce. A child meets this eligibility factor if his/her home is with any of the following relatives:

- father, adoptive father, mother, adoptive mother;
- stepfather, stepmother (but not the parent of either);
- grandfather, great grandfather, great-great grandfather, great-great-great grandfather;
- grandmother, great grandmother, great-great grandmother, great-great-great grandmother;
- adoptive grandparent if the grandchild is the natural child of a parent who was adoptive, or if the grandchild is the adopted child of a parent who was the natural child of the grandparent;
- brother, half brother, adoptive brother, stepbrother, sister, half sister, adoptive sister, stepsister;
- uncle, great uncle, great-great uncle, aunt, great aunt, great-great aunt (including uncle or aunt of whole or half blood);
- nephew, great nephew, great-great nephew, niece, great niece, great-great niece (including nephew or niece of whole or half blood);
- first cousin (including first cousin of whole or half blood), first cousin once removed.

South Carolina

In the position or place of a parent. Guardianship does not have to be formalized through a court. This is determined on a case by case basis.

South Dakota

Exercising parental control—guardianship.

Tennessee

A person acting as a parent and providing support to minor children.

Texas

The Commission uses the term "parent." A "parent" is defined as "an individual responsible for the care and supervision of the child identified as the child's natural parent, adoptive parent, stepparent, or legal guardian."

Utah

1. Specified relatives may be eligible for child care subsidies when the child lives with the specified relative and the parent is not in the same home. Specified relative is defined as:

- Grandparents
- Brother or Sister, including step, half, and adopted
- Aunt or Uncle
- First Cousin, nephew or niece
- People of prior generation as designated by the prefix grand, great or great-great.

2. An unrelated adult who has legal custody of the child is the same as a parent.

Vermont

In the absence of the parent, a legally appointed guardian, including the State.

Virginia

In loco parentis means legal guardian or other primary adult caretaker for a child, other than the parent.

Washington

A person temporarily undertaking the care and control of another in absence of such supervision by the natural parents and in absence of formal legal approval.

West Virginia

Serving as a parent, with physical control or guardianship of a child, when biological or adoptive parents are not available. Other than those parents with legal guardianship or parents through birth, adoption, or marriage, this includes foster parents through the Department, relatives, and persons receiving TANF benefits for the child.

Wisconsin

A person who has assumed guardianship and control of the child, formally or informally.

Wyoming

An adult related to the child or an adult who has a court order giving legal responsibility or guardianship and who is exercising the care and control of the child. This includes foster parents.

3. "Job Training and Educational Program"

Alabama

Includes but is not limited to: adult basic education, General Educational Development (GED) preparation, high school, JTPA programs, vocational and technical schools, four-year and community or junior colleges. Educational and training activities must be undertaken in combination with employment. TANF recipients may have additional requirements or limitations, as detailed in the TANF State Plan.

Alaska

Job training means a structured learning environment for participants which has specific learning objectives, identified skills to be mastered and a beginning and ending date. An educational program means a structured learning environment in which an instructor or teacher leads students through a course of study that includes specific learning objectives, goals and standards and leads to a certificate of mastery or completion, a state license, a diploma or degree. For TANF clients, "education" also includes assigned job retention and readiness education and participation in workshops that provides skills needed to compete for and obtain paid employment.

Arizona

Means participation in an activity outside of the individual's home, in a structured program (with a goal of, or in preparation for, employment) as follows:

- a. High school or its equivalent or remedial education activities reasonably related to obtaining a high school diploma or its equivalent if the individual engaged in the activity is a teen parent.
- b. Jobs/MAXIMUS approved education/training activities. If an individual is a TANF recipient and is required to participate in the Jobs or Arizona Works program, child care services for any job training and educational program must be approved by the Jobs or MAXIMUS program.
- c. Other education and training activities (listed in i. through iv. below) if the eligible parent who needs care is working a monthly average of at least 20 hours per week, the education and training activity is related to an employment goal and the student maintains satisfactory progress and remains in good standing with the educational institution:
 - i) Attendance at college or trade/vocational activities
 - ii) Attendance at structured work readiness activities (typically involving structured classes and employment preparation activities)
 - iii) Attendance at high school, GED classes, English for Speakers of Other Languages (ESOL) classes or remedial educational activities
 - iv) Lab classes

Arkansas

Activities designed to enhance the employability and self-sufficiency of parents and which will lead to employment at the end of the training, educational program.

California

A vocational training or educational program that will lead directly to a recognized trade, para-profession or profession.

Colorado

Enrollment in an educational institution or participation in a job training program such as on-the-job training, work experience, employer sponsored training. Education programs include high school diploma, ESL, brush up basic skills or GED. For TANF participants, job training and educational programs are considered work activities.

Delaware

A training program or program of instruction to achieve:

- basic literacy level of 8.9
- instruction in English as a 2nd language,
- a GED, Adult Basic Education or High School Diploma,
- completion of approved special training or certificate courses,
- post-secondary degree exclusive of graduate programs.

District of Columbia

Job training or educational programs include, but are not limited to, occupational skills training, remedial education, educational activities leading to GED, work experience, on-the-job training and post-secondary education.

Florida

Training or education designed to provide participants with skill and certification necessary for employment in an occupational area.

Georgia

State-approved activities that lead to obtaining an employment skill. These are: work experience, on-the-job training; job skills training; secondary school or equivalent; job search/job readiness; vocational training; and English as a second language.

Hawaii

A curriculum established by an institution, agency or business for the purpose of development of skills and/or academic study necessary for an identified occupation.

Idaho

An education program is defined as job training or education program, including high school, junior college, college, GED, technical school and vocation programs.

Illinois

ABE/GED programs, and short term vocational programs that are licensed by the Illinois Department of Professional Regulation or other state regulating agency, and/or certified by the Illinois State Board of Education; two- or four-year college programs; work experience, Work First, community services and/or job search/job readiness activities approved by IHDS.

Indiana

A formal progression of activities designed to lead to specifically defined educational goals or readiness for a specific field of employment and provided by an institution licensed or accredited by the State for the purpose.

Iowa

- a. Academic or vocational training must culminate in a specific goal, such as high school completion, improved English skills or the development of specific academic or vocational skills.
- b. Training may be approved for high school completion activities, adult basic education, GED, English as a second language, a college program which leads to an associate of arts degree and a post-secondary education, up to and including a baccalaureate degree program.
- c. Child care provided while the parent participates in postsecondary education or vocational training is limited to a 24-month lifetime limit. A month is defined as a fiscal month and generally has starting and ending dates falling within two calendar months but only counts as one month. Time spent in high school education, GED, or English as a second language does not count toward the 24-month limit.

For FIP recipients participating in PROMISE JOBS, items a., b., and c. apply.

Kansas

An approved accredited program leading to a certificate, high school diploma or equivalency, or specific skills training which is a logical progression to paid employment; persons eligible for child care while attending training must be employed a minimum of 25 hours a week.

Kentucky

Any skills training or educational program in which the parent must participate because of TANF requirements or which leads to self-sufficiency.

Louisiana

Job Training: Pre-employment vocational training in technical job skills, and equivalent knowledge and abilities in a specific occupational area, that is offered by a facility or institution that is legally authorized by the state, or by a private or public employer if approved by the CCAP Supervisor.

Educational Program: A structured program of high school education, education designed to prepare a person to qualify for a high school equivalency certificate (GED), or post-secondary education, that is offered by a facility or institution that is legally authorized by the state.

Maine

Job Training Program means vocational training, field training, on-the-job training, and other recognized job readiness training programs focused upon the acquisition of knowledge and skills that prepare the participant for employment.

Educational Program means an elementary or secondary educational institution, a program that provides for completion of a secondary diploma or GED, a school for the handicapped, a vocational education program, or post-secondary undergraduate institution.

Maryland

Any type of state-approved instructional program that can include a public school program, undergraduate college vocational program, publicly funded training program, work activity, community service activity, or volunteer activity designed to lead to employment of the participant.

Massachusetts

“Educational, Vocational or Training Programs”

(1) An educational program that qualifies the family for Child Care and Development Block Grant or State-Funded Income-Eligible Child-Care services includes, but is not limited to the following:

(a) a basic or secondary education activity, such as basic literacy, adult basic education, General Equivalency Degree (GED) preparation, English as a Second Language (ESL) or the Young Parents Program (YPP); or

(b) post-secondary activity in a two-or four-year program at a certified public or private institution or higher education that may reasonably be expected to lead to employment;

1. Child care services shall be available to a parent or caretaker who will complete a two year certificate or associate's program within three years; or will complete a four-year bachelor's degree program within six years;

2. The parent may not already have a bachelor's degree;

3. The educational activities may not go beyond the bachelor's degree level.

(2) A vocational or training program shall provide the parent or caretaker with the skills training needed to obtain and maintain employment. The vocational or training program shall not go beyond the bachelor's degree level.

A parent or caretaker who has been accepted for or is actively participating in an educational, vocational or training program shall provide a signed and dated statement from the school or training facility that verifies the parent's or caretaker's participation status and indicates the anticipated course completion date. The parent or caretaker shall be a full-time student as defined by the school or training facility, or

be a part-time student and employed part-time for a combined total of at least 30 hours per week. This verification must be provided at application and at periodic redeterminations of eligibility for child-care services (Department of Transitional Assistance Regulations 106 CMR 3.08.160(G)).

Michigan

An activity leading to a high school diploma or its equivalent (i.e., General Education Development [GED] and Adult Basic Education [ABE] classes; or for persons receiving TANF cash assistance or Food Stamps, an activity intended to enhance employability.

Minnesota

Remedial or basic education or English as a second language, a program leading to general equivalency or high school diploma, post secondary education programs excluding post baccalaureate programs, and other education and training needs as documented in an employability plan that is developed by an employment and training service provider certified by the Commissioner of Economic Security or an individual designated by the county to provide employment and training services. The education plan must outline the education and training requirements for employability plans, meet the requirements of Minnesota Statutes 199B, Minnesota Rules, parts 3400.000 and meet the requirements of programs that provide federal reimbursement for child care services.

Mississippi

A degree or certificate granting program and job training or education program approved by the Mississippi Department of Human Services in accordance with the TANF program or an approved child caregiver training program.

Missouri

A program whose ultimate goal is that the participant will be employable and will have the skills necessary to become self-sufficient.

Montana

A job training program is a program designed to assist eligible families to become self-sufficient by providing needed employment-related activities and supportive services. An education program is a program that is recognized by the State of Montana as an accredited education program. Job training and educational programs include but are not limited to vocational-technical schools, business colleges, junior colleges, universities, and/or special classes which may be classified as "employment related training." An educational program may also include students working to support their education (i.e. work study).

Nebraska

A job training or educational program is one where parents are actively involved in an identified program, school or college, where they will be gaining new knowledge or refreshing skills to gain a degree or certificate, obtain a job, or enhance work responsibilities.

Nevada

A structured course of study which is recognized by an applicable licensing, certification or accreditation body and is designed to lead to employment within a reasonable period to time.

New Jersey

Job training program means the following: vocational/occupational training programs in which enrollment is not less than 20 hours per week:

- Classroom skills occupational/vocational; or
- On-the-Job Training, including apprenticeships.

Educational program means the following educational activities:

- A) ABE - literacy training and remedial education for not less than 20 hours per week;
- B) GED Training - for individuals who have not completed high school for not less than 20 hours per week; and
- C) English As A Second Language - for individuals with limited English language for not less than 20 hours per week; and
- D) Post Secondary Education - specialized occupational training programs leading to a specific career objective or a two-year to four-year degree program at an institution of higher education for not less than 12 credit hours per full semester or 6 credit hours per summer or interim session.

New Mexico

Participation in a short- or long-term educational program which provides specific job skills which allow the participant to enter the workforce including acquisition of GED, vocational education training, secondary education including Adult Basic Education and accredited high school programs.

New York

Job training activities include but are not limited to:

Job search activities; job skills training; job development and placement; vocational education training and job readiness activities when authorized for the particular client under the regulations of the State Office of Children and Family Services or the State Department of Labor.

Educational activities include but are not limited to secondary and other education directly related to employment when authorized for the particular client under the regulations of the State Office of Children and Family Services or the State Department of Labor. Secondary education is defined as including:

- (a) High school which means a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district.
- (b) General education development (GED) which means an education program that prepares an individual to obtain a New York State high school equivalency diploma.

(c) Basic/remedial education which means education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth grade level in those areas.

(d) Literacy training which means education designed to help individuals improve their ability to read and write.

(e) English as second language (ESL) which means an instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose native or primary language is other than English.

North Carolina

A program approved by the local purchasing agency which provides education, and/or training activities leading to employment. This may include (a) education leading to a high school diploma or its equivalent, and (b) post-secondary education or skills training.

North Dakota

Taking part in one of the following: Education or training activities which may include high school, basic remedial education programs, trade schools, colleges, universities or other activities designed to help the participant achieve basic literacy or training needed to secure employment or retain employment. For traditional high school, "attendance" means: taking more than 4 classes; part-time is 4 or fewer classes. For alternative high school, "attendance" means: the definition by the alternative setting. For college or university "attendance" means: full time is 12 or more credit hours per semester or quarter. Part-time is less than 12 credit hours per semester or quarter. Vocational and trade schools vary as to full-time or part-time student. Hours will be verified by class schedule for educational training. A person who is in receipt of TANF benefits and who is involved in a work activity, job training, or educational program, must be in compliance with the work program before child care can be paid.

Ohio

Participation, as verified by the CDHS, in postsecondary, basic education, or job skills training which prepares the participant for unsubsidized employment.

Oklahoma

Activities to secure a high school education or equivalency certificate; basic and remedial education to attain a basic literacy level; education in English proficiency; job skills training which includes vocational training for a specific job occupational area; and college excluding post-graduate work.

Oregon

A job training program is one that includes technical or vocational courses leading to an occupation or employment, and other job training activities which lead to employment. An educational program is an accredited program which leads to an academic diploma, degree or certificate and has reasonable employment opportunity. A licensed substance abuse program shall be considered an educational program for eligibility purposes.

Pennsylvania

For non-TANF families—training program—an instructional program which enables the employed adult family member to attain skills which qualify him for a specific job. Education—an elementary school, middle school or high school program including a GED program. For TANF families—an instructional program which is approved by the CAO as a work-related activity in accord with TANF eligibility requirements.

Puerto Rico

Any educational training or rehabilitation program licensed by the State Department of Education or by the Council of Higher Education, with a specific vocational-educational or occupational goal that is geared toward the development of knowledge and skills necessary to secure employment including any TANF related programs.

Rhode Island

Job training and educational programs are defined as those activities approvable to be included in an individual's employment plan under the Family Independence Program.

South Carolina

Job training - conducted in a classroom or on-the-job to teach marketable skills in the competitive labor market.

Educational program - a public or private instructional program that results in a high school diploma, GED, Associate or College degree. Must attend a minimum of six credit hours a semester.

South Dakota

Any type of formal educational program or job training which is full- or part-time. Twenty hours per week would be considered part time or (when applicable) as defined by the institution.

Tennessee

A state approved or accredited secondary school or GED program; a program provided by a state-funded instituting; JTPA or Private Industry Counsel (PIC) approved and state accredited institution used for JTPA or PIC participants.

Texas

A program that provides training or instruction leading to:

- A high school diploma (or the equivalent) or a postsecondary certificate or degree;
- Basic literacy;
- English proficiency; or
- The acquisition of technical skills, knowledge, and abilities specific to an area of occupation.

Utah

Utah supports students in adult basic education; any vocational, skills or job readiness training; or courses that increase employability when the student is employed 15 hours or more a week. Work hours must exceed the training/education hours. For FEP participants, training/education activities are defined by the employment plan goals.

Vermont

Any activity which is likely to lead to employment within one year of completion of training or which is required to maintain employment. Approved Training Programs include:

- a. Work training programs sponsored by DSW;
- b. Work study programs;
- c. High school;
- d. College (undergraduate degree)
- e. Adult Basic Education;
- f. Job Training Partnership Act programs;
- g. Start-up self employment activities.

Virginia

Job training means a program that develops specific work attitudes, behaviors and skills leading to job readiness and/or development of specified technical or vocational skills that lead to employment and result in other than a baccalaureate or advance degree.

Washington

Basic education includes high school completion and classes to prepare for and testing to acquire GED certification and may include adult basic education (ABE) or English as a second language (ESL).

Vocational education is training in a specific occupation provided by a technical school or community college administered or certified by the state, or provided by a regionally certified tribal college. It also includes job skills training and pre-employment training in specific skills offered through community-based organizations, businesses and tribal governments.

West Virginia

On-the-job training; job readiness, job development and placement activities; vocational training; skill training; secondary school programs; post secondary schools, colleges and universities. Job training programs must lead to a skilled trade or be approved by WV WORKS staff. Educational programs must lead to a high school diploma or equivalency, college diploma, or be approved by a local Board of Education, State Department of Education and the Arts, or the WV Works staff.

Wisconsin

A high school or high school equivalency program, job skill development, English-as-a-Second Language instruction, instruction to gain a driver's license, technical college courses and educational courses that provide an employment skill, as approved by the Financial and Employment Planner in the W-2 agency.

Wyoming

A planned supervised program which may be a combination of classroom and on-the-job training experiences that impart knowledge or develop skills or abilities to prepare a person for eventual employment. This program may prepare the person to pass the GED or get a high school diploma or an undergraduate degree.

4. "Physical or Mental Incapacity (If the Lead Agency Provides Such Services to Children Age 13 and Older)"

Alabama

A physical or mental condition which, based on the conclusions of a licensed physician, psychiatrist, or psychologist, renders the child incapable of caring for himself or herself.

Alaska

A physical or mental incapacity is defined as a disability under which a person is incapable of self-care, and which is attributable to one or more mental or physical impairments that are severe, chronic, and lifelong. Eligibility for the higher subsidy for special needs children over age 13 must be documented by the child's attending physician. Documentation must state that the disability meets the definition found in AS 44.47.310(6). Permanent disabilities do not require annual certification. Parents must request consideration for a higher subsidy rate and the provider billing must explain the need for extra care that justifies the higher rate.

Arizona

N/A

Arkansas

A child who has a physical or mental condition which substantially limits one or more of such child's major life activities, who has record of such an impairment, or who is regarded as having such an impairment and diagnosed by a licensed medical or psychological practitioner.

California

The child is physically or mentally incapable of self-care as determined by a legally qualified professional, i.e., a person licensed under applicable laws and regulations of the State of California to perform legal, medical, health, or social services for the general public.

Colorado

- a. A developmental disability which is attributed to mental retardation, cerebral palsy, epilepsy, autism, or a neurological impairment and is verified by a professional.
- b. A physical handicap, substantiated by a medical professional or the County, which puts extra and exhausting demands on parents.
- c. A psychological disorder which is documented by a psychologist, psychiatrist, or qualified mental health professional.
- d. A severe behavioral problem which places exhaustive demands on parents and is verified by a professional or the County.

Delaware

A dysfunctional condition which disrupts the child's normal development patterns during which the child cannot function without special care and supervision.

District of Columbia

A diagnosis by a physician or other health professional that a child has a significant delay in his or her development. Significant delay is defined as delay of at least 25% in two or more of the following areas of development: adaptive development; cognitive development; communication, speech and language development; physical development, including vision and hearing; and/or social or emotional development.

Florida

A developmental delay or established physical or mental condition. Mild or moderate emotional problems as certified by a licensed psychiatrist, psychologist or licensed mental health professional.

Georgia

That which prevents, impairs, interferes with, or impedes life activities by placing limitations on an individual's ability to fully engage in skills, such as self-care, receptive and expressive language, learning, breathing, mobility, seeing, and self-direction.

Hawaii

A physical or mental condition which prevents a child from caring for herself or himself, as determined by a physician or a licensed or certified psychologist.

Idaho

Any child who is physically or mentally not capable of self-care, as verified by a physician, licensed psychologist, social worker, special education teacher, speech therapist, or by receiving Supplemental Security Income (SSI).

Illinois

Mental retardation, hard of hearing, deaf, speech/language impaired, visually handicapped, serious emotional disturbance, orthopedically impaired or other health impairment, or specific learning disability; requiring special services, as documented by a statement from a local health provider or other professional in the health/medical fields.

Indiana

Children who are under court supervision or meet the definition of special needs.

Special needs is documented by enrollment in one or more of the following programs or services;

- Children With Special Health Care Services;
- Public School Special Education; or
- Supplemental Security Income (SSI).

Iowa

Refer to the definition for "special needs child" in Section 7.

A child with one or more of the following conditions:

- a. The child has been diagnosed by a physician or by a person endorsed for service as a school psychologist by the Iowa Department of Education to have a developmental disability which substantially limits one or more major life activities, and the child requires professional treatment, assistance in self-care or the purchase of special adaptive equipment.
- b. The child has been determined by a qualified mental retardation professional to have a condition which impairs the child's intellectual and social functioning.
- c. The child has been diagnosed by a mental health professional to have a behavioral or emotional disorder characterized by situationally inappropriate behavior which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with the child's intellectual, social or personal adjustment.

Kansas

Developmentally delayed means a handicapping condition which impedes appropriate behavior in one or more of the following areas: motor functioning; self-help skills; cognition; communication; and interaction with their social and/or physical environment and special assistance limitations. Children up to age 18 are eligible if incapacity is documented by a physician or psychologist.

Kentucky

Children below age 20 who have multiple or severe problems, diagnosed by physicians or qualified professionals, that prevent the child from caring for himself or herself for any part of the day.

Louisiana

Physically or mentally incapable of caring for oneself as verified by a physician or licensed psychologist, or receiving SSI.

Maine

Children who are physically or mentally incapable of caring for themselves.

Maryland

A child's biological, emotional, or psychological condition which a physician or licensed or certified psychologist has determined prevents the child from caring for himself or herself for reasons other than the child's age.

Massachusetts

A child at least one month of age and under 18 years of age with a physical, emotional or mental disability. A qualifying child must be eligible for early intervention services, 766 services or be diagnosed by a physician, licensed psychologist or licensed independent clinical social worker.

Michigan

Age 13, but under age 18, and:

Unable to dress, feed or care for him/herself due to a physical or mental handicap;

Requires constant care to prevent injury to him/herself or due to another physical or psychological condition; and/or

Supervision has been ordered by the court; or to age 19 if attending high school and one of the above criteria applies.

Minnesota

Children who require significant adaptation of the typical child care program and environment, additional staff qualifications, and/or staff ratios due to the child's physical or mental health needs. The child is considered having physical or mental health needs as determined by physicians, social workers, psychologists, or the School District's special education criteria if they have a significant delay in one or more of the following areas; cognitive, gross motor, fine motor, social or emotional development, adaptive development, or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Mississippi

A child under age 18 who meets the SSI definition of disability by having medically proven physical or mental condition(s) that cause marked and severe functional limitations expected to last at least 12 months in duration.

Missouri

Physical or mental incapacity as certified by a physician or psychologist or by receipt of SSI or Social Security Disability.

Montana

A child(ren) under the age of 19, with disabilities or cognitive delay, who is not able without assistance, to properly manage or care for his/her person or property. This determination must be documented by appropriate clinical authorities.

Nebraska

A child or youth up to age 19 with an identified physical or developmental need that may or may not necessitate program adaptations including equipment, materials, and/or staff ratio will be identified as a child with disabilities according to state definition. To be considered a child with disabilities, the child must have one or more of the following conditions which are not related to chronological age:

- Emotional-impairment: including behavioral impairment: requiring special equipment or assistance;
- Developmental age level lower than chronological age and requires assistance via special supervision;
- Movement-impaired: requires assistance or unable to move;
- Sensory-impaired: requires special environment modifications or assistance;
- Hygiene: requires assistant or is dependent;
- Feeding: requires special equipment, requires assistance;
- Toileting: requires assistance, requires special equipment;
- Medical conditions: requires respiratory aids or special procedures;
- Therapy required: physical, occupational, speech, or respiratory;
- Medications: requires assistance, requires special procedures.

A child in these categories may be determined to have a requirement for extra care because of an acute or chronic physical or mental condition. Acute special needs include temporary conditions that require special medical attention and isolation from other children, e.g., recovery from surgery etc. Chronic special needs include long-standing medical or behavioral problems that require special medical, behavioral or other services at all times, e.g., medically fragile, attention deficit, etc.

A physician or licensed or certified psychologist must document that a child in these categories has a disability that requires specialized services as described above. Providers may charge a different or higher rate for such child care.

Nevada

A physical or mental condition which severely limits the individual's ability to care for him/herself, or an emotional condition that places the individual or others at risk, as verified by a physician or other licensed professional authorized to make such assessments.

New Jersey

A dependent child who is age 19 or younger and defined as a "special needs" individual; that is, physically or mentally incapable of self-care.

New Mexico

A medically documented condition that results in a child's inability to care for her/himself and requiring adult supervision for the majority of the time. Please see the definition for Special Needs Child.

New York

Physical or mental incapacity of a child exists when the child is a special needs child as defined in #7 of this section.

North Carolina

An incapacity as determined by a medical professional which supports the need for supervision or involvement in child care.

North Dakota

If a child is incapable of self care because of verified physical or mental incapacity, the child may be eligible for child care. The need will be verified by physician or other appropriate person.

Ohio

A physical or mental condition which renders a child incapable of caring for him/herself as verified by the CDHS based on a determination by a licensed physician or licensed or certified psychologist.

Oklahoma

Having a handicapping condition for which she/he has been approved for SSI. There are two categories of special needs handicapping conditions: moderate or severe children who receive SSI.

Oregon

Children from age 13 to 18 who are unable to care for themselves based on physical or mental incapacity, as determined by a physician or licensed/certified psychologist.

Pennsylvania

1) A child who is developmentally disabled and is 13 years of age or older is eligible for subsidy until his developmental age is 13 years or until his chronological age is 19 years, whichever occurs first, if the developmental disability is documented by a licensed psychologist or a physician.

2) A child who is physically disabled and is 13 years of age is eligible for subsidy until he is no longer physically disabled or until he is 19 years of age, whichever occurs first.

Puerto Rico

Refer to Section # 7 below.

Rhode Island

Physical or mental incapacity is defined for both parent and child for purposes of eligibility under the CCDF.

For a parent, a physical or mental incapacity is defined as a physical or emotional disorder that is documented with evidence from medical, psychiatric, or social service authorities and indicate a physical or emotional problem which is a serious barrier to normal child rearing.

For a child, a physical or mental incapacity is defined as one of the following: a behavioral disorder, mental retardation, orthopedic handicap, health impairment, learning disability, hearing, speech, or visual impairment, AIDS, fetal alcohol syndrome, neonatal chemical dependency, or neurological impairment supported by appropriate documentation.

South Carolina

The State Department of Disabilities and Special Needs and the State Department of Health and Environmental Control Babynet and Children's Rehabilitative Services caseworkers determine eligibility for child care under the ABC Special Needs Voucher set-aside.

South Dakota

Provide such services to children up to age 18 or 19; and be physically or mentally incapable of caring for himself or herself, or under court supervision.

Tennessee

A child must be an SSI recipient or have a mental or physical problem that prevents self-care. If not an SSI recipient, the condition must be verified by a written statement from a physician or psychiatrist or licensed or certified psychologist.

Texas

The Commission uses "child with a disability."

A child with a disability is a child with functional needs requiring assistance to perform tasks that are within the typical chronological range of development (major life activity), including but not limited to: movement of large and/or small muscles, learning, talking, communicating, self-help, social, emotional, seeing, hearing, and breathing.

Utah

Children have a physical or mental incapacity when the disability is categorized in that way by the Department of Human Services Division of Services to People with Disabilities, Department of Health and Early Intervention, Department of Education Special Needs Program for 3 through 5 year olds. This definition includes children with cognitive disabilities.

Vermont

A physical or mental condition as documented by a physician/psychologist which prohibits the child from being able to safely care for him/herself.

Virginia

A child is considered physically or mentally incapacitated if the child has physical or mental impairments that substantially limit one or more of the major life activities and the child is unable to care for himself/herself without supervision.

Washington

Physically, mentally, or emotionally incapable of self-care, as verified by a doctor, nurse, nurse practitioner, or master's-level or above mental health, education, or social service professional.

West Virginia

A long-term disability that results in substantial limitations in learning, language, self-care, mobility, self-direction, and capacity for independent living.

Wisconsin

N/A

Wyoming

A child less than 18 years who is physically or mentally incapable of caring for him/herself as verified by a written determination from a physician or certified psychologist.

5. "Protective Services"

Alabama

Services provided by the Department to, or on behalf of, children in response to reports of alleged abuse, neglect or exploitation.

Alaska

Child protection services are any services provided to a child who is the subject of a report of harm; such services are designed to prevent subsequent harm to the child. In more serious cases, protective services include placement in foster care.

The need for respite child care for children in protective services is determined by social workers in the Department of Health and Social Services, Division of Family and Youth Services (DFYS) and authorized by their supervisors. Protective services child care for a child living in their own home is provided when the child has been the subject of a report of harm and it appears that he/she can remain safely in the home environment if supportive services are provided. A primary goal of providing protective services child care is to keep the family intact. Protective services child care is short term and is authorized:

- to provide a respite for parents who may be at risk of harming their children
- to give DFYS time to further evaluate safety issues at home
- to allow the child to spend time in a neutral, safe environment
- to allow the child to be under the supervision of an outside party who can be an observer of the child for DFYS
- to provide care for the child while the parent is in treatment
- to reduce the stress in the home environment while DFYS assesses family needs

Arizona

A child and/or family receiving services from DES Child Protective Services (CPS) and referred for child care services on a case by case basis; or b) Special Circumstances families who are unable to provide child care for a portion of a 24-hour day due to a crisis situation of domestic violence or homelessness; a physical, mental, emotional, or medical condition; or participation in a drug treatment or drug rehabilitation program or court ordered community service.

Arkansas

Cases where child maltreatment has been determined by DHS and an open protective services case is in effect on the child.

California

Means children receiving protective services through the local CWD's child protection unit as well as children identified by a legal, medical, social service agency or emergency shelter as abused, neglected or exploited, or at risk of abuse, neglect or exploitation.

Colorado

A child who is part of a protective services plan through county child welfare programs.

Delaware

Supervision / Placement of a child by the Division of Family Services in order to monitor or prevent situations of abuse or neglect.

District of Columbia

Services which are designed to ensure that neglected and abused children referred by the Family and Child Services Division and the District of Columbia Superior court are protected from further experiences and conditions detrimental to their healthy growth and development, including services provided on behalf of a child which is designed to help parents recognize and remedy any conditions which might prove harmful to the child and to fulfill their parental roles more effectively.

Florida

Means services provided to families who are under "protective supervision" which is a legal status in dependency cases, child in need of services cases, or family in need of services, which permits the child to remain in his or her own home. Such services would include subsidized child care.

Georgia

Social services for children who are maltreated (neglected, abused, or exploited) or who are at risk of maltreatment.

Hawaii

Social services provided by the Department of Human Services to children who are reported to have been or are at risk of being abused or neglected. The term includes services provided by the DHS to parents and siblings to help solve problems contributing to the abuse/neglect situations. The child and the parent(s) must be receiving protective services and the assigned social worker must specify the need for child care services in the family's case plan.

Idaho

Child care is required to permit the family to receive services needed to reduce or eliminate the need for protective intervention. The Department has final approval for all protective service referral. Children in foster care are not eligible for these services.

Illinois

Child determined to be in need of or receiving protective services and in open child or family DCFS case. Determination to be made by the DCFS child protection or child welfare personnel.

Indiana

Services provided by an established agency or organization to protect children or persons at risk of abuse/neglect or exploitation. Income eligibility and fee requirements can be waived.

Iowa

Child care provided as part of a protective service plan to prevent or alleviate child abuse or neglect. The child must be a member of a family with one of the following: a confirmed case of child abuse; or episodes of family or domestic violence, or substance abuse which place the child at risk of abuse or neglect and have resulted in a service referral to family preservation or family-centered services.

Kansas

Protective services, per se, will not be provided with these funds, however, child care will be provided to protect children who cannot protect themselves from abuse, neglect and exploitation, to enable a child to remain in the home while the parent(s) work toward rehabilitation or when the child is at risk of a health or social condition which may adversely affect the child's development. SRS makes the determination that a child needs to receive protective services.

Kentucky

Specialized services aimed at: 1) safeguarding the rights and welfare of abused, neglected or dependent children; 2) aiding parents or other persons responsible for the care, custody or responsibility for the supervision of children, in recognizing and remedying conditions detrimental to the welfare of their children; and 3) identifying and correcting conditions in society which contribute to the neglect, abuse or dependency of children. Child Protective Services is both preventive and corrective in nature. Prevention may also include adoption subsidized children and those adoption subsidy children whose adoption is at risk of disruption, children and families in homeless or spouse abuse shelters or transitional housing, children in Cabinet for Families and Children subsidized relative placements, multi-problem families, and teen parents.

Louisiana

Those services offered on behalf of individuals under 13 years of age who are in danger, or threatened with danger, of abuse, neglect or exploitation, or are without proper custody or guardianship; and need for such services has been determined by the state agency charged with the responsibility for the provision of abuse/neglect complaint investigations.

Maine

Specialized casework services to neglected, abused or exploited children and their families.

Maryland

N/A

Massachusetts

Services provided to protect a child from abuse and/or neglect due to a determination made by the Department of Social Services or a case review determination within the previous 12 months, whether living at home or in substitute care.

Michigan

Child day care services may be provided to a client whose family has an open protective services case or an active preventive services case. Eligibility for these services is based on the need (family preservation) documented in the case record.

Minnesota

Services extended to families with children under age 18 who are in need of protection or services or who may be experiencing abuse or neglect as defined by Minnesota Statutes 626.556. Under this provision, child care services may be available in accordance with the Child Care Assistance Program Plan. When child care is provided under this provision, care must be provided by someone other than a parent or legal guardian in or outside of a child's home. Care must be provided on a regular basis for any part of a 24 hour day, for purposes other than education and employment under the Child Care Fund rule and law.

Mississippi

Children in Court-Ordered Protective Services or Court-Ordered in the custody of MDHS and receiving foster care.

Missouri

Needing daily supplemental care because of the temporary or permanent physical, mental, or emotional disability of the parent, as certified by a physician or as part of their children's treatment plan through Children's Services. These children will be considered eligible even though the parent may not meet the requirement of working or attending an education or job training program. Children with special needs may be considered in need of protective services if the cost of child care puts the family at risk of losing employment, education or training. Families in need of, or receiving, protective services must meet the income eligibility guidelines, but the sliding scale fee may be waived on a case by case basis.

Montana

To qualify for child protective services (CPS) child care the child must need care because of the danger of neglect or abuse. The need for protective services is determined by county social workers. CPS child care for foster care families and respite care require approval of DPHHS Family Services Regional Administrators.

Nebraska

Protective services relates to children under age 19 of families that have been identified through reporting or participating in care or shelter in respect to child abuse or child neglect or court supervision.

Nevada

Services for children who have been abused or neglected or who are at risk of abuse or neglect.

New Jersey

Child protective services (CPS) -Formerly known as Protective Services, for purposes of provisions of the CCDF child care services shall constitute services of behalf of any child, under age 19, considered at risk of abuse, neglect, or exploitation; or found to be abused, neglected, exploited or abandoned, as identified by the Department's Division of Youth and Family Services (DYFS) or failure on the part of parents or others responsible for meeting at least the minimum needs of the child, as identified by DYFS. The term, unless otherwise specified, includes services provided to children in out-of-home settings, such as foster care because, as permissible in the interpretation of the Federal regulation, New Jersey does not differentiate between the protective services for families who remain intact and for those children who are in foster placement.

New Mexico

Child care services for those children who are placed in the legal custody of the Protective Services Division of CYDF.

New York

Services provided to families who need child care in order for their children to be protected including families which:

- (a) have children in need of protective or preventive services as defined in Office of Children and Family Services regulations irrespective of their incomes; or
- (b) have incomes within 200% of the State Income Standard and:
 - (i) are ill or incapacitated;
 - (ii) need child care in order to participate in an approved treatment program for substance abuse;
 - (iii) are homeless or in a shelter for battered women and need child care in order to participate in an approved activity;
 - (iv) are in an emergency situation for short duration; or are foster parents and need child care for respite purposes.

North Carolina

A child in child protective services care which has an active status in the county department of social services.

North Dakota

The lead agency will not be using this program for protective services. The agency has a "Prime Time Day Care Program" that provides child care for families in crisis.

Ohio

As verified by the CDHS, a child or children residing in a home with the caretaker parent and for whom a case plan is prepared and maintained pursuant to Section 2151.421 of the ORC which indicates the need for protective child care services. Protective services may also be authorized when a child and his caretaker parent either temporarily reside in a facility providing emergency shelter for homeless families or are determined to be homeless by the CDHS and are otherwise ineligible for child care services.

Oklahoma

Child care services included in a plan of service designed to foster family unification while preventing abuse and neglect and exploitation. Also includes services to children described in #2 above.

Oregon

Children who have either experienced abuse or neglect or are at risk of abuse or neglect as a result of their parent/primary caregiver's use and/or abuse of alcohol or other drugs. A child is determined eligible by virtue of the parent's eligibility for treatment. Also, a child in the custody of the State Office for Children and Families will be eligible for child care. A foster parent must be working or attending an education or training program.

Pennsylvania

N/A for CCDF

Puerto Rico

Care which the state's child protective service agency exercises in order to safeguard a child whom they consider at risk of abuse neglect or exploitation by recommendation of a state case worker or court order.

Rhode Island

N/A

South Carolina

Children under the age of 13 whose physical health, mental health or welfare is harmed or threatened with substantial risk of harm by acts or omissions of parent(s), guardian(s), or others responsible for the child's well-being.

South Dakota

Any legal action designed to protect the health and safety of a child. Includes foster care and respite/special needs day care. Respite care is available for parents of children in protective services and is only for short, temporary periods. Child Protection Services (CPS) or the court determines protective services cases. Verification comes from CPS or the court.

Respite or special needs day care is a service provided to parents of children in need of protection in order to supplement parental care. Foster care is a protective service that the Department of Social Services

makes available to children and families who must be separated because of abuse or neglect. Foster parents may apply for child care assistance while they work, go to school, or a combination of both.

Tennessee

N/A. Funded under SSBG.

Texas

Services to protect abused, neglected, or exploited children and to act in the child's best interest to prevent further harm, and:

- to keep the family intact, if possible; or
- to provide permanence for a child in substitute care by returning the child to the child's home, if possible; or
- to provide permanence for a child who cannot return home.

The determination of the child's need for protective services, including child care is made by the Texas Department of Protective and Regulation Services on a case-by-case basis.

Utah

Services necessary to prevent child abuse or neglect as determined by Department of Human Service, Division of Children and Families Services.

Vermont

A set of personalized and planned child development services designed to intervene positively in a child's life. It is used as an intervention strategy in the implementation of the SRS case plan.

Virginia

Protective services means a specialized continuum of casework services to abused, neglected or exploited children and families. Children considered to be receiving or in need of these services must have founded CPS disposition and service plan for ongoing child protective services.

Washington

Family is currently receiving services through Child Protective Services, the Division of Alcohol and Substance Abuse, a homeless or domestic violence shelter. Also, if a child is residing with a relative or foster parent for safety or protective reasons, that child meets the protective services definition for child care or early childhood purposes.

West Virginia

Services provided to families as a result of substantiated incidences of child abuse or neglect which are designed to reduce the risk of abuse/neglect and/or ameliorate the effect of abuse/neglect on children. Child care services must be part of the Child Protective Services (CPS) Plan in order to be approved. Income guidelines may be waived if child care is a component of the 30-day CPS safety plan designed to

prevent a child's immediate removal from the home. A fee may be waived as part of the CPS treatment or safety plans.

Wisconsin

Services extended to a child to shield the child from injury or abuse when a child is at risk of child abuse or neglect or of a health or social condition which may adversely affect the child's development; conditions include:

- at risk of out of home placement;
- has a parent who is hospitalized or otherwise unable to provide adequate care;
- has a parent in need of respite services because of stress involved in caring for a child with developmental disabilities or serious problematic behavior;
- has a parent who is under 18;
- has a parent who lacks adequate parent skills;
- has a parent who is receiving treatment for alcohol or other drug abuse;
- or needs day care to maintain the child in a foster care placement.

Wyoming

Children placed in foster care by court order are eligible to receive child care assistance if the foster parent(s) is participating in an approved activity (i.e. work, education and/or training). Respite care is not provided through the CCDF.

6. "Residing With"

Alabama

Eligible children must be in the home with a parent (adoptive, natural or step), a person with legal custody or legal guardianship, or other person standing in loco parentis.

Alaska

Living with, including taking meals and sleeping in the same house.

Arizona

Live in the same household of a parent, guardian or other person standing in loco parentis and who has legal responsibility for the child.

Arkansas

Living with or in a household with a parent or legal guardian or other individual standing in loco parentis.

California

Living in the same household.

Colorado

A parent (or parents) who meets eligibility guidelines and is either a biological parent, relative caretaker, legally appointed guardian, or an unrelated individual who is a child's primary caretaker. This definition is different for TANF families.

Delaware

Living in the home of the parent or caretaker who is responsible for the preponderance of the child's care and support.

District of Columbia

A person who is under the age of 18, or a person who is 18, 19, or 20 years of age and attending school full-time, who lives in the household of, and is financially dependent upon, a parent or guardian.

Florida

This term is only used when referring to teen parents. In these cases residing with means "with a parent, legal guardian, or other adult caretaker relative."

Georgia

The person needing child care and the children for whom care is requested live in the same household.

Hawaii

Living in a home or family setting with a parent or guardian (person other than parent who can provide legal documentation to verify that the person can act on the child's behalf and is responsible for the care, education, and financial support of the child).

Idaho

The family will include any of the following that reside within the household:

- Parent - person legally responsible for child(ren) because of birth, adoption or legal guardianship.
- Step parent - a person married to the child's parent who has no biological or adoptive relationship.
- Unmarried partner - persons not married to each other but whose common child lives in the home.
- Non-parent caretaker - adult caretaker, other than a parent, who is related by blood or marriage, including grandparents, great-grandparents, brother, sister, aunt, great aunt, uncle, great-uncle, nephew, niece, or first cousin. Relatives by marriage would include stepsiblings.
- Child(ren) - all children under 18 years of age if they are related to the parent or caretaker as specified above. Children over 18 years of age if claimed as tax-dependent by the child's caretaker or parent.
- Tax dependent - other persons living in the home who are claimed as tax dependent by the child's caretaker.
- A child placed in foster care by a public or private agency.

Illinois

Child living in the same household as the parent during the time period for which child care services are requested.

Indiana

Families are eligible for child care subsidies when the applicant is the parent of a child who resides with them and the child is under the age of 13 (or through age 18 in cases of special needs).

Iowa

For the purpose of determining family size, the family includes the following members:

- Legal spouses (including common law) who reside in the same household.
- Natural, adoptive, or stepmother or father, and children who reside in the same household.
- A child who resides with a person or persons not legally responsible for the child's support.
- A companion in the home is not considered in determining family size or income unless there is a common child.

The composition of the family does not change when one or more of the family members is temporarily absent from the household. Persons who meet the definition of temporary absence are considered when determining family size.

Temporarily absent means:

- A medical absence anticipated to be less than three months.
- An absence for the purpose of education or employment.
- Absence of a family member who intends to return home within three months.

Kansas

All family members living together in the same household, including a person living away from home if the person maintains his/her permanent residence with the family and continues to function as a family member even if the maintenance provided is inadequate.

Kentucky

Eligible children who are living with a parent or parents, by blood, marriage or adoption, including legal guardians or other person standing in loco parentis, are considered to be "residing with" a family.

Louisiana

Customarily residing more than half of the time with the parent or guardian who is applying for Child Care Assistance. A child is considered to be residing with a parent or guardian during scheduled absences lasting up to 6 weeks, if there are definite plans for the child to return to live with that parent or guardian.

Maine

The child is living with the applicant who is maintaining a home for the child. "Maintaining a home" means that the applicant is providing the main domicile for the child.

Maryland

To dwell in the same household as. To be eligible for child care services, a child must reside with the parent, legal guardian, or person in loco parentis for at least six months of the year, or during the time period for which child care services are requested.

Massachusetts

Sharing living quarters with members of an immediate family, a foster family, or legal guardian(s).

Michigan

Living in the same household as the parent, except for temporary absences, during the time period for which services are offered.

Minnesota

In the same home and includes children temporarily absent from the household in settings such as schools, foster care and residential treatment facilities and adults temporarily absent from the household in settings such as schools, military service or rehabilitation programs.

Mississippi

Full-time occupant of a residence where the eligible parent has a legally recognized relationship with the children enrolled in the service.

Missouri

Living in the same physical residence or, in the case of a parent who is temporarily out of the home due to illness or injury, maintaining care and custody.

Montana

A child must live in the same household as the parent, other specified relative or persons acting in loco parentis during the period for which child care services are requested.

Nebraska

An eligible child will be considered residing with a parent or guardian when that child's place of residence is considered to be the same as the parent or guardian.

Nevada

Living with a custodial parent or guardian in the domicile of the custodial parent who provides primary care and support to the child.

New Jersey

Residing with means living in the permanent or temporary residence of the eligible parent, legal guardian or person standing in loco parentis. The person or family must be currently residing in the State of New Jersey. There is no prior residency requirement.

New Mexico

Living in a household which provides shelter and care to a child during the parent's non-working hours.

New York

For purposes of provision of child care services under the Child Care Development Fund, a child must live with a parent, legal guardian, caretaker relative, or person standing in loco parentis with the intent to make the relationship between the child and such individual a fixed relationship for a period of time. Such intent can be shown by actions to assume and discharge the obligations incident to the parent-child relationship undertaken by such individuals.

North Carolina

Living in same household.

North Dakota

A child or children who are physically present in the home for periods expected to last 30 or more continuous days.

Ohio

Sharing the same home with caretaker parent, person who has legal custody of the child, a guardian of the child or any other person who stands in loco parentis with respect to the child, and whose presence in the home is needed as caretaker of the child.

Oklahoma

A minor child in the primary care of one or both natural or adoptive parents, stepparents, other relatives or non-relatives assuming responsibility such as arrangements made by parents for the care of their children while in prison or in a mental hospital. The state of residing does not require the existence of a residence.

Oregon

Children shall reside with a parent, who is the person responsible for the care, control and supervision of the child. Parent means a parent by blood, marriage or adoption, legal guardian, or other person standing in loco parentis.

Pennsylvania

For non-TANF families:

- 1) A family includes the following individuals who live together:
 - (i) The child for whom subsidized child care is requested; the child's parent/caretaker; the parent's/caretaker's spouse or live-in companion; biological, step or adoptive minor siblings of the child who are under 18 years of age, are not emancipated by marriage or by the court, or 18 years of age or older but under 22 years of age who is enrolled in a postsecondary program leading to a degree or diploma and who are wholly or partially dependent upon the income of the parent/caretaker and spouse or live-in companion of the parent/caretaker; and biological, step or adoptive minor children of the parent/caretaker or live-in companion, or both.
 - (ii) The child for whom subsidized child care is requested; the child's parent who is a minor; the siblings or other parent of the child; the child's grandparent; the grandparent's spouse or live-in companion and other minor children of the grandparent or live-in companion.
- 2) A foster child may be counted as either a separate family or as part of the foster family.

3) A family whose parent/caretaker transfers from TANF is exempt from including the parent's/caretaker's live-in companion in the family for 6 months starting the day after the date TANF benefits end.

4) An individual may not be included in more than one family unless the individual is a child who is in a shared custody arrangement and both families are seeking subsidized child care.

For TANF families: the "budget group" composition, as defined in accord with TANF eligibility requirements, is used to determine eligibility for TANF-related child care benefits.

Puerto Rico

Living with a parent, guardian or person standing in loco parentis; it is assumed that a parent-child relationship has been established with its inherent responsibilities; also assumes the child takes meals and sleeps in the house of the parent on a regular basis.

Rhode Island

Residing with is defined as the usual home of the child and includes foster placement living situations supervised by Department of Children, Youth, and Families.

South Carolina

To live in the same household with a parent(s), legal guardian, or other person standing in loco parentis for an extended or permanent period of time during the time period for which child care services are requested.

South Dakota

Living in a particular household the majority of the time in any given month.

Tennessee

A person related by blood or law; a child in the custody of the State of Tennessee residing with a foster parent; residing with a person acting as a parent.

Texas

A child is considered to be residing with a parent/caretaker when the child's primary place of residence is the same as the parent or caretaker's primary place of residence.

Utah

Children must live in the same household as the parent during the time period child care services are requested.

Vermont

Two or more persons living in the same household at least one of whom is a primary caretaker (parent).

Virginia

A child is considered to be residing with the parent if that parent is responsible for the day-to-day care and control of that child and if any temporary living situation is not an out-of-home placement.

Washington

Living together in the same household or physical structure.

West Virginia

Living at the same address with the parent or person acting "in loco parentis."

Wisconsin

Living in the same household.

Wyoming

The act of living with a caretaker in a place which is maintained or in the process of being established as the child's residence.

7. "Special Needs Child"

Alabama

A child who is receiving protective services or foster care services from the Department of Human Resources, and who has been determined by the Department to need child care services.

Alaska

A child who suffers a physical or mental incapacity as defined in #4 above; the child's attending physician must verify in writing that the condition meets criteria outlined above and in AS 44.47.301(6).

Arizona

A child who needs increased supervision, modified equipment, modified activities, or a modified facility, within a child care setting, due to any physical, mental sensory, or emotional delay, or medical condition; includes a child with a disability.

Arkansas

A child whose family is homeless, whose parent is a teen parent in high school or whose physical condition has lasted or is expected to last at least two years as diagnosed by a licensed medical or psychological practitioner.

California

A child who is limited-English-proficient, has exceptional needs, is severely handicapped, or is receiving child protective services.

Colorado

Same as definition #4 (physical or mental incapacity)

- a. A developmental disability which is attributed to mental retardation, cerebral palsy, epilepsy, autism, or a neurological impairment and is verified by a professional.
- b. A physical handicap, substantiated by a medical professional or the County, which puts extra and exhausting demands on parents.
- c. A psychological disorder which is documented by a psychologist, psychiatrist, or qualified mental health professional.
- d. A severe behavioral problem which places exhaustive demands on parents and is verified by a professional or the county.

Delaware

A dependent child under 18 years of age whose physical, emotional or developmental needs require special care (i.e., incapable of caring for self), or children from homeless families.

District of Columbia

For purposes of providing early intervention services to infants and toddlers aged birth through two years, pursuant to the Individuals with Disabilities Education Act (IDEA), Part C P.L. 105-17 the term "developmentally delayed" is defined as the abnormal growth and development of infants and toddlers from birth to the third birthday, as determined by an early intervention interdisciplinary team of two or more professionals from appropriate allied and mental health professions, in accordance with 34 CFR Part 303, sections 303.12 (E) and 303.17. The determination shall be based on at least two or more of the following generally accepted procedures: standardized infant/toddler assessment instruments; developmental inventories; behavioral checklists; and/or an informed clinical opinion.

Developmental delay on infants and toddlers, birth through two years, shall be considered to exist if an infant or toddler demonstrates a 50% delay in one or more of the following areas of performance: adaptive environment; cognitive development; communication, speech and language development; physical development, including vision and hearing; and/or social or emotional development.

Florida

Children who are currently applicants or clients of the subsidized child care program, whose family has been determined to meet eligibility in any of the subsidized eligibility categories and has been authorized to be enrolled, and who meet special needs criteria. Special needs children age 0 through age 2 have been identified as having a physical, emotional, or other special need. Special needs children age 3 through age 17 have been identified as having a developmental delay or established condition. Special needs children enrolled in the Protective Services eligibility category have been identified as having mild to moderate emotional problems as certified by a licensed psychiatrist, psychologist or licensed mental health professional and for whom child care is part of an overall treatment program.

Georgia

A child with a documented physical and or mental condition who is not capable of self-care.

Hawaii

A special needs child shall mean a child who is physically or mentally incapable of caring for himself or herself as determined by a physician or a licensed or certified psychologist. It also means a child determined by a pediatrician, public health nurse, social worker, counselor, or a Department of Health children's team to have a physical, developmental, behavioral, or emotional health condition that is outside the normal range, or a child who meets Department of Health criteria for environmental risk, and the child does not qualify for Department of Education Special Education.

A special needs child shall mean a child who has a delay or impairment and whose parents are very low income and are working or in training/education. The delay or impairment must be in one or more of the following areas: cognitive development, physical development, social or emotional development, adaptive (self-help skills) development. This delay shall have been identified by one of the following who has been trained to complete a developmental assessment: physician, public health nurse or other medical nurse, psychiatrist, psychologist, speech pathologist, occupational therapist, physical therapist, early childhood educator or child development specialist or the department social worker. A special needs child shall also mean a child who has been reported to have been or is at risk of being abused or neglected and receiving protective services.

Idaho

Any child with physical, mental, emotional, behavioral disabilities, or developmental delays covered by state statutes or an Individual Education Plan (IEP) or a Family Services Case Plan.

Illinois

A child with physical, mental or emotional incapacity; a child of a teen parent. The lead agency does not need to prioritize based on special needs because all eligible children are served, and there are no waiting lists.

Indiana

Special needs is documented by enrollment in one or more of the following programs or services:

- Children with Special Health Care Services;
- First Steps Early Intervention System;
- Public School Special Education;
- Supplemental Security Income (SSI); or
- Head Start (those professionally diagnosed children with disabilities).

If documentation/verification of enrollment in at least one of the above-indicated programs cannot be obtained, the child will not be considered as a child with special needs until the documentation/verification can be provided. Providers and/or parents cannot self-declare that a child has special needs.

If a parent indicates that a child is not enrolled in any of these five programs and has not been evaluated, and the provider believes the child may have a special need, the provider shall provide referral information to the appropriate agencies listed above and encourage the parent to have the child evaluated.

Iowa

A child with one or more of the following conditions:

- The child has been diagnosed by a physician or by a person endorsed for service as a school psychologist by the Iowa Department of Education to have a developmental disability which substantially limits one or more major life activities, and the child requires professional treatment, assistance in self-care or the purchase of special adaptive equipment.
- The child has been determined by a qualified mental retardation professional to have a condition which impairs the child's intellectual and social functioning.
- The child has been diagnosed by a mental health professional to have a behavioral or emotional disorder characterized by situationally inappropriate behavior which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with the child's intellectual, social or personal adjustment.

Kansas

Emotional, behavioral, physical or personal need of a child requiring more than the usual amount of care and supervision for the child's age and protective service children and children that are physically and mentally incapacitated.

A special needs child is defined as a child who has a temporary or permanent disability but is able to function in a family child care home or center environment without access to other specialized support services. Any SRS provider may request to be designated as a Special Needs Provider and will be paid an additional \$0.15 above the standard hourly rate. Special purpose child care is defined as child care for a child with disabilities who has a need for specialized services provided by a Special Purpose Center or integrated unit. Special Purpose programs must be designated by KDHE and/or SRS. Separate hourly rates are paid to Special Purpose Centers.

Kentucky

Children who have multiple or severe problems, as defined by Public Law 99.457 Part H and Public Law 94-142, that require on-going specialized care, may be considered to have special needs. The Cabinet for Families and Children or its service agent shall determine that a child has special needs and confirm that the severity of the disability requires on-going specialized care.

Louisiana

A child up to age 13 who, because of mental, physical, or emotional handicap, requires specialized facilities, lower staff ratio, and/or specially trained staff to meet his or her developmental and physical needs, as verified by a physician or licensed psychologist.

Maine

Children with a specific diagnosis/disability which, without intervention, may impede or impair the attainment of developmental milestones.

Maryland

A person under the age of 19, who has been diagnosed as being physically or mentally incapable of caring for himself or herself, as verified by the state, based upon a determination by a physician or a licensed or certified psychologist.

Massachusetts

A child who, because of temporary or permanent disabilities arising from intellectual, sensory, emotional, physical, or environmental factors, or other specific learning disabilities, is or would be unable to progress effectively in a regular school program. (G.L. c. 28A, § 9)

Michigan

Any child who meets the definition of physical or mental incapacity.

Minnesota

Children who require significant adaptation of the typical child care program and/or staff ratios due to the child's developmental needs, and/or the need to provide support and education to the caretaker as determined by county Social Services Staff. This includes children with significant environmental and/or health factors which, in the absence of support, create barriers to the child's optimal achievement. Environmental factors may include poverty and children whose parents, due to a condition, disability or age may require support to fulfill parental responsibilities. Examples of such situations include mental illness, mental retardation, hearing impairment, a history of abuse or neglect, children determined to be at risk of abuse or neglect, chemical dependency, intra-familial violence, homelessness, or children of a minor parent. In addition, children affected by a federal or state disaster may be considered under this definition.

Mississippi

A child under age 18 who meets the SSI definition of disability by having medically proven physical or mental condition(s) that cause marked and severe functional limitations expected to last at least 12 months in duration.

Missouri

A child who is under 18, or under 19 but still in high school, and who has one or more of the following:

- A physical or mental incapacity as certified by a physician;
- Is under court ordered supervision;
- Is eligible for and receiving service under the Department of Mental Health;
- Receives SSI.

Montana

A special needs child—for payment purposes

A special needs child is an individual age 0 to 18, who has a medical record with the appropriate written verification of an emotional, physical, or mental disability and who, because of his/her disability or cognitive delay, is not able to care for him or herself or his/her property without assistance. If a special needs individual has attained 18 years of age, this individual must be a full-time student in a secondary school (or in the equivalent level of vocational or technical training) in addition to the criteria above. Individuals qualify through the month of their 19th birthday.

Special needs child—for services priority purposes

For purposes of determining priority for services, a special needs child is defined as having very low income and is eligible for FAIM.

Nebraska

Special needs children are children who fit into the following categories:

- Children with disabilities under age 19.
- Children under age 19 who are involved in protective services.
- Children under age 19 who are under court supervision.

- Children of adolescent mothers who are age 19 or younger.

Nevada

A child under the age of 19 who has a physical, mental or emotional impairment.

New Jersey

A child who has been identified through a written referral from a county welfare agency; DYFS; legal, medical or social service agency; emergency shelter; or public school; which indicates that the child has a serious physical, emotional or mental, cognitive condition and child care services are required as part of a treatment plan designed to stabilize/ameliorate the situation and/or prevent the placement of the child outside the home. The child's social or medical diagnosis must be documented as a result of a standardized developmental or psychological test given by a certified professional or physician. Parents must need child care services in order to remain in full-time employment or in a full-time training/education program.

New Mexico

A child with a medically documented condition, which results in physical or mental incapacity requiring care and supervision by an adult.

New York

A child with special needs means a child who is incapable of caring for himself or herself and who has been diagnosed as having one or more of the following conditions to such a degree that it adversely affects the child's ability to function normally: visual impairment; deafness or other hearing impairment; orthopedic impairment; emotional disturbance; mental retardation; learning disability; speech impairment; health impairment; autism; or multiple handicaps. Any such diagnosis must be made by a physician, licensed or certified psychologist or other professional with the appropriate credentials to make such diagnosis.

North Carolina

- A child with special needs as recognized by the Department of Public Instruction;
- A child who is determined by the area Mental Health/Developmental Disabilities/Substance Abuse Services to meet the definition of special needs according to policy published by the Division of Mental Health, which includes the identification of persons qualified to evaluate the child under this definition.

North Dakota

A child incapable of providing self care, as medically verified by a physician due to physical and/or mental incapacity; the upper age is to 19.

Ohio

As verified by the CDHS, the child is (a) physically or developmentally handicapped; (b) mentally ill; (c) mentally retarded; (d) disabled or has a health condition which requires special services while the child is

in care; and (e) who is incapable of caring for himself or herself as verified by the CDHS based on the determination by a licensed physician or licensed or certified psychologist.

Oklahoma

Having a handicapping condition for which she/he has been approved for SSI. There are two categories of special needs handicapping conditions: moderate or severe children who receive SSI.

Oregon

A child with disabilities under age 18 and who requires a level of care over and above the norm for his/her age due to a physical, developmental, mental, behavioral, or medical disability such as mental retardation, cerebral palsy, Down Syndrome, autism, serious emotional and behavioral disorders, attention deficit hyperactivity disorder, mental health disorders, hearing impairment, vision impairment, physical or mobility disabilities, serious chronic illness, brain injury and other disabilities. The higher level of care may include but is not limited to additional staffing, special medical procedures, adaptive equipment structural or other types of accommodation. The disability may be verified by one of the following: 1) physician; nurse practitioner; licensed/certified psychologist or clinical social worker; 2) eligibility for early intervention/early childhood special education services or school-age special education services; or 3) eligibility for Supplemental Security Income (SSI). Other special needs children for establishing priority for service and defined further in item 10.

Pennsylvania

A child who does not function according to age-appropriate expectations in the areas of emotional, cognitive, communicative, perceptual-motor, physical or social development to an extent that the child requires special adaptations, program adjustments and related services on a regular basis in order to function in an adaptive manner.

Puerto Rico

Special needs child - (for priority service purposes only)

- A child who is receiving protective services from the Division of Family Services of the Department of the Family or;
- Is at risk of being abused, neglected or exploited, such as children from families with unstable living arrangements, parents engaged in alcohol or drug abuse, parents with any handicapped condition, including chronic health problems, children of unwed teenage mothers, or other special family situations that might impede responsible parenting, as identified by the Department of Family.

Special needs child (for purposes of payment rates)

A child from birth to age 19 who has health problems requiring something beyond routine and basic care, including these:

- with disabilities and handicapping conditions,
- with chronic illness and conditions,
- with health-related educational and behavioral problems,
- at risk of disabilities, chronic health conditions, and health related educational and behavior problems,

- children requiring specialized health care, such as HIV positive, AIDS, infected or drug exposed children.

The child could have one or more of the following conditions:

- mental retardation
- physical disability
- serious emotional disturbance
- chronic health problems

This should be supported by medical testimony or allied health professionals. (According to applicable state and federal legislation).

Rhode Island

A special needs child is defined as a child whose parent a) is under age 20 years of age, and b) enrolled in an Adolescent Self-Sufficiency Collaborative, and c) participates in an ASSC-approved activity.

South Dakota

A child under 18 (19 if in school) who is physically or mentally incapable of caring for himself or herself (as verified by a medical professional), or who is under court supervision.

Tennessee

A child who has a diagnosed mental or physical problem or condition that prevents self-care and can benefit from participation in a regular child care program. The condition must be verified by a written statement from a licensed physician or psychiatrist or licensed or certified psychologist.

Texas

A child who has disabilities; a child receiving or needing to receive protective services; a child of teen parents.

Utah

Special needs children are homeless children and children with identifiable mental and physical disabilities as determined and categorized by the following three agencies: The Department of Human Services, Division of Services to People with Disabilities, The Department of Health's Early Intervention for Infant and Toddlers, Department of Education's Special Needs program.

Vermont

(a) A person under the age 19 who is eligible for special education services in accordance with an Individualized Education Plan (IEP) or 504 Plan and who is not capable of safely caring for his/herself; or
 (b) A person who is age 13 or older who has a documented physical, emotional, or behavioral condition that precludes the person from providing self-care or being left unsupervised, as verified by the written report of a physician, licensed psychologist, or court records.

Virginia

A child with special needs is a child with a diagnosed mental or physical incapacity, as defined above. Children with special needs are those in families with very low income, especially those in the Virginia Initiative for Employment Not Welfare (VIEW); those receiving TANF including those teen parent TANF recipients who are completing their high school education; and those who are income eligible and working.

Washington

A child under age 19 having a verified physical, mental, emotional, or behavioral condition that requires a higher level of care or is a dependent of the courts and requires adult supervision. Verification must be by a health, mental health, or educational professional with at least a master's degree.

West Virginia

A child who experiences significant developmental delays or who has a diagnosed physical or mental condition which has a high probability of resulting in a significant developmental delay. Significant delay is a 25% delay in one or more areas of development or a six-month delay in two (2) or more areas. Areas of development include: cognitive, speech/language, physical/motor, vision, hearing, psychosocial, and self-help skills. Developmental delay is determined by early intervention programs, special education programs, or other multidisciplinary teams.

Wisconsin

A child who has an emotional, behavioral, physical or personal need requiring more than the usual amount of care and supervision for the child's age, as documented by a physician, psychologist, special educator or other qualified professional. This includes children with developmental disabilities.

Wyoming

A child less than 18 years who is developmentally delayed and would be in physical harm if child care is not provided as documented by a medical or mental health professional. For purposes of prioritization, this includes infants and children in working families with very low income (see definition of Working Families With Very Low Income). An infant is a child less than 2 years old. (See also definition of Developmentally Delayed.)

8. "Working"

Alabama

Gainful employment for which wages, salary, commission, or tips are received, including self-employment.

Alaska

Engaged in an activity for a wage or salary, or engaged in a business with the intention of making a profit. For TANF parents, "working" means participation in assigned work activities, including subsidized and unsubsidized work, community service, job sampling, participation in a job club and approved subsistence activities.

Arizona

The performance of duties on a regular basis for wages or monetary compensation.

Arkansas

To do work, to be employed and to receive payment for the work either by cash or in-kind. Child care services accommodate the normal work schedule of the parent including travel time.

Homeless - Any person who is living in a homeless or battered women's shelter or who is transitioning out of a shelter, who meets the eligibility requirements and has a child in need of child care services.

Working/Low Income no fee - Working but receiving an income which does not require the parent/guardian to pay a fee. This family receives priority over a family who must pay a fee.

Working/Low Income with a fee - Working and receiving an income which requires the parent/guardian to pay a portion of the child care fee. These families do not receive child care assistance until all families who do not pay a fee are served, if there is a waiting list for the country of residence.

Student - Attending a job training or an accredited educational program and officially enrolled in and participating in the program 95% of the required time for completion of the program.

California

Employment or seeking employment by the parent(s) that precludes the supervision of the family's child(ren).

Colorado

Earning income in a full-time, part-time, temporary or self-employment basis. Job search is included under the work definition for Low-Income families, but not for TANF families.

Delaware

Employment, either part- or full-time for which the parent or caretaker receives income. Also, gaps of up to one month, if employment is lost or if a parent is transitioning between jobs.

District of Columbia

Engaged in paid employment at least 20 hours per week.

Florida

Work activities including employment, non-subsidized employment, subsidized private sector employment, on the job training, subsidized public sector employment, community service work experience, job search, job readiness assistance, and vocational education or training designed to prepare the participant for employment. (414.065 F.S.)

Georgia

Employment of at least 25 hours per week for single-parent families and 35 hours per week for two-parent families in exchange for at least minimum wages.

Hawaii

Parent or guardian is engaged in an activity in exchange for wages or salary, or actively looking for work: 1) up to two weeks prior to scheduled start of employment; or 2) up to thirty calendar days between employment. Parent or guardian is participating in an approved work program and is required to engage in activities which provide work experience and training to individuals, to assist them towards employment and self-sufficiency. These placements are with State, City/County, Federal, and private, non-profit agencies.

Idaho

A job paying wages or salary, including work paying commission or in-kind compensation. This also includes full or part-time participation in the VISTA program.

Illinois

Paid or self-employment.

Indiana

A person receiving wages or salary for performing service for another person or organization or receiving compensation for a service or product, the person is said to be a working person.

Iowa

For families receiving Child Care Assistance, working means employed 28 or more hours per week, or an average of 28 or more hours per week during the month. (Twenty-eight hours will continue to be

required when priority groups are in effect due to limited funds (see Section 3.4, Priority Rules for Children).

FIP recipients who are employed less than 28 hours per week or less than an average of 28 or more hours per week during the month will continue to be eligible for child care assistance.

For families currently receiving Transitional Child Care (TCC) as of June 30, 1999, working means employment that results in the family being ineligible for FIP because of increased income. After July 1, 1999 TCC will be eliminated as a result of the seamless child care system implementation. However, those families who are receiving TCC as of June 30, 1999 will continue to receive TCC benefits until their eligibility period (24 months) expires or they become no longer eligible to TCC. When families are no longer eligible for TCC, they will have the opportunity to apply for child care assistance.

Kansas

A physical or mental activity engaged in for the purpose of remuneration as determined by the Department of Social and Rehabilitation Services at the time of eligibility determination.

Kentucky

Public or private, full- or part-time, permanent or temporary employment for wages by a single parent or in two-parent families when both are employed or when one is employed and the other is in education or training or is not able to provide appropriate care and supervision.

Louisiana

Employed an average of 20 hours or more per week and paid either Federal Minimum hourly wage or gross wages equivalent to the federal minimum hourly wage multiplied times 20 hours per week. For those receiving cash assistance, the employment is expected to result in sufficient income to provide their basic needs and allow the termination of cash benefits within the prescribed TANF time constraints.

Maine

Gainful employment that produces earned income from wages, salaries, commissions, fees, tips, piece rate payments, or self-employment in one's own business, professional enterprise, partnership or farm.

Maryland

To be employed; to be performing a service or producing a product for which compensation is received.

Massachusetts

Income earned through employment or self-employment. Earned income may be received as wages, salary, tips, commissions, or in-kind. Earned income is the total gross income before any mandatory or voluntary deductions. Earned income shall be verified by pay stubs, pay envelopes, or a written statement signed by an employer. The verification must show the gross wages (including tips, if applicable) and the number of hours worked. (Department of Transitional Assistance Regulations 106 CMR 308.160 (F)(1))

Michigan

Employed or self-employed and receiving money wages, or self-employment profits or sales commissions within six months of employment.

Minnesota

Participating in an activity at least 20 hours (or 10 hours for full-time students) a week that generates at least minimum wage for all hours worked.

Mississippi

An employee working 20 or more hours per week in a single-parent family or in the case of a two-parent family, one parent working 30 or more hours and the other working 20 or more hours. Full-time students must document their educational program and a minimum of 19 hours of paid employment per week.

Missouri

Employment at a job or trade for which wages are received in compensation for services rendered.

Montana

An individual is working when s/he performs any paid type of legal labor on either a full- or part-time basis and has documents to show income received. Self employment will be determined for the person submitting evidence based on IRS income guidelines.

Nebraska

A parent will be considered working when they are employed in a specific role that provides them with monetary compensation for that role or the responsibilities that are related to it.

Nevada

Providing services or a product for monetary compensation.

New Jersey

Parents will be considered working if they are employed, or have a verified commitment of employment which is scheduled to begin within two weeks, receive a wage or salary for their employment, and are working not less than thirty (30) hours per week.

New Mexico

Employment, which may or may not provide a wage to an individual, including work, work-experience or community service, provided that this definition comports to any TANF related definition.

New York

A client will be considered working when, in accordance with the regulations of the Office of Children and Family Services or the State Department of Labor as applicable to the particular client, if he/she: is employed; has a verified commitment of employment which is scheduled to begin within two weeks; is actively seeking employment; is on a temporary leave of absence of no more than one month and has maintained his/her employment status; is participating in on-the-job training, subsidized employment, unsubsidized employment, community services or work experience in the public or not-for-profit sector; or is providing child care services to other individuals participating in community service.

North Carolina

Engaged in an activity on a regular basis which provides earned income. This activity may also include a period not to exceed 60 days in which the parent is seeking employment.

North Dakota

For families who are involved in required work or training activities through state Job Opportunities and Basic Skills (JOBS) or Native Employment Works (NEW) required by TANF, work may or may not be defined as earning a wage. For families who have transitioned off TANF and other low-income families, work would be defined as earning a wage. Self-employment is also defined as work and income is a factor for determining eligibility. Working also means, when a state has been determined to have a major disaster, individuals who are residing in the disaster area and involved in unpaid work activities (including the cleaning, repair, restoration, and re-building of homes, businesses, and schools).

Ohio

Participation, as verified by the CDHS, in paid employment either on a full-time or part-time basis.

Oklahoma

Time spent in activities which incur wages including armed forces pay, commissions, tips, piece-rate payments, on-the-job training programs, work study employment and self-employment.

Oregon

Employment in an occupation which provides earned income and requires periodic absence from, or an inability to care for a dependent child. Earned income includes a) compensation for services performed b) income from on-the-job training, or other paid work experience, c) in-kind income in exchange for work performed, d) income from self-employment, e) flexible benefits that the employee has the option of taking in cash.

Pennsylvania

Employment - the condition of working for another person or an entity for income equal to or greater than the Federal or State minimum wage standards, whichever is higher.

Puerto Rico

A parent who has verifiable ongoing employment for pay, be it full- or part-time, according to State employment status definitions including those in TANF employment activities, providing child care services or in community service.

Rhode Island

Working is defined as being employed at least 20 hours or more per week earning the greater of the state or federal minimum wage.

South Carolina

Applicants are considered employed if they are working at an occupation where they are paid a wage/salary, or have a documented commitment of employment that will begin within two weeks from the date of child care application.

South Dakota

Employed at least 80 hours per month with a salary or meeting TANF work requirements.

Tennessee

The minimum employment or participation effort for non-TANF families is a minimum of 40 hours per week or the hours the employer considers as full-time. In two-parent families, both parents must maintain this minimum effort. The parent(s) must also earn a minimum wage when the gross income is averaged over the number of hours worked.

Texas

- Activity for which one receives monetary compensation such as a salary, wages, tips and commissions; or
- Activities to assist individuals in obtaining employment including on-the-job training, job creation through wage subsidies, work experience, and community service programs.

Utah

Participating in full- or part-time employment and making a wage equal to the federal minimum wage or prevailing local wage, whichever is less.

Vermont

Any activity inside or outside the person's home which results in that person earning at least minimum wage.

Virginia

Individuals are considered to be working if they meet the established work requirements of TANF, VIEW, or FSET or have gainful employment in a part-time or full-time capacity.

Washington

- For TANF families - engaged in employment or other work-like activities.
- For Non-TANF families - engaged in paid employment.

West Virginia

Receiving an unsubsidized wage or salary for work performed. A maximum of one month of job search is allowed for approved families, if a job is lost or training ends.

Wisconsin

Employed in a subsidized or unsubsidized position or engaged in employment search as approved by a Financial and Employment Planner in a W-2 agency.

Wyoming

An activity in which one engages for income as verified by a statement from the employer or pay stubs. A work activity can also include job search or other work related component for participants in the TANF Work Program or Food Stamp work programs. These activities must be verified and monitored by the Work Program Case Manager and a signed Individual Responsibility Plan must be on file.

9. "Additional Terminology Related to Conditions of Eligibility or Priority Established by the Lead Agency"

(States that did not provide additional terminology are not listed)

Alabama

Transitional Child Care: Child Care services will be available for a period of up to 12 months for families whose TANF assistance has terminated, for whatever reason, provided the adult parent gains suitable employment within six months of the termination.

Minor Parent: An individual regardless of marital status, who is under the age of 18, or is age 18 if the individual remains in high school or a GED program, and who is the natural parent of a dependent child. This classification is strictly for purposes of priority to assist minor parents complete their high school education.

At Risk: Clients who without receiving child care services are at risk of losing their employment and having to rely on TANF assistance.

Alaska

Very Low Income: a net adjusted monthly income which qualifies for the highest subsidy on the state's sliding fee scale. All subsidy levels meet the 85% median income requirement and the lowest of these income rates is the highest subsidy percentage paid by the state.

Teen parent: A parent up to but not including the age of 19, who is attending an educational program that will lead to a high school diploma or GED. A teen parent under age 19 and his/her children will be considered a separate family for income eligibility purposes.

Geographic differential: The adjustment made to the family income scale to account for higher costs of living and cost of care in various parts of the state.

Arizona

TANF: Temporary Assistance for Needy Families cash assistance program in Arizona.

Transitional Child Care: Child care assistance offered to families who: a) have received TANF within six months of application for child care services; b) apply for services within six months of TANF case closure; c) are in need of child care because they are working; and d) have income that does not exceed the income level used to limit eligibility as defined in the table at Section 3.3.1. Eligibility for TCC may continue for up to 24 months following TANF case closure.

Non-Certified Relative Provider (NCRP): Providers identified in Section 6.5.

Jobs: An administrative unit within DES, which is responsible for the administration of a program, which assists TANF recipients to prepare for, obtain, and retain employment; or any other entity who contracts with DES to perform the function(s) stated above. DES may also provide services (under this definition) to TANF recipients to enable them to participate in an activity approved by a Tribal Native Employment Works (NEW) program (formerly Tribal JOBS).

Arkansas

- Very Low Income: An income that is at or below 40% of the 1996 Federal Median Income Scale as issued by the Administration of Children and Families - Department of Health and Human Services.
- Residency: Presently residing in the state and intends to make it their home. No specific duration or residency is required. If the applicant has the present intention to make the state their home, their eligibility will not be affected by the fact that the applicant intends to leave the state at some future time. Residency is not affected by temporary absences from the state.
- Teen Parent: Any person 17 years or younger who is the parent of a child who lives with that parent. The Teen Parent must live with a responsible adult, such as their parent, a spouse, or be declared an emancipated minor.
- Supportive Services: A family is in crisis and requests assistance from DHS. Services are time-limited and the family is subject to income eligibility criteria.
- Foster Care: A child has been placed in Foster Care and is in need of Child Care in order to remain in close proximity to the biological parent(s) and/or Foster Parents work. A child in foster care is considered a family unit of one. The foster parent(s) must be working and/or attending an educational/training program in order for the child to receive services.

California

Very low income: Families with incomes adjusted for family size that are at or below 50 percent of the state median income (SMI).

Colorado

Under Colorado's welfare reform legislation, individual counties may elect to increase income eligibility above 130% and up to 185% of the federal poverty guidelines. This policy went into effect July 1, 1997.

Delaware

Homeless: Families living in a shelter or receiving emergency assistance to live in a temporary arrangement or families without a fixed address or not living in a permanent dwelling.

Teen Parent: Persons age 13 to 17 who are the biological parent (s) of a child. Typically these teens need child care in order to complete school and/or participate in vocational training.

District of Columbia

Infant/toddler: Child that is less than 24 months in age.

School age: Children between the ages of four (4) and thirteen (13) year of age, and up to nineteen (19) if the child has a disability, attending school during regular hours, in need of supervision before and after school and during vacations and holidays, so that their parents can participate in job training, educational experiences and/or secure and maintain employment.

At-Risk: Children living in low-income, working families with limited community and/or family resources available to assist them, so that they are at risk of becoming dependent upon assistance from the TANF (Temporary Assistance to Needy Families) program.

Low Income working at risk of TANF: Working parents who remain at low income levels, have limited community and/or family resources and who may lose employment for a variety of reasons, any of which could result in the need for support from the TANF program.

Very low income: Families whose household income is at or below the poverty level.

TANF transitioning to work: TANF recipients who have secured employment and may require additional assistance in order to maintain employment.

Teen parents in school: Unmarried teen parents, under 20 years of age, who are attending high school or are enrolled in an equivalent educational or training program approved by the Department of Human Services, and who reside with a parent or other relative. School attendance is defined as regularly attending school with no more than 10 full-day or 20 hold-day absences in a semester. There are two exceptions to this requirement. Teen parents cannot be required to attend school or an equivalent educational/training program if their child is less than 12 weeks of age; or appropriate child care within a reasonable distance from school is unavailable, unaffordable or unsuitable and the child for whom care is sought is less than six years of age.

Children with disabilities: Children up to 19 years of age who have been diagnosed by a physician, clinic or hospital as being physically and/or mentally disabled.

Parents with children in protective service: Parents or guardians whose children have been removed by the family and Services Division and the District of Columbia Superior Court for alleged neglect and/or abuse.

Florida

Out of Home Placements: Children who are in either relative care, foster care or emergency shelter.

Transitional Child Care: meets 3 of 6 month criterion - Families with earned income who have lost their eligibility for temporary cash assistance due to excess earned income, loss of the time limit or who choose not to receive temporary cash assistance although eligible for and received at least 3 of the last 6 months. Eligibility is for up to 24 consecutive months from the first month of TCC eligibility as determined by ESS, regardless of when temporary cash assistance is canceled.

Transitional Child Care/Transitional Education (TCC/TEd) - Clients whose cash assistance has been terminated due to earned income, or who have been eligible but have chosen not to receive assistance, who are TCC eligible but who need education or training to improve job skills in order to maintain or improve employment.

Transitional Child Care less than 3 of 6 months: Families with earned income who lose their eligibility for temporary cash assistance due to excess earned income and loss of time limits or who "opt not to receive" cash assistance for less than 3 of the last 6 months. These families are eligible for a 90 day referral for child care services. Continued services up to a total of 24 months is dependent on the availability of funding.

Income Eligible Families with income below 100% of the federal poverty level: Families who are working a minimum of 20 hours per week and whose income is below 100% of the federal poverty level. In two-parent families, each parent must individually meet the employment criteria. In some cases, if the child has been placed with relatives by the parent(s) or legal guardian, permanently or on a short-term basis, and is not receiving temporary cash assistance, only the child's income would be assessed. (Non-WAGES "Child Only" cases).

Migrant Farm Workers: Families working at least 20 hours per week in seasonal migrant agricultural jobs.

Teen Parents: Teenage (age 13 through 19) parent(s) who are not involved in a Department of Education Drop Out Prevention program or a WAGES teen parent program, and who are employed a minimum of 20 hours per week. Income of the teenage parent can not exceed 150% of the federal poverty level to enter the program.

Supplemental Security Income (SSI): Children who are SSI recipients and whose parents meet income eligibility guidelines and have an approved purpose of care; or parents/relatives (the child has been placed with) who are SSI recipients and have an approved purpose for child care. If both parents are in the home, only one shall be required to be an SSI recipient; however, both parents must meet the "purpose of care" requirement. The purpose of the subsidized child care shall be to enable employment of the parent/relative, to assist the parent/relative in caring for the child due to the parent's/relative's disability as documented by a physician's statement, or age of the parent/relative (65 or older as documented).

Income Eligible Families with income between 100% and 150% of the federal poverty level: Working parents who need child care in order to maintain employment of at least 20 hours per week. The family income must be between 100% and 150% of the federal poverty level to enter the program. In two-parent families, each parent must individually meet the employment criteria. In some cases, if the child has been placed with relatives by the parent(s) or legal guardian, permanently or on a short-term basis, and is not receiving temporary cash assistance, only the child's income would be assessed. (Non-WAGES "Child Only" cases).

Child Care Purchasing Pool between 150% and 200% of the federal poverty level: Children of working families whose income is between 150% and 200% of the federal poverty level. These families are working in partnership with private industry and the Department of Children and Families to provide child care services.

Illinois

RPY cases: Representative payee case; a child-only case in which only the children are receiving a TANF cash assistance grant.

Families with very low incomes : Families with incomes at or below 30% of the 1997 State Median Income (SMI).

Indiana

See Definitions Section in CCDF Policy and Procedures Manual, Attachment Q.

Kansas

Teen parent - Teen through age 19 who is completing high school or equivalency education program

Louisiana

Very Low Income Families: Families with income at or below the poverty level.

TANF Families: Those families with dependent children who are eligible for cash assistance grants administered by the Office of Family Support, Family Independence Temporary Assistance Program (FITAP).

Maine

The Department may restrict funds for services to specific target groups as specified in the contract, such as:

TANF Transitional: Low income, working families who were TANF (Temporary Assistance to Needy Families) recipients in one of the three months immediately preceding the month they were determined to be ineligible. Increased hours of work, increased earnings, or loss of earned income disregards must have caused or contributed to the closure. TANF Transitional clients must be referred, in writing, by the Bureau of Family Independence.

Family Violence Transitional: Low income survivors of domestic violence who are left homeless due to a violent situation and are residing in family violence transitional housing. Transitional Housing clients must be referred by a department-funded family violence agency.

Maryland

Low income: Family income that does not exceed 40% of the 1999 Maryland State Median Income for the applicant's family size.

Public school: A state-approved academic or vocational curriculum carried out in a elementary school, junior high school, middle school, high school, program for special students, or General Educational Diploma tutoring program.

Pursuit of child support: Taking appropriate steps to secure the establishment and enforcement of support obligations of behalf of the child for whom child care services are sought.

Michigan

Adult: Any person 18 years of age or older, or married, or emancipated by court order.

Employee: A person who works for another person or organization for wages.

Family Group: The following persons, who live together or who are temporarily absent, comprise the family group:

- members of the day care group;
- spouse of the applicant;
- parent/stepparent of a child(ren) age 18 or younger in the family group;
- parent/stepparent of the applicant, if the applicant is under age 18;
- grandparent, aunt, or uncle of the applicant, if the applicant is under age 18 and the applicant's parent/stepparent is not in the home;
- unmarried siblings/step/half siblings under age 18 of a child(ren) in the family group;
- other unmarried children under age 18 for whom any member of the family group is responsible.

FIP Recipient: A recipient of TANF cash assistance through the Family Independence Program who is not an ineligible grantee.

Ineligible Grantee: (FIP) A non-parent specified relative who is the grantee for a FIP-eligible child(ren) and is excluded from the FIP group based on his/her choice.

Relative: A grandparent, great grandparent, aunt, uncle, or adult sibling providing child care in their own home, not the child's home.

Responsible Group Member: The following persons who live in the home are Responsible Group Members:

- Parent(s) of the child needing care;
- Stepparent of the child needing care;
- Foster parents of the child needing care;
- The legal guardian of the child needing care;
- If there is no parent or stepparent or legal guardian living in the home, the applicant/client; or
- If the only parent or stepparent living in the home is excluded from providing the care, the applicant/client.

Temporary Absence: A temporarily absent person who otherwise meets the definition of Family Group membership is considered to be living in the home and his/her income is counted. Absence of a person is temporary if: the location of the absent person is known, and there is a definite plan, a known or anticipated date, for the return of the person to the home; and the absent person shared the home with the group immediately prior to the onset of the absence.

Very Low Income: Based on family size, the maximum earnings a family can receive and still remain eligible for Family Independence Program benefits.

Mississippi

Parents of special needs children will be allowed a daily child care Fair Market Rate that is higher than the regular Fair Market Rate because of additional child care expenses for these children.

Missouri

Very low income (Term does not apply to any tribal grantee): As defined by meeting our income guidelines

"Home" is interpreted to mean the family setting maintained or in the process of being established as evidence by the assumption and continuance of responsibility for the child.

A home exists so long as the parent or other eligible payee takes responsibility for the full physical care and control of the child.

Circumstances may require temporary absence of either the child or the parent (or eligible payee) from the home. Temporary separation does not affect a child's eligibility for child care so long as the parent or eligible payee retains responsibility for his care.

Montana

FAIM/TANF families: Families who participate in an approved family investment activity in Montana's FAIM/TANF program.

Foster care: Twenty-four hour out-of-home care for children placed away from their parents or guardians and for whom Montana Department of Public Health and Human Services has placement responsibility.

Medical emergencies: An unexpected medical condition interrupting employment for less than three months. The individual must have employment to which they will return and a physician's statement identifying the medical need for rest.

Respite care: The short term supervision of care of a foster child, in an emergency or on an intermittent basis

Teen attending high school: A teen parent attending high school is guaranteed child care assistance during school and work hours. Child care is not provided for after-school study time.

Very low income families: Families whose income falls below the Montana FAIM Monthly Income Standards/Shelter Obligation benefit standards to be used with adults included in the filing/assistance unit (see 3.3.1)

New Jersey

Very low income: Very low income for child care services under the CCDF will be defined as families with income at or below 150 percent of the Federal Poverty Level, as determined by family size.

Special circumstances: Refers to a child that is not under DYFD supervision who has been identified through a written referral from a CWA, DYFS, legal, medical, social service agency, emergency shelter, public school or School Based Youth Services Program which indicates that the child is from a family experiencing medical or social problems or adverse living conditions and child care arrangements are required to help ameliorate the situation and/or prevent the placement of the child or other family member(s) outside the home. Children of teen parents are also considered a special circumstance.

Foster care: Services provided under the supervision of DYFS child protective services (CPS) in DYFS approved out-of-home placement designed to provide a substitute family for a child who needs care outside his or her home for a temporary or extended period of time, as part of a CPS case management plan. The DYFS foster care program includes services provided to CPS children in para foster care, children under the guardianship of DYFS and children who have been surrendered to DYFS.

Admissions priorities: Priority consideration will be given to families, upon admission in the CCDF program, if they meet one or more of the following criteria:

1. Children identified by DYFS in child protective services and under the supervision of DYFS;
2. Children identified as having special needs and/or circumstances;
3. Children in families with incomes at or below 150 % of the Federal Poverty Level; and
4. Children in families eligible under provisions of the CCDF who have an identified need for child care services and who do not fall in the above listed priorities.

Teen parents: Refers to parents who are age 19 years of age and below who are eligible to access child care certificates for their children in the CCDF program.

New York

Cooperation with child support enforcement: Upon promulgation of regulations, the Office of Children and Family Services requires any person applying for or receiving child care services through the Child Care Development Fund to provide an official of the local social services district with documentation that the individual is actively pursuing child support payments. Exceptions will be made for individuals who have good cause.

North Carolina

Child Welfare Services*: Child care can be provided to support child welfare services in the following situations: to prevent foster care placement; to reunify families or achieve other permanent placements; and to aid families in crisis.

Developmental Needs*: Child care can be provided to an eligible child whose social emotional, physical or cognitive development is delayed or at risk. This category can include children with special needs as defined by Division of Mental Health, Developmental Disabilities, Substance Abuse (MH/DD/SAS) or the Department of Public Instruction. In addition, care may be approved under this category for a child who lives in a situation that inhibits his or her ability to develop normally, such as a child living with elderly adults.

Local purchasing agency: The county department of social services (or a child care resource and referral agency or other agency, if the county department of social services decides to subcontract the program) responsible for administering the subsidized child care program in a county.

Work First: A program created in 1995 to combine North Carolina's AFDC and JOBS programs. The goal of Work First is to move adults into full-time employment, thereby reducing the need for public assistance.

(* Note that CCDF funds are not used to provide child care services for children in protective services, child welfare services, or with developmental needs. Other fund are used instead.)

North Dakota

Court ordered: Means an individual who is age 13 through the month he/she turns 19 and is in need of supervised care due to a court order.

Ohio

Transitional: At any time during the immediately following twelve-month period that an assistance group ceases to participate in the work component of the Ohio Works First (TANF) program if: child care is required due to employment or training and the assistance group's income does not exceed current eligibility criteria.

Oregon

Child of teen parent: child care for parents under the age of 20 who are actively participating in a high school diploma or high school equivalency program.

Child of a parent in substance abuse treatment: child care for parents who are participating in state approved substance abuse treatment prior to reentry to the work force. The treatment service must include a recognized women's program.

Child of a parent in farm work: child care for parents employed in migrant and/or seasonal agriculture as defined by Oregon Administrative Rules.

Child of a post secondary student parent: child care for parents enrolled full time in vocational schools, community colleges, or institutions of higher education. Student-parents must demonstrate passing grades to maintain eligibility.

Respite care: Families receiving protective services are eligible to receive respite care. Respite care will be provided as defined in Oregon Administrative Rules Chapter 413.

Puerto Rico

Parent: a parent by blood, marriage or adoption, or a legal guardian, other person standing "in loco parentis".

Teenage parent: a parent under 20 years of age.

Low income: under 50% of the state's median income.

Family income: income earned by both parents by blood, marriage or adoption or legal guardian or the person (s) standing "in loco parentis."

South Carolina

Family Independence (FI): the purpose of child care through FI is to provide the necessary child care for families receiving a FI stipend to participate in approved employment, education, or training.

Transitional Child Care 1 (TCC1): individuals who no longer receive a FI stipend due to an increase in earned income, but are employed and income eligible, have the right to apply for child care assistance.

Transitional Child Care 2 (TCC2): individuals who have received TCC1 may be eligible to apply for TCC2 based on their earned income if they are employed.

Young children: children from birth through four years old are eligible for continuity of care as long as their non-welfare/low-income parents remain otherwise eligible.

Non-Welfare Low-Income Families: if funding is available, individuals who are not eligible under the Welfare Reform program may be determined eligible to assist them in continuing to work or attend school or training.

Tennessee

Child Support Cooperation: When there is an absent parent in the child's home, the child care assistance recipient must cooperate with the child support office to locate the non-custodial parent, establish paternity, establish a child support or health insurance order and enforce a support order unless there is good cause for not cooperating.

Low-Income: The state plan's gross household income eligibility standard for working families as set forth in Part 3, Section 3.3.1 (c). Derived from 60% of the federal estimated state median income for 1999.

Minimum Participation Effort: All non-TANF low-income parents and caretakers applying for child-care assistance must:

- 1) maintain full-time employment education or a mix thereof;
- 2) must earn a gross income that equals minimum wage for the number of hours worked.

Post Secondary Education: Education programs or classes beyond high school and which usually require a high school diploma or General Equivalency Degree, e.g., technology centers, community colleges, four year colleges. These programs or classes lead to a certificate, associate, or bachelors degree.

Texas

Board: A certified Local Workforce Development Board with an approved plan pursuant to The Workforce and Economic Competitiveness Act, Texas Government Code, Chapter 2308, as amended.

Local workforce development area: The designated geographic area for which a Board provides services funded through the Commission, or the Commission provides services in the absence of a certified Board, pursuant to Texas Government Code Section 2308.252.

TANF recipients participating in formal work activities: Individuals receiving TANF benefits who are participating in formal work activities, known in Texas as the Choices program, in accordance with the provisions of the Texas Human Resources Code, Section 31.0035 and Section 31.012(c).

Individuals transitioning off TANF: Individuals who have been receiving TANF benefits but are denied because of: 1) employment and an increase in earnings which results in being ineligible for TANF payments, or 2) expiration of TANF time limits.

TANF applicants: Individuals who are living at a very low income and: 1) need child care to accept employment, 2) receive a referral from the Texas Department of Human Services to attend a Workforce Orientation for Applicants, and 3) locate employment prior to TANF certification.

Very low income: Very low income will be determined when each Local Workforce Development Board has established its income level for eligibility. It will be no greater than 85% of the State Median Income for the family size.

Virginia

“Community Work Experience”: work for benefits in a public or nonprofit agency.

“Fee System”: programs that provide child day care subsidy to low-income parents from the Child Care and Development Funds which require a parental co-payment.

“FSET”: Virginia’s Food Stamp and Employment and Training Program, a program to provide non-TANF, able-bodied recipients of food stamps with employment and training.

“Full Employment Program”: full-time, subsidized work-oriented employment which replaces the TANF and food stamp benefits of a participant.

“Good cause”: a valid reason why an unemployed parent in a two parent household, or any other person under Virginia law responsible for the support of the children, cannot provide the needed child day care.

“Head Start”: programs eligible for that designation which promote school readiness by enhancing the social and cognitive development of low-income children through the provision, to them and their families, of health, educational, nutritional, social and other services that are determined, based on family needs assessments, to be necessary.

“Head Start to Work wraparound program”: a subsidy free program that supports the provision of additional hours beyond those provided by Head Start in order to provide full-day/full-year child day care services for Head Start enrolled children.

“Income eligible”: eligibility is based on income and determined by measuring the family income and size against the federal poverty level.

“Job Search”: a structured, time-limited period in which the participant is required to search for and obtain employment. In order to complete the job search, the participant is required to search/find and apply for a set number of jobs.

“On-the Job Training”: training provided by an employer during routine performance of a job.

“Postsecondary education”: any course of instruction beyond that of high school offered by an institution of higher education or a vocational school as determined by the Secretary of Education to meet the Higher Education Act of 1965.

Washington

“Family”: one or more individuals in WAC-388-290-400 who live together in the same household.

“Adjusted Income”: the income amount resulting after comparing the gross earned income to 100% of the federal poverty level (adjusted for family size); and subtracting 15% if the amount is greater than 100% of FPL; or subtracting 10% if the amount is less than 100% of FPL.

West Virginia

Very low income: Families with incomes below 40% of 1999 Federal Poverty Level.

Foster Family: A family who has been certified as such by DHHR Regional Homefinding staff or by a licensed child placing agency.

Wisconsin

N/A

Wyoming

Developmentally delayed: A child experiencing developmental delays in one or more of the following areas: cognitive development, physical development including hearing and vision, language and speech development, psychosocial development or self-help skills. The delays must be verified by a written statement from a medical or mental health professional.

Working families with very low income: For the purpose of prioritization of funds, when 10% of the funds are remaining, working families with very low income (as defined in table 3.3.1 of this plan) will continue to receive services.

Appendix III—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:

(NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this document as a matter of public record. The TANF agency that established these criteria or definitions is listed in Section 4.4).

1. "Appropriate Child Care":

Alabama

TANF policy considers child care services to be appropriate if they are rendered by a child care provider legally authorized under applicable federal and state laws, regulations and requirements to provide such services and who has been selected to provide such services in accordance with parental choice safeguards.

Alaska

Defined at AS 47.27.035 and at 7AAC 45.260 as care by a provider who is at a location that is within 30 minutes travel time, by public or private transportation, from the participant's home or activity site, who is willing to care for the child, and who appears to have the ability to care for children of the same age and development level as the participant's child.

Arizona

Child care that is licensed or certified by the Arizona Department of Health Services or certified by the Arizona Department of Economic Security.

Arkansas

Care that meets the health and safety standards and/or guidelines established by the Division of Child Care.

California

Appropriate child care is defined as child care chosen by the parent that meets the needs of the child and parents and is either licensed for the appropriate age group or special needs category, or is license-exempt and meets TrustLine requirements (unless the child care arrangement is exempt from the TrustLine requirements).

Colorado

The following criteria or definitions will be further defined by each county department of social services relative to the county's unique child care supply and availability needs. As soon as the State receives additional details on these criteria and definitions from the counties, individual county plan information will be forwarded to ACF.

Care and supervision that maintains the health and safety of the child while encouraging growth and development. Appropriate care should strive to meet the developmental, physical, mental and emotional needs of the child.

Delaware

Care that meets the health and safety standards as defined by State licensing guidelines, and that meets the age-appropriate needs of the child and the child care needs of the parents.

District of Columbia

Child Care that meets the parent's need in terms of hours and location. The child care center or family child care provider must be licensed. An in-home or relative provider must meet the minimum requirements incorporated in the child care provider's agreement. The basic needs of the child(ren) must be met. These needs include: safety, developmental, social, cultural and health.

Florida

The care, protection, and supervision of a child which supplements parental care, enrichment, and healthy supervision for the child, in accordance with his or her individual needs.

Georgia

Care that meets State's licensing/minimum health and safety standards, is available, and meets the needs of the family and child.

Hawaii

"Appropriate child care" is defined as the provider meeting the licensing requirements of minimum health and safety standards established by the Lead Agency.

Idaho

In defining appropriate child care, exceptions will be made on a case by case basis by a reasonable person concept. Reasonable person is defined as whether the conduct would be that of a reasonably prudent person in the same or similar circumstances.

Illinois

Affordable care that meets the child's need and complies with all applicable state and local laws and regulations.

Indiana

Care which is provided in accordance with Indiana law. Appropriate child care is either licensed, registered, or licensed exempt.

Iowa

This will be defined in the 10-1-99 TANF Plan.

Kansas

A regulated facility that meets or exceeds minimum licensing and registration regulations. A non-regulated legally exempt provider who has completed a Health and Safety Standards Check List CC-1631 and maintains a facility that meets or exceeds minimum standards.

Kentucky

Care through an eligible child care provider as defined in 45 C.F.R. Part 98.2.

Louisiana

- Child care provided by any state-licensed facility
- Child care provided by a state-registered facility
- Child care provided by a private party of the parents' choice if arrangements meet basic health and safety standards.

Maine

The Bureau of Family Independence has not set a definition for this term.

Maryland

Child care that meets the parent's needs in terms of hours and location, meets the child's needs in terms of health and safety, and is geared toward the healthy development of the child.

Massachusetts

See “#5: Other criteria, definitions, or explanations”, p. 215.

Michigan

Child care that is appropriate to the child's age, disabilities and other conditions, where the provider meets applicable state and local standards.

Minnesota

The Minnesota TANF Agency does not specifically define this term. See “#5: Other criteria, definitions, or explanations”; p. 209.

Mississippi

A licensed child care center, family day care home or an individual (18 years or older) chosen by the parent to care for the child.

Missouri

Appropriate child care in formal and informal settings include:

- Child care that is consistently available;
- Child care that is available during the participant's hours of employment, education, training, and/or work activity;
- Child care that addresses the specialized needs of the child. For example, a child with a disability;
- Child care that is developmentally and age appropriate. This determination will be based on the information provided by the parent when demonstrating that the care available to them does not meet the developmental and/or age appropriate skills of their child;
- Child care by a full-time, year round, primary provider who is at least eighteen (18) years of age;
- Child care by a provider who has undergone a Child Abuse and Neglect background screening and a Tuberculosis test;
- Child care is provided in a residence which has running-water, electricity, a safe source of heat, meets any local housing standards and a working telephone is accessible to the provider either in the provider's residence or within reasonable proximity of the residence.

Montana

Care in which the child care provider meets applicable state standards.

Nebraska

Care that is or can be licensed or approved by Nebraska Health and Human Services System.

Nevada

Child care chosen by the parent that offers developmentally appropriate practices that meet the needs of that parent and child.

New Jersey

The child care provider is open for the hours and days the parent would need child care in order to comply with work requirements and the provider is able and willing to provide child care services including any special needs of the child(ren) and meets DHS requirements.

New Mexico

See “#5: Other criteria, definitions, or explanations”, p. 215.

New York

Appropriate means the child care provider is open for the hours and days the parent or caretaker relative would need child care in order to comply with the applicable work requirements and the provider is able and willing to provide child care services to the applicable child(ren), including addressing any special needs of the applicable child(ren).

North Carolina

- Care in a regulated child care center or family child care home that has a license, or
- Care in an informal child care arrangement that meets the minimal health, safety and criminal record check standards required of informal providers for safety and criminal record check standards required of informal providers for reimbursement through North Carolina's child care subsidy program.

In addition, child care options must have hours of operation that mesh with the work schedules of parents and meet any special needs of the individual children.

North Dakota

Includes licensed center-based providers, licensed family home child care providers, self-certified family home child care providers under North Dakota Century Code 50-11.1, or relative child care providers who are not required to be licensed or registered.

Ohio

Availability of a licensed or certified child care provider.

Oklahoma

These criteria are defined by case manager judgement and available as cited at OAC 340-10-2-2.

Oregon

Care in which both the provider and the place where care is provided meet the AFS health and safety and provider requirements defined in administrative rule; the care accommodates the parent's work schedule; and the care meets the specific needs of the child, such as age and special needs requirements.

Pennsylvania

Care operating in accordance with Pennsylvania State Day Care Regulations and meeting the requirements of CCDBG regulations. This includes licensed center-based and group home care, registered family day care and informal care. Informal care includes care in the child's home or in the caregiver's home.

Puerto Rico

Appropriate Child Care means that the child care provider will offer the service according to the parent's work requirements and child's special needs, including extended hours, before and after school hours, weekend days and school vacation period. Providers must also meet DHSS requirements.

Rhode Island

Defined as care which meets the standards for providers as specified in Sections 0818.20, 0818.20.05, and 0818.20.10 of the DHS Policy and Procedures Manual.

South Carolina

Appropriate child care must be determined by parental choice to insure that the developmental and nurturing needs of a child(ren) are met. Child care facilities must comply with all South Carolina Code of Laws addressing regulatory requirements and procedures. Informal child care arrangements are not subject to Child Day Care statutory and regulatory requirements, however, parents are required to complete a Self-Arranged Child Care Certification form to ensure health and safety requirements are being met.

South Dakota

Provision of care that meets minimal health, safety, and developmental needs of children.

Tennessee

Appropriate child care is that which meets the minimal state child care registration rules, licensing standards or health and safety guidelines established by the state for each of the types of care as listed in the CCDF state plan.

Texas

Texas does not use standard definitions for these terms.

Utah

Appropriate child care is determined by the parent. The parent chooses the care setting that best meets the child's developmental needs. "Finding" appropriate child care will be counted as parent participation in the State's TANF program.

Vermont

A child care slot available with a licensed or registered provider which is located within five miles of the caretaker's residence or within five miles of the caretaker's normal route to a program activity or employment, which corresponds to the days and hours when care is needed, and which is appropriate to the age(s) and special needs of the child(ren) needing care.

Virginia

The child care must be arranged by the participant, or if the participant can not arrange for the child's care, it must be arranged for by the local department of social services with a legally operating provider.

Washington

Licensed, certified or approved under state laws and regulations that apply to the type of child care you use, and that you may make your own choice among child care options that are available in your area.

West Virginia

Child Care is available during work or activity placement hours. Regulated or certified child care is suitable for special needs children.

Wisconsin

Child care as determined by the parent to meet the needs of the family. The child care provider must be regulated in order to receive child care assistance.

Wyoming

Child Care that meets Wyoming licensing standards, or if legally exempt from child care licensing requirements, which meets minimum health and safety requirements as outlined by the CCDF. All providers and adults in the facility with access to children must also receive a favorable Central Registry and criminal history prescreen check.

2. "Reasonable Distance":

Alabama

TANF policy considers employment to be suitable if a TANF recipient is not expected to commute more than 2 hours per day, inclusive of time required to transport the recipient's child(ren) to and from child care.

Alaska

A location that is within 30 minutes travel time by public or private transportation from the participant's home or activity site.

Arizona

Child care that is available when the total travel time from a TANF participant's home, to the child care provider, and to a work activity, is 1 1/2 hours (or less) one way; or 1/2 hour (or less) one way if the only mode of transportation is walking.

Arkansas

The travel time from the individual's home to employment will not be more than 30 minutes one way in order to take a child to child care.

California

Reasonable distance is defined as the distance customarily traveled by working families in accessing child care services in the community.

Colorado

The following criteria or definitions will be further defined by each county department of social services relative to the county's unique child care supply and availability needs. As soon as the State receives additional details on these criteria and definitions from the counties, individual county plan information will be forwarded to ACF.

Distance between the child's home and the child care setting or the parent's place of employment and the child care setting that, when traveled using transportation resources available to the family, still allows the family to perform basic daily routines including meal preparation, personal care and grooming and meet the need for basic sleep.

Delaware

Care that is located in proximity to either a parent's place of employment or near the parent's home (generally, care that is within one hour's drive).

District of Columbia

Reasonable Distance is defined as the travel time it takes for a resident of the District of Columbia to drop off the child at the child care facility and arrive on time to work. This travel time should not exceed two hours from home to work.

For District of Columbia residents who work outside of the city in Maryland or Virginia, the travel time is defined as the time it takes to drop off the child(ren) at the child care family and arrive on time at work. This travel time should not exceed two hours from home to work.

Florida

Reasonable distance is dependent on the geographical area. The worker will discuss and determine mileage and/or time needed for travel to and from the job site.

Georgia

Care that is within a 45-minute radius of the parent's home or work activity.

Hawaii

"Reasonable distance" is defined as a maximum of one hour (each way) of travel from the provider to the participant/recipient's place of employment or education/training.

Idaho

Exceptions will be made on a case by case basis by a reasonable person concept. Reasonable person is defined as whether the conduct would be that of a reasonably prudent person in the same or similar circumstances.

Illinois

The client's total travel time (from home to child care provider to job/activity, plus return trip) is not more than 25% of the client's total time on the job/activity, e.g. no more than 2 hours commuting for an 8 hour work day.

Indiana

A round trip from home to day care setting of less than two hours in duration by automobile.

Iowa

This will be defined in the 10-1-99 TANF Plan.

Kansas

Total daily transport time to and from home and to the child care provider not to exceed 2 hours. If a longer transport time is generally accepted in the community, the round trip transport time shall not exceed the generally accepted community standards.

Kentucky

The distance customarily available within a locality.

Louisiana

Child care is unavailable if child care is not located within a "reasonable distance" defined as 30 minutes from the individual's home or work site.

Maine

The Bureau of Family Independence has not set a definition for this term.

Maryland

Based on available transportation, a parent would be expected to travel to the child care provider no more than one hour each way.

Massachusetts

See "#5: Other criteria, definitions, or explanations", p. 215.

Michigan

Occurs when total commuting time to and from work and child care facilities does not exceed three hours per day.

Minnesota

The Minnesota TANF Agency does not specifically define this term. See "#5: Other criteria, definitions, or explanations", p. 209.

Mississippi

The distance shall be considered reasonable if the day care center is within a 20-mile radius of the parent's home or worksite.

Missouri

A determination of whether child care is within a reasonable distance should include, but not be limited to, the following factors:

- 1) When the participant has no independent transportation, they can be expected to use public transportation if:
 - It is available at the appropriate time for the participant's schedule of work or work participation activity;
 - It is not cost prohibitive for the participant; and,

- The time involved in getting to public transportation, child care, and then to work is reasonable in relation to the participant's actual hours of work or work participation activity.

2) If the participant has an independent means of transportation, the transportation must include the following;

- The vehicle or other transportation is reliable;
- The recipient is able to afford the transportation costs, including the costs involved in maintaining and ensuring the reliability of the transportation.
- The commuting time from the individual's home to their child care provider and their work site (or work participation activity) is no more than an hour each way.

Montana

If the family is without either their own (or arranged) transportation, and there is no public transportation, then their home or work site must be no more than 3 miles from the child care provider.

If the family has their own (or arranged) transportation, their home or work site is within one hour travel distance, one-way, from the child care provider.

Nebraska

A round trip of two hours or less from home to the site of child care. If a normal round trip commuting time in the area is more than two hours, that is considered the generally accepted community standard.

Nevada

A parent should not have to travel more than 30 minutes dropping their child off at the care provider's location and 30 minutes picking up their child.

New Jersey

The child care provider is located within a distance that is en route from the parents home and work activity and that the parent can get the child to care and then to their activity within 90 minutes.

New Mexico

See "#5: Other criteria, definitions, or explanations", p. 215.

New York

The child care provider is located within a reasonable distance from the parent or caretaker relative's home and work activity, based on locally accepted community standards as defined by the social services district in the child care portion of the district's consolidated services plan.

North Carolina

In evaluating "reasonable distance," counties consider the total time it takes for parents to travel one-way from home to the child care provider then to work or work-related activity. Because of differences in

North Carolina's geography and highway/road systems, county departments of social services have maximum discretion to decide what is "reasonable" for individuals based on their resources (e.g. whether they have a vehicle in working order or family resources available for transporting the family) and local transportation considerations.

As a guideline, counties should consider that it may not be reasonable to require families receiving Work First to travel more than 99 minutes one-way to child care and work. Ninety-nine minutes is five times the average one-way commute time in North Carolina (not including stops at child care arrangements), as reported by the U.S. Census Bureau based on the 1990 decennial census. This does not preclude exemption from the sanction based on a shorter commute if the county considers the commute an obstacle to children's healthy development or the family's self-sufficiency goals.

North Dakota

Child Care is unobtainable at a location such that the usual commuting time from the parent's home to the location at which child care is provided, and on to the parent's worksite, is one hour or less.

Ohio

Reasonable distance is defined by each individual county department of human services and is based on availability of transportation.

Oklahoma

These criteria are defined by case manager judgment and available as cited at OAC 340-10-2-2.

Oregon

The parent's total travel time from home to the child care provider and workplace or JOBS activity will be no more than one hour either way unless a longer commute time is customary in the community.

Pennsylvania

A TANF client will have good cause for not participating in a work or work-related activity if travel time to the work-site, including travel time to the child care provider, is more than two hours, round-trip, by reasonable available public or private transportation.

Puerto Rico

Reasonable distance means that child care provider is located within two hours in-between parent's home and work activity, to and from.

Rhode Island

Is treated in the context of transportation under good cause in the conciliation process.

South Carolina

Reasonable distance is defined by the TANF agency as the fair and reasonable travel distance to a child day care facility that will not interrupt Family Independence participation. Parents must be given parental choice to select the child care facility that meets the needs of the child. Judgment of "reasonable distance" will be determined by the Supportive Services Specialists in collaboration with the FI Case manager.

South Dakota

The child care provider is located in close enough proximity to the parent home or workplace to allow children to be transported without risk of harm.

Tennessee

The distance from the participant's home to the child care arrangement is considered reasonable travel when the care location is within walking distance, or access to personal, private or public transportation is available to the parent in order to commute to the child care location.

Texas

Texas does not use standard definitions for these terms.

Utah

Travel that requires a two hour round trip unless the commute time for the community is generally longer.

Vermont

Within five miles of the caretaker's residence or within five miles of the caretaker's normal route to a program activity or employment.

Virginia

Travel time from the child's home to the child care provider and the work site is generally no more than one hour, based on transportation available to the parent.

Washington

Able to reach the child care site without travel that exceeds normal expectations in your community.

West Virginia

Travel to access child care is in excess of one hour one way.

Wisconsin

Child care which is available within a reasonable geographic area as determined by the local W-2 agency. If child care is not available within a reasonable geographic area, the family may choose to request in-home child care. The provider coming into the home will be required to be certified.

Wyoming

The distance from home to work does not exceed two hours per day, not including the transportation of a child to and from a child care facility.

3. "Unsuitability of Informal Child Care":

Alabama

TANF policy considers informal child care to be suitable only to the extent such care is provided within the constraints of applicable federal and state laws, regulations and requirements.

Alaska

Provider who is not willing to care for the participant's child, does not appear to have the ability to care for children of the same age and developmental level as the participants child, and is not located within 30 minutes travel time by public or private transportation from the participant's home or activity site.

Arizona

Child care that is available through a relative provider, but the recipient declares in writing that the provider is inappropriate based on factors such as, that the relative provider: a) Has a history of child neglect or abuse; b) Is experiencing domestic violence; c) Has a history of serious crime; d) Is a drug abuser; e) Has an emotional, mental or physical condition which prevents the relative from providing safe care; or f) Resides in a home which is unsafe for children.

Arkansas

Care which does not meet the developmental needs of the child or care that has been determined not to be in the best interest of the child or parent.

California

Informal child care is unsuitable when the caregiver cannot be TrustLined in accordance with the TrustLine regulations or who would otherwise be denied payment for child care services that are exempt from licensure because of a violent felony conviction.

Colorado

The following criteria or definitions will be further defined by each county department of social services relative to the county's unique child care supply and availability needs. As soon as the State receives additional details on these criteria and definitions from the counties, individual county plan information will be forwarded to ACF.

Care provided in a legally exempt setting that endangers the health or safety of the child or that hinders the growth and development of the child.

Delaware

Informal care that would not meet the physical or psychological needs of the child.

District of Columbia

Unsuitable Informal Child Care is care that is not licensed or does not meet the programmatic criteria as included in the executed provider agreement with the Office of Early Childhood Development (OECD). Informal Child Care is defined as care provided by relative or in-home providers who are selected by the parents. Such Providers must have an official Provider Agreement with the Parent and the OECD along with current health certificates for themselves and the child(ren) in their care.

Florida

A Florida Abuse Hotline Information Systems records check of all informal child care providers who receive funding to provide child care services through the subsidized child care program must be completed. If any individual in the household has one or more reports with some indication or verified findings, the clearance form and copies of the report are analyzed to determine whether the proposed provider will receive compensation. The central agency will notify the parent and provider of the decision by letter.

Georgia

Care that does not meet State's minimum health and safety standards.

Hawaii

"Unsuitability of informal child care" is defined as a provider who is not at least 18 years old; has been a perpetrator of child abuse or has members of his/her household who have been perpetrators of abuse; and/or is unable to meet the minimum health and safety requirements established by the Lead Agency.

Idaho

Exceptions will be made on a case by case basis by a reasonable person concept. Reasonable person is defined as whether the conduct would be that of a reasonably prudent person in the same or similar circumstances.

Illinois

Arrangements with family or friends to provide child care that do not meet the child's needs, are unreliable, and/or violate applicable state or local laws and regulations.

Indiana

is care which has resulted in abuse or neglect of a child or care which is subject to licensure requirements, but is not licensed.

Iowa

This will be defined in the 10-1-99 TANF Plan.

Kansas

Care for which SRS would not enter into a Provider Agreement: i.e. a relative with an unwillingness to care for children; age inappropriateness; documentation of family services/protective services case histories.

Kentucky

Care not regulated under Kentucky law which does not meet the quality child care need as defined by the parent or the health and safety requirements applicable to unregulated child care in the Commonwealth.

Louisiana

Child care is unavailable or unsuitable if basic health and safety standards are not met.

Maine

The Bureau of Family Independence has not set a definition for this term.

Maryland

Informal care that does not meet the standards as stated in Section 6.3.2 of this Plan, state law and Code of Maryland Regulations governing the child care subsidy program, including not posing a risk to the health and safety of the child.

Massachusetts

See “#5: Other criteria, definitions, or explanations”; p. 215.

Michigan

Occurs when providers do not meet the Michigan family Independence Agency's enrollment guidelines.

Minnesota

The Minnesota TANF Agency does not specifically define this term. See “#5: Other criteria, definitions, or explanations”; p. 215.

Mississippi

Reasons for unavailable or unsuitable child care will be reported by the parent to the case manager (CM). Complaints involving abuse, neglect must be reported to the MS State Health Department, Division of Child Care Facilities Licensure.

If the parent refuses to take the child to a particular day care center, the individual must inform the CM of the reason for the refusal. The CM must investigate and verify the parent's claim of unsuitable child care. The CM must contact the OCY Designated Agent to discuss the problem and determine what other child care services are available in the area. The CM will determine good cause for non-participation based on the information gathered.

Missouri

Families are not required to accept care with providers who are not licensed or registered. There are certain circumstances that may exist that will deem a child care provider as "inappropriate" or "unsuitable" to a parent. Examples of such care are as follows:

- Child care provided by religious-exempt facilities when the parent states it infringes upon the family's beliefs,
- Child care provided by any caregiver when the parent states that their child is at risk of abuse or neglect.

Child care provided by anyone who refuses to agree to a Child Abuse and Neglect Screening are considered an unsuitable provider to parents seeking child care.

Montana

Care that does not meet applicable state licensing standards, although it may be the parent's choice.

Nebraska

Unpaid care or personally arranged care by a friend or relative that would be unsafe or harmful to the child.

Nevada

Informal child care is unsuitable if it is not being provided legally, or does not meet basic health and safety standards as outline in the State Child Care Plan.

Informal child care is unsuitable if circumstances exist that may cause possible abuse, neglect or harm to children as outlined in county and/or state statutes.

Informal child care is unsuitable if the arrangements do not support the working schedule of a parent, are not affordable, not easily accessible, or do not meet quality standards as defined by the parent.

New Jersey

Informal child care is defined as "Approved Home caregivers in New Jersey." It is unsuitable if the provider cannot meet the minimum requirements as defined by the DFD. The minimum requirements for approval of the home are an inspection of the home using the "Self-Arranged Care Inspection and Interview Checklist," and standard interview procedure with the provider and family members.

New Mexico

See "#5: Other criteria, definitions, or explanations", p. 159.

New York

Unsuitability of informal care means the physical condition of the home or the physical or mental condition of the informal provider would be detrimental to the health, welfare and/or safety of the applicable child(ren).

North Carolina

The unsuitability of an informal child care arrangement is determined on a case-by-case basis. An informal child care provider is considered "unsuitable" for a particular family if one of the following exists:

- The informal child care arrangement does not meet the health, safety, and criminal record check standards required of informal providers to receive subsidy reimbursements from the State of North Carolina; or
- A parent does not want his/her child(ren) cared for by the informal child care provider.

North Dakota

Suitable child care is unobtainable either from a relative, from a child care provider licensed or registered under North Dakota Century Code chapter 50-11.1, or from a child care provider not required to be licensed or registered under North Dakota Century Code chapter 50-11.1.

Ohio

This is a decision by the parent or a child protective service agency based on findings during investigation of an abuse or neglect complaint.

Oklahoma

These criteria are defined by case manager judgment and available as cited at OAC 340-10-2-2.

Oregon

AFS uses the same standards for informal care as for regulated care. Care that does not meet the criteria described in "appropriate child care" would be considered unsuitable.

Pennsylvania

Any care is unsuitable/inappropriate if it is reasonably expected to result in physical or serious emotional harm to the child.

Puerto Rico

Unsuitability of informal child care means that provider does not meet the minimum requirements established by the Child Care and Development Fund (CCDF). For Example: health, safety, negative criminal history among others.

Rhode Island

Is defined as care which does not meet the standards for providers as specified in Sections 0818.20, 0818.20.05, and 0818.20.10 of the DHS Policy and Procedures Manual.

South Carolina

Informal child care arrangements must meet the needs and parental choice rights of the FI participant. Informal child care arrangements must comply with policy and procedures developed by the Department of Health and Human Services, ABC Child Care Voucher System. To address health and safety issues a Self-Arranged Child Care Certification form must be completed by all informal providers and reviewed by the Supportive Services Specialist. The FI participant will complete the informal facility checklist addressing the informal caregivers ability to care for child(ren).

South Dakota

The provision of informal care is determined unsuitable when the health, safety, or developmental needs of children are at risk.

Tennessee

Informal child care that does not accommodate the parent's schedule for work or training, or does not meet the state's minimal health and safety guidelines.

Texas

Texas does not use standard definitions for these terms.

Utah

A care setting chosen by the parent that is operating illegally as defined by Utah law or setting where substantiated evidence of child abuse exists.

Vermont

If the only available child care is with a legally exempt child care provider, the parent or caretaker is not required to use it.

Virginia

The child care arrangement does not meet the requirements for relative care in the Virginia Department of Social Services Child Day Care Services policy.

Washington

By implication, anything that is not allowable as a reimbursable child care option as defined in WAC 388-15-170, WAC 388-290-020, and WAC 388-290-035 would constitute unsuitable informal child care and could not be reimbursed with CCDF funding.

West Virginia

Determination is made on a case by case basis. Family Support Specialist has discretion to determine unsuitability.

1. Appropriate
2. Reasonable distance
3. Affordable

Wisconsin

Under W-2, child care providers must be licensed or certified. Licensing laws and rules remain unchanged under W-2, except for a requirement for criminal records checks. Licensing is administered at the state level. Licensing includes extensive health and safety standards, staff qualification standards, and ongoing monitoring.

Providers who are not required to be licensed are required under W-2 to be certified to receive public funding. Certification is intended to ensure basic protections for children when public funds pay for child care. Certification standards include criminal record checks, references, and simple health and safety standards. Certification requires a site visit to ensure compliance with standards.

Child care providers are not required to be certified in order to be reimbursed when:

1. The care is an arrangement for parents in training or counseling programs and the child care is provided at that training or counseling site.
2. The care is a short-term arrangement when a child is ill and not able to receive care from a regulated child care provider or the provider has an emergency due to illness or other circumstance.

Wyoming

Child care which does not meet minimum health and safety requirements or fails to pass the Central Registry and criminal history prescreen check.

4. "Affordable Child Care Arrangements":

Alabama

TANF policy does not require recipients to engage in work activities unless child care is accessible and the Department subsidizes the cost of the care. The policy does not subject such recipients to a sanction or other penalty unless these criteria are met.

Alaska

Defined at AS 47.27.035 as care for which the family has sufficient income or access to assistance through a subsidy program.

Arizona

Child care that is available when the cost of care is equal to or less than the amount that DES will pay.

Arkansas

Quality care provided at no cost or a cost no more than 10% of a family's income the first year of Extended Support Services.

California

Affordable child care is child care where the cost to the family does not exceed the regional market rate plus family fees established by the state in accordance with the family fee schedule.

Colorado

The following criteria or definitions will be further defined by each county department of social services relative to the county's unique child care supply and availability needs. As soon as the State receives additional details on these criteria and definitions from the counties, individual county plan information will be forwarded to ACF.

Care for which the cost to the parent does not exceed 12% of the family's earned income.

Delaware

Care that would provide access to a full range of child care categories and types of providers and that would meet the needs of most children and their parents.

District of Columbia

Affordable Child Care Arrangements are terms of agreement between Parents and the Provider, that meet the needs of the Parents and the child(ren) by using the Child Care Subsidy with providers in the District of Columbia. Parents can obtain care for their child(ren) using the available subsidy, as long as they are participating with the District of Columbia's extensive provider system which includes all categories of

care (infants, preschoolers, school age), in all wards. The subsidy is available through the Office of Early Childhood Development.

Florida

A market rate survey is conducted annually to determine maximum department rates by age category and type of provider. Caregiver rates are paid based on the cost of care up to a maximum level not to exceed the 75th percentile except in areas where care is very limited. The total population is surveyed by the Child Care Resource and Referral Network. The Florida Children's Forum is responsible for data analysis of CCR&R-collected data. The Department of Children and Families geographic service districts, as established in state statute, are used as rate setting regions for the purposes of the survey. Rates are also established for each county. Gold Seal providers may be paid up to 20% above the district market rate but not above the private pay rate. The provider-negotiated rate shall not exceed the current prevailing market rate for the district or county in which services are provided.

Georgia

Care in which the State participates at a minimum of 50% of the cost of care for the family and the provider accepts the maximum DFCS rate.

Hawaii

Affordable child care arrangements are defined as child care with a co-payment for parents of no more than 20% of the Lead Agency's maximum child care payment rate.

Idaho

Exceptions will be made on a case by case basis by a reasonable person concept. Reasonable person is defined as whether the conduct would be that of a reasonably prudent person in the same or similar circumstances.

Illinois

Child care that is free or eligible for payment by the Department and that does not exceed the Department's maximum rate for the type of care.

Indiana

Any care which is totally subsidized by the agency as TANF recipients are not expected to pay anything for child care.

Iowa

This will be defined in the 10-1-99 TANF Plan.

Kansas

The ability of a family to pay the costs of care through sufficient income or assistance through the child care subsidy program.

Kentucky

Appropriate child care at a reasonable distance which is suitable and with charges at or below the maximum provider payment rate under the CCDF plan.

Louisiana

Child care is unavailable if affordable child care costs exceed established maximum limits for state-administered child care program.

Maine

The Bureau of Family Independence has not set a definition for this term.

Maryland

Those arrangements for which the parent fee charged by the provider is less than or equal to the assigned copayment for a non-TANF family of the same size and income level who receives a subsidy.

Massachusetts

See “#5: Other criteria, definitions, or explanations”, p. 215.

Michigan

Child day care services provided at the rate of payment or reimbursement by the Michigan Family Independence Agency.

Minnesota

The Minnesota TANF Agency does not specifically define this term. See “#5: Other criteria, definitions, or explanations”, p. 215.

Mississippi

Child care that is equal to or less than the established rates for the type of care according to the OCY Child Care Policy Manual

Missouri

Available child care is affordable when the cost of care does not exceed 10% of a family's gross income less medical insurance premiums. This 10% includes a family's sliding fee and any additional co-payment a family is required to pay. This ten percent 10% does not include federal, state, or local child care subsidy.

Montana

The total parental (caretaker relative or person acting in loco parentis) co-payment and "above and beyond" obligation does not exceed 25% of gross family income.

Nebraska

Care at no cost to the client.

Nevada

Affordable child care is child care that does not exceed 10 to 15% of the parents' gross income. (Nevada's sliding fee scale will be reviewed this year by the Statewide Advisory Committee to determine if it meets this test.).

New Jersey

Arrangements that do not exceed the DHS maximum child care reimbursement rates. In addition, parent co-payment fees do not exceed the DHS co-payment schedule for subsidized child care services.

New Mexico

See "#5: Other criteria, definitions, or explanations", p. 215.

New York

Affordable means the parent or caretaker relative would have sufficient income to pay the parent share for the child care services if required according to State regulations and/or to pay the cost of care above the market rate, if applicable. If the potential provider is a caregiver of informal child care who would be providing care in the child(ren)'s home, affordable also means that the parent or caretaker relative would have sufficient income to provide the caregiver with all the required federal and State employment benefits.

North Carolina

When a child care subsidy is available to the family, the child care is deemed affordable.

North Dakota

Child care is unobtainable, from a child care provider licensed or registered under North Dakota Century Code chapter 50-11.1, at a rate equal to or less than 1.1 times the market survey average rate for child care provided to children of the age of the parent's child in the region in which the parent lives.

Ohio

All OWF (TANF) participants are guaranteed eligibility for child care subsidy with copayments based on family size, income and number of children receiving subsidized child care.

Oklahoma

These criteria are defined by case manager judgement and available as cited at OAC 340-10-2-2.

Oregon

Arrangements where the expense to the parent is 10 % or less of family income for families at 120 % of federal poverty or lower.

Pennsylvania

Any care which costs less than or equal to the Department's established child care daily maximum allowances for payment of child care services.

Puerto Rico

Payment rates are based on a local market survey and co-payments are less than average rates.

Rhode Island

FIP recipients pay no co-payment to providers.

South Carolina

Affordable child care arrangements are determined by a market rate survey conducted for the Department of Health and Human Services.

South Dakota

Affordable child care arrangement ensure equal access can be maintained without undue financial hardship to the family.

Tennessee

Affordable care is provided by agencies/individuals who participate in the state's reimbursement program and the arrangement is acceptable to the parent.

Texas

Texas does not use standard definitions for these terms.

Utah

An available provider in the community whose charge for services whose not exceed the LMR established at the 75 percentile.

Vermont

Not currently defined.

Virginia

The cost of the child care is less than or equal to the payment amounts specified in the Virginia Department of Social Services Child Day Care Services policy.

Washington

At or below your share of child care costs calculated by the Working Connections Child Care Program.

West Virginia

Can access and be eligible for child care subsidy (CCDF). Provider (regulated or informal) is eligible to receive child care subsidies.

Wisconsin

Individual county/tribal maximum weekly rates are established for licensed group and licensed family child care providers by surveying these providers in the fall of each year. Payment rates authorized to child care providers are calculated using these maximum rates, and comparing them to the providers reported weekly price. Maximum hourly rates are established for part time care.

Rates are established to cover the cost of care for a least 75 percent of the slots available within each county/tribe. This affords the family a wide choice of providers within each category of care whose prices are within the maximum rates.

Wyoming

An available child care provider in the community whose charge for service does not exceed the local market rate established at the 75th percentile.

5. Other criteria, definitions, or explanations:

Massachusetts

The Department of Transitional Assistance's regulations address the required definitions in the following instances:

106 CMR 207.190: Good Cause Criteria:

(A) Good Cause Reasons. Good cause for failure to participate in ESP, for a reduction in earnings from employment because of absences, for failure or refusal to accept a bona fide offer of employment or for terminating employment may exist in one or more of the following situations:

(1) Suitable state-standard child care is totally unavailable, or unavailable during the recipient's hours of training or employment, including additional commuting time, or arrangements for child care have broken down or have been interrupted. State standard child care is child care that is licensed or is exempt from licensure under M.G.L. c. 28A;

(B) Good Cause Verifications. Verification of good cause is required as specified below.

(1) Lack of suitable, state-standard child care shall be verified by a written, dated and signed statement from an appropriate official of the designated agency under contract with the Department, stating that such services are unavailable during the hours of the grantee's employment or training. If there is a breakdown of such care not provided through a designated agency under contract with the Department, a statement from the child-care provider, or, if not available from the provider, a written, dated, and signed statement from the grantee, must be submitted.

Minnesota

Inability to obtain needed child care for any children in the TANF household is a good cause reason (MN Statutes 256J.46 Subd.3) for failing to comply with the expectations of the Minnesota TANF program entitled Minnesota Family Investment Program (MFIP). Sanctions will not be applied if MFIP participants show good cause. The Minnesota TANF Agency does not specifically define the above terms. The MN TANF Agency gives the authority to the county agencies to determine if child care is available or appropriate.

Minnesota county agencies are required by MN Statutes section 256J.45 Subd. 2 (4) to inform MFIP caregivers at a mandatory face-to-face orientation ". . . that the county agency may not impose a sanction when failure to comply is due to the unavailability of child care . . .". Orientations to MFIP must also discuss the relationship between the 60-month time limit on TANF assistance and the receipt of various benefits, including the child care assistance. County staff are instructed by the state program manual to explain these relationships at orientation.

New Mexico

Through the New Mexico Works Act and the TANF state plan, the Human Services Department will establish these definitions and criteria and inform parents of the work requirement exemption. The New Mexico Works Act also specifies that CYFD will determine whether or not child care is available. The

CYFD Child Care Assistance Manual (Appendix G) will further define these criteria to determine the availability of appropriate child care.

New York

Accessible means the parent or caretaker relative is able, by available public or private transportation, to get the applicable child(ren) to and from the child care provider(s) taking into consideration the age and any special needs of the children.

Oklahoma

These criteria are defined by case manager judgment and available as cited at OAC 340-10-2-2.

Determination of good cause. All good cause situations are temporary in nature. An individual may have good cause for refusing or failing to participate in TANF work. The social worker determines whether or not good cause exists.

6. An example of good cause is:

- (1) day care for the child(ren) is not available.
- (2) the custodial parent caring for a child who has not attained six years of age has demonstrated an inability to obtain needed child care. This is demonstrated by the unavailability:
 - (A) of appropriate child care within a reasonable distance from the individual's home or work site.
 - (B) or unsuitability of informal child care by a relative or under other arrangements.
 - (C) of appropriate formal child care arrangements.
- (3) the illness or incapacity of the participant or any household member who cannot give self-care and from whom special care is unavailable.
- (4) a court-required appearance or incarceration of the participant.
- (5) the participant's attendance at parent and teacher conferences.
- (6) a family crisis or markedly changed individual or family circumstances.
- (7) the unavailability of planned transportation when needed or the inability to arrange for transportation.
- (8) the occurrence of inclement weather which prevented the participant, and other persons similarly situated, from traveling to, or participating in, the prescribed activity.
- (9) the lack of necessary social services or work activity.
- (10) the assignment or job referral does not meet the appropriate criteria as defined in OAC 340:10-2-3(e)

(11) the refusal to accept major medical services even if such refusal precludes participation in the program.

(12) racial, ethnic, religious, sexual, or age discrimination or harassment by employer or other employees.

(13) an individual is engaged in another work activity that is consistent with the employability plan.

(14) the lack of available treatment in the community for substance abuse or mental health issues affecting the family.

(15) crisis intervention due to domestic violence issues.

Oregon

Oregon operates its TANF program within the framework of the Oregon Option. At the heart of this program is individualized case management, with a focus on removing whatever stands in the way of the family's long-term self-sufficiency. It is the Agency's strong belief that long-term self-sufficiency is not possible without the availability of appropriate child care. In this context, the lack of appropriate child care is a barrier which the family, case manager and local CCR&R work to remove, rather than find a reason to exempt the parent from participation altogether. This is where work with the family begins, not where it ends.

Texas

Under the Achieving Change for Texans Waiver to federal TANF work requirements, Texas does not use standard definitions for these terms. Rather, the need for, and availability of, child care is determined on a case-by-case basis. Single custodial parents who need care for a child under the age of four are exempted from participation in the TANF employment program or are only required to participate 20 hours per week. Non-exempt, mandatory TANF employment program participants may receive a determination that they have good cause not to participate temporarily if suitable child care is not available through the child care contractor or the child care arrangement breaks down. The good cause determination is made by the TANF employment program case manager at the local level in consultation with the parent. If the case manager determines that good cause does not exist and the parent should be penalized for not participating, the case manager recommends the penalty to the Texas Department of Human Services which acts upon the sanction and arranges an appeal if the parent disagrees with the penalty sanction.



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