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ABSTRACT

The Southern Regional Initiative on Child Care (established by the Southern Institute on Children and Families) is guided by the Southern Regional Task Force on Child Care including representatives from 16 southern states and the District of Columbia. The initial charge from the Task Force was to develop a southern regional action plan to improve access to child care assistance for low-income families and to develop and implement a similar plan to improve child care quality. This report provides information on the two action plans and describes activities and reports produced as the initiative moved to the implementation stage. Chapter 1 of the report describes the development of the child care initiative and its initial activities. Chapter 2 summarizes findings from state surveys on implementing the 10-goal action plan to improve access to child care assistance for low-income southern families. Chapter 3 reports on the Southern Regional Forum on Child Care Financial Aid Issues held in February 2002. Chapter 4 describes the 7-goal quality action plan developed by the Task Force in 2002. Chapter 5 describes the Second Annual Southern Regional Forum on Child Care, the setting for the release of an action plan to improve the quality of early care and education, and incorporates dialogue on implementing the action plan to improve access to child care assistance. Chapter 6 details collaboration initiatives across Head Start, the Child Care Development Fund subsidy program, and Pre-Kindergarten, including barriers to creating coordinated policies, areas of collaboration, and policy and practice issues. Chapter 7 outlines future activities of the Southern Regional Initiative on Child Care. The report's five appendices include the action plans, a list of state contacts, and presentations on child care funding policy and crime and violence prevention through investments in child care. (Contains 15 endnotes.) (KB)

MOVING FORWARD:

SOUTHERN STATES TAKE ACTION TO IMPROVE ACCESS TO QUALITY, AFFORDABLE CHILD CARE

MAY 2003

SOUTHERN REGIONAL INITIATIVE ON CHILD CARE

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MOVING FORWARD:

SOUTHERN STATES TAKE ACTION TO IMPROVE ACCESS TO QUALITY, AFFORDABLE CHILD CARE

MAY 2003

THE SOUTHERN INSTITUTE
on Children and Families

Mission Statement

The Southern Institute on Children and Families is an independent, non-profit public policy organization founded in 1990. It endeavors to improve opportunities for children and families in the South with a focus on disadvantaged children. Through special projects and surveys, the Southern Institute on Children and Families spotlights health, education, social and economic issues of regional significance. It works to encourage public/private-sector collaboration on behalf of children and families and seeks to remove bureaucratic and other barriers that restrict access to needed benefits and services. The Southern Institute on Children and Families is funded through grants and contributions.

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Delaware
District of Columbia
Florida
Georgia
Kentucky
Louisiana
Maryland
Mississippi
Missouri
North Carolina
Oklahoma
South Carolina
Tennessee
Texas
Virginia
West Virginia

While the primary focus of the Southern Institute on Children and Families is on the South, the Southern Institute directs national programs related to its mission.

Southern Regional Task Force on Child Care

Membership as of January 2003

Gubernatorial Appointments

Alabama
Sophia Bracy Harris
Executive Director
Federation of Child Care Centers of Alabama (FOCAL)

Arkansas
Janie Huddleston
Director
Division of Child Care and Early Childhood Education
Arkansas Department of Human Services

Delaware
Lynne Howard
Senior Advisor on Family Issues
Office of the Governor
(January – December 2000)

District of Columbia
Carrie Thornhill
Vice President
Youth Investment & Community Outreach
DC Agenda

Florida
Pat Cronon
Executive Director
Hand 'N Hand Child Care Center

Georgia
Susan Maxwell
Executive Director
Georgia Child Care Council

Julie Sharpe
Georgia Child Care Council
(April 2000 – June 2002)

Kentucky
Kim Townley, Ph.D.
Executive Director
Governor's Office of Early Childhood Development

Louisiana
Gwendolyn Hamilton
Secretary
Louisiana Department of Social Services

Maryland
Linda Heisner
Executive Director
Child Care Administration
Maryland Department of Human Resources

Mississippi
Janice Broome Brooks
Executive Director
Mississippi Department of Human Services

Carol Burnett
Director
Office of Children and Youth
Mississippi Department of Human Services
(January 2000 – July 2001)

Missouri
Kathy Martin
Director
Missouri Department of Social Services
(April 2001 – January 2003)

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Program Director
Center for Family Policy & Research
(February 2000 – February 2001)

North Carolina
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Executive Director
Southwestern Child Development Commission

Marjorie W. Tate
Child Advocate
(March 2001 – March 2002)

C. Robin Britt, Sr.
Executive Director
United Child Development Services, Inc.
(November 2000 – February 2001)

Stephanie D. Fanjul
Director
Division of Child Development
(January – October 2000)

Oklahoma
Robert Harbison (Retired)
Child Advocate

South Carolina
Candy Y. Waites
Director
Division of Children's Services
Office of the Governor

Tennessee
Natasha K. Metcalf
Commissioner
Tennessee Department of Human Services

Texas
Diane D. Rath
Chair
Texas Workforce Commission

Virginia
Lisa Collis
First Lady of Virginia
Office of the Governor

Lee Brazzell
President
Transformation Corporation
(January – October 2002)

West Virginia
Sandy Wise
First Lady of West Virginia
Office of the Governor

Joan E. Ohl
Secretary
Department of Health and Human Resources
(January – December 2000)

Southern Growth Policies Board Appointment

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Division Manager - Arkansas
Southwestern Electric Power Company

Southern Institute on Children and Families Appointments

Rebeca Maria Barrera
President
National Latino Children's Institute

Andy Downs
Executive Vice President
Kentucky Chamber of Commerce

James T. McLawhorn, Jr.
President and CEO
Columbia (SC) Urban League

Sandra L. Murman
Florida House of Representatives

Sarah C. Shuptrine
Chairman, Southern Regional Task Force on Child Care
President and CEO
Southern Institute on Children and Families

Southern Regional Initiative on Child Care

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Susan D. Russell *Executive Director* *Child Care Services Association (NC)*		
Lee Stevens *Legislative Director for Health and Human Services* *Southern Governors' Association*		
Nancy vonBargen *Child Care Administrator* *Oklahoma Department of Human Services*		

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Table of Contents

Table of Contents

continued

Charts and Tables

Chapter One

Introduction

The Southern Institute on Children and Families established the Southern Regional Initiative on Child Care in January 2000 with support from The David and Lucile Packard Foundation. The Initiative is guided by a 24-member Southern Regional Task Force on Child Care composed of gubernatorial representatives from 16 southern states, a mayoral appointee representing the District of Columbia, a representative of the Southern Growth Policies Board and representatives appointed by the Southern Institute. States participating in the Initiative are Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

A Staff Work Group of child care experts and policy staff from southern regional organizations provides expertise on issues addressed by the Task Force. The Southern Institute also commissioned consultants to conduct surveys and additional research needed to assist with the deliberations of the Task Force and to conduct research on several issues identified during the 13 state site visits.

The initial charge to the Task Force was to collaborate in the development of a plan of action to improve access to child care assistance for low-income families in the southern region. Once this action plan was completed and implementation activities were underway, the Task Force then embarked upon the development of a southern regional action plan to improve child care quality. This report provides information on the two action plans and describes activities and reports produced as the initiative moved to the implementation stage of the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*** and development of the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***. (Both action plans are presented in Appendix A and Appendix B, respectively).

In December 2000, the Task Force released its first report titled ***Sound Investments: Financial Support for Child Care Builds Workforce Capacity and Promotes School Readiness***. The Task Force set forth 10 goals and 52 action steps to improve access to child care financial aid. Site visits were hosted by Task Force members in 13 southern states to provide the Southern Institute the opportunity to brief public and private officials on the action plan. During 2001 and 2002, state surveys were conducted to track actions taken by states as a result of the action plan. Chapter 2 of this report summarizes the findings from the state surveys on implementation of the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***.

Chapter 3 reports on the Southern Regional Forum on Child Care Financial Aid Issues held in February 2002 in Washington, DC. The Forum was designed to address issues related to Goal 1 in the

Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South, which calls for adequate funding to meet 100% of the need for direct child care assistance based on the federal eligibility policy of 85% of the State Median Income. The DC Forum focused on reauthorization of the Child Care and Development Fund (CCDF) block grant, Temporary Assistance for Needy Families (TANF) block grant and reauthorization impact on the child care subsidy system. It examined legal issues related to implementing goals of the child care financial aid action plan and held a stimulating dialogue on federal and state roles in supporting affordable child care for working families.

Chapter 4 of this report describes the development and release of the quality action plan set forth by the Task Force in 2002. ***The Southern Regional Action Plan to Improve the Quality of Early Care and Education*** contains seven goals and 39 action steps. The action plan was developed through Staff Work Group analysis and Task Force deliberations on survey results outlining the status of child care standards in the southern states, as compared with the quality standards set forth by the National Association for the Education of Young Children (NAEYC).

Chapter 5 describes the Second Annual Southern Regional Forum on Child Care held in October 2002 in Charleston, South Carolina. Public and private sector representatives attended the Forum from 16 southern states, the District of Columbia and regional policy organizations. The Forum was the setting for release of the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***. The Forum agenda also included presentations and dialogue on implementation of the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***.

Collaboration across early care and education programs was identified as a goal in both the child care financial aid action plan and the quality action plan. Chapter 6 summarizes two reports commissioned by the Southern Institute to examine issues related to collaboration across CCDF, Head Start, Pre-kindergarten and TANF child care programs. The first report, titled ***Analysis of Potential Barriers to Creating Coordinated Absence Policies for Collaborations Between Head Start and CCDF and TANF-Funded Programs***, was prepared by Rachel Schumacher, Jennifer Mezey and Mark Greenberg at the Center for Law and Social Policy. The second report, titled ***Collaboration Among Child Care, Head Start and Pre-kindergarten: A Telephone Survey of Selected Southern States***, was prepared by Dottie C. Campbell.

Chapter 7 outlines future activities of the Southern Regional Initiative on Child Care, including state status surveys on both action plans and a Southern Regional Forum on Collaboration and Coordination Across Early Care and Education Programs to be held in Washington, DC in the summer of 2003.

Additional information on the Southern Regional Initiative on Child Care, all reports, both action plans and results of state surveys can be found by visiting the Southern Institute website at www.kidsouth.org.

The Southern Institute on Children and Families established the Southern Regional Initiative on Child Care in January 2000 with support from The David and Lucile Packard Foundation.

CHAPTER TWO

STATUS OF STATE IMPLEMENTATION EFFORTS TO IMPROVE ACCESS TO CHILD CARE FINANCIAL AID

In 2001 and again in 2002, members of the Southern Regional Task Force on Child Care initiated state level actions to implement the goals included in the ***Southern Regional Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South.*** Subsequent to release of the action plan, state level reviews of policies and practices were led by Task Force members to determine whether changes should be made in their respective states to improve current systems and create new opportunities.

To facilitate the review of state policies that govern child care subsidy programs, site visits were hosted by Task Force members in 13 southern states. Southern Institute staff presented the action plans and displayed data tables relative to the action steps in a comparative, state-by-state format. (Information presented in the data tables reflected responses to a Southern Institute Survey conducted in September 2001.[1])

To assist states in their reviews, the Southern Institute commissioned the Center for Law and Social Policy to conduct a legal analysis of the action plan. This analysis resulted in an August 2001 report titled ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South: An Analysis of Legal Issues.***[2] The report reviews each step identified in the action plan and discusses legal issues affecting a state's ability to implement the step when a state is using funds under the Child Care and Development Fund (CCDF) or the Temporary Assistance for Needy Families (TANF) block grant, the two principal federal/state funding streams that provide child care assistance for low-income families. The analysis found, "While implementation of a few steps could require changes in federal law, the great majority either raise no legal issue or are clearly permissible under current laws."[3]

In order to document state implementation actions, the Southern Institute conducted an annual survey in 2001 and 2002. The 2001 survey was published in a February 2002 report titled ***Survey Results on the Status of State Implementation Efforts.***[4] The report includes complete state survey responses. A summary chart notes actions taken as a result of the Initiative, as well as actions taken prior to the Initiative so that policies already in place before development of the action plan were appropriately recognized and documented. ***Building Momentum-Taking Action: Southern States Collaborate on Child Care Financial***

Aid and Quality Initiatives, published in February 2002, provides information on state implementation efforts during 2001 including a report of state site visits, a summary of state responses to the action plan implementation survey, and a report of the 2001 SOUTHERN REGIONAL FORUM ON CHILD CARE.[5]

The report also shows that...more than half of the southern states have reported either actions taken toward completion of specific action steps or that actions have been completed.

The second state implementation survey was conducted in the summer of 2002. The following November, the Southern Institute published a report, titled ***Survey Results on the Status of State Implementation Efforts in 2001 and 2002***, outlining survey results for both years. The report includes a summary chart identifying state actions as well as individual state survey responses. The report shows that action has been reported on every goal listed in the ***Southern Regional Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South.*** The report also shows that excluding two of the 52 action steps that require action at the federal level, more than half of the southern states have reported either actions taken toward completion of specific action steps or that actions have been completed. The report is posted on the Southern Institute website at www.kidsouth.org.

HIGHLIGHTS FROM THE STATE IMPLEMENTATION SURVEYS

Fifteen southern states responded to the 2002 Southern Institute Survey on the Status of State Implementation Efforts. They are as follows: Alabama, Arkansas, District of Columbia, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and West Virginia. (State survey contacts are listed in Appendix C.) A chart displaying the status summary of actions as reported by states appears at the end of this chapter. States reporting action steps as completed prior to January 1, 2000, which was the beginning of the Southern Regional Initiative on Child Care, are presented in bold. The summary outlines implementation efforts as of September 2002. Ten goals followed by action steps are presented. Each action step in the chart is categorized as:

- Action Steps Completed 2001 or 2002
- No Action Reported in 2001
- Negative or No Action Reported in 2002
- No Response 2001
- No Response 2002

Information that follows in this chapter presents highlights related to each goal from the 2001 and 2002 state responses to the state implementation survey. Each goal is set forth below. (All 10 goals and 52 action steps are included in Appendix A.)

GOAL ONE

FEDERAL, STATE, LOCAL AND PRIVATE FUNDS SHOULD BE SUFFICIENT TO MEET 100% OF NEED FOR DIRECT CHILD CARE ASSISTANCE, BASED ON INITIAL ELIGIBILITY LEVELS AT 85% OF THE STATE MEDIAN INCOME. REDETERMINATION LEVELS SHOULD ALLOW FAMILIES TO RETAIN CHILD CARE ASSISTANCE UNTIL THEY REACH 100% OF THE STATE MEDIAN INCOME.

Engaging Employers

Informing and involving employers is a key action step for Goal One. Twelve of 15 states reported taking action toward the goal of educating the business community on the need for leadership in achieving state, federal and community resources to meet 100% of need (Action Step 1.2). In 2002, 14 states reported actions taken. The following information contains examples of actions taken as reported by survey respondents:

- The **ARKANSAS** Corporate Champions for Children Task Force's recommendations to the Governor in 2001 contributed to the passage of Act 1271, establishing the Foundation for Early Care and Education. The Foundation will accept and match child care contributions from private businesses and individuals. Foundation resources will also be used to enhance the quality, affordability and availability of child care and early education for children in Arkansas. In 2002, the Arkansas Corporate Champions for Children Task Force recommended the establishment of the Governor's Family-Friendly Employer Award, which will recognize employers who have established policies and practices that address the growing concerns of employees trying to balance work and family life. The campaign will distribute business-oriented child care resource guides and information on programs and policies considered best practices to use as models for replication.

- In **KENTUCKY,** the Early Childhood Authority and its local Early Childhood Councils include the business community in their membership. An Early Childhood Business Council was being formed as a result of passage of HB 706, which involves the corporate community, county judges/executives and mayors in supporting issues of importance to working families with young children. The Early Childhood Business Council will also collect and disseminate information about the various ways businesses and local governments can become involved in supporting early childhood initiatives.
- In 2002, **MARYLAND'S** Child Care Business Partnership continued to sponsor breakfast meetings, inviting an additional 11 businesses, local and state government officials and representatives from the child care community to develop strategies for addressing common needs. To provide an update to the three initiatives with the business and local government partners that began in 2001, the construction of an onsite child care center in an industrial park is scheduled for completion in the spring of 2003. All employees of the employer-sponsored financial subsidy program for low-wage employees in a large metropolitan hospital are still employed there, demonstrating the value of employer assisted child care to employee retention. Additionally, the resource and referral service targeting parents of special needs children continues to provide services to all county library employees. All were funded with CCDF monies with a 25% match from the business sector and local government.
- In 2001, the **SOUTH CAROLINA** Governor's Office, in conjunction with the South Carolina Chamber of Commerce, announced the establishment of the South Carolina Family Friendly Workplace Award Initiative to recognize businesses that consistently demonstrate family friendly practices through workplace programs, policies and practices. This state-level recognition is designed to draw attention to the critical employment and economic development benefits to be gained by establishing a family friendly workplace. Seven South Carolina business entities (small, medium and large businesses based in SC, large businesses based outside SC, nonprofit organizations, government and public schools) received the first annual Family Friendly Workplace Awards at a gala dinner in January 2002. Also in South Carolina, a partnership with the United Way of SC and the SC Department of Health and Human Services has been established to encourage employers to use a variety of strategies to expand the affordability and availability of quality child care for working families. Local United Ways will use grant funds to inform employers on the bottom line benefits associated with providing public and private child care assistance; establishing a pre-tax dependent care plan that results in savings for employees; providing scholarships, incentives, or in-kind support to local child care facilities; providing incentives to help child care facilities become nationally accredited; promoting parent education and involvement in child care; and promoting early literacy. (See discussion under Goal 8 for additional information on employer partnerships.)

Twelve of 15 states reported taking action toward the goal of educating the business community on the need for leadership in achieving state, federal and community resources to meet 100% of need.

Increasing State Funding

Thirteen out of 15 states reported action taken toward the goal of increasing state funding to provide child care subsidies to all eligible families who seek child care assistance (Action Step 1.4). For example:

- In **KENTUCKY**, the Governor's Early Childhood Initiative, HB 706, mandates that the Cabinet for Families and Children evaluate annually, at minimum, the adequacy of the child care subsidy to enable low-income families to obtain child care services. HB 706 combines funding from the CCDF and Kentucky's Phase I Tobacco Settlement money. As a result, eligibility for participation in the Child Care Assistance Program may be increased from 165% to 170% of the federal poverty level (fpl) during the effective period of the FFY 2002 and 2003 CCDF Plan. Kentucky is currently able to serve all income-eligible families who seek child care assistance, and the state has no waiting list.
- During the 2002 Southern Regional Forum on Child Care, subsequent to the 2002 survey, **LOUISIANA** reported that as a result of the Action Plan, eligibility thresholds had been increased from 60% to 75% of State Median Income (SMI).
- **MISSOURI'S** total appropriation for child care increased dramatically, from $20 million in 1995 to more than $79 million in 2002. Missouri is able to serve all income-eligible families seeking child care subsidy, those with incomes at or below 121% of the federal poverty level. There is no waiting list, and guidelines are reassessed annually. Missouri has maintained a "no waiting list" policy since 1996 for eligible families seeking child care assistance. The FY-2003 state budget includes state funding of $74,105,214 thus exceeding the Matching and MOE requirements to draw federal funds to the state.
- While state funding has not increased, **OKLAHOMA** reported in 2001 and again in 2002 that the state currently has adequate funding in place to serve all eligible families who seek child care assistance.
- **SOUTH CAROLINA** reported, in 2001, that the First Steps program, through county partnerships, provides more than 1,000 child care subsidies to low-income working families who are not able to obtain federal child care subsidies. In 2002, South Carolina reported that in order to reduce administrative costs to First Steps, the Department of Health and Human Services entered into a Memorandum of Agreement (MOA) to administer the scholarships through the ABC Child Care Voucher System. This results in expanding availability of the scholarships funded by First Steps and provides DHHS with the needed state matching funds for the federal CCDF.
- In **TENNESSEE**, the Department of Human Services reported, in 2001, that state funds were shifted to create 400 additional child care slots for eligible, low-income families. In 2002, state budget problems precluded additional funding.
- In October 2000, **WEST VIRGINIA** used TANF funding to increase child care eligibility guidelines from 150% to 200% of the federal poverty level (an increase from 57% to 77% of State Median Income [SMI]). While still below 85% of SMI, West Virginia was serving the highest percentage of SMI of any state in its region. Due to increased expenditures and projected cuts in the amount of state TANF funds that will be available to child care in 2003, the state implemented program cuts in March 2002 that reduced the number of families eligible for child care.

Mobilizing Resources

All 15 states reported actions taken toward the goal of mobilizing federal, state and community resources in support of families who need child care assistance (Action Step 1.5). For example:

- In 2002, **ALABAMA** created a Child Day Care Advisory Committee consisting of professionals from child care and early education, health professionals, representatives from state agencies that provide services to children and families, advocates, business leaders, parents and providers. The Committee will serve in an advisory capacity, providing discussion, insight, problem solving and a broad perspective for informed policy decisions.
- In 2001, the **DISTRICT OF COLUMBIA** held two large forums at the DC Convention Center involving parents and child care providers. In addition, the Early Childhood Collaborative of DC and the DC Child Care Corporation raised funds to support centers serving subsidized children.

GOAL TWO

States and communities should broaden their child care eligibility and subsidy policies to meet the economic, work and education needs of families.

Reducing Family Co-Payments

The majority of survey respondents (10) reported that co-payments do not exceed 10% of gross family income (Action Step 2.1). Three states (**DISTRICT OF COLUMBIA, OKLAHOMA** and **TENNESSEE**) took action to reduce co-payments in 2001. Two additional states, Alabama and Louisiana, reported significant reductions in 2002.

- **ALABAMA** implemented its proposal to reduce co-payments for parents with two or more children in care. The average co-payment paid by parents has been reduced from 8.8% to 6.1% of the gross income.
- **LOUISIANA** collapsed five tiers of co-payments into three, paying 100% for those most in need, to 95% then 90% thus meeting the 10% threshold. Prior to the action plan, Louisiana reported co-payments of 20%.
- Although **MARYLAND** set a FY 2002 goal that 74% of families receiving child care subsidies would have co-payments at or below 10% of gross family income, it has capped co-payments to help reduce the burden on families.

Providing Child Care Assistance for Students

In 2001, 12 of 15 respondents surveyed reported that they provide child care assistance to students who qualify under the state's income guidelines (Action Step 2.2). The remaining three states are taking action in that direction. However, the definition of "student" varied widely across the region.

- In 2001, **ARKANSAS** amended its State Plan to reduce the number of semester hours required for subsidy eligibility from 15 hours to 12 hours. As TANF money becomes available, these families will receive assistance.
- In 2001, **SOUTH CAROLINA** reported that students might apply for child care assistance if they are 18 years of age or are an emancipated minor working, in school or in a training program, or are disabled. The South Carolina Department of Health and Human Services has a contract with the Family Literacy program through the State Department of Education to provide child care for those students who are participating in a Family Literacy program to earn their high school diploma or GED. In addition, at least five South Carolina First Steps counties are providing child care assistance specifically to teen parents who are continuing their education.

GOAL THREE

Outreach initiatives should be designed and aggressively implemented to assure that families have accessible and easy-to-understand information on child care assistance and are provided assistance in applying.

Implementing Outreach Initiatives

Most respondents reported overall progress with outreach. In 2002, fourteen states reported they had taken action to ensure that child care information is accurate, family friendly, employer friendly, culturally sensitive and provided in multiple languages, as appropriate (Action Step 3.2). All respondents reported progress with providing language-appropriate materials. Cultural sensitivity still is seen as an area needing improvement. The survey also highlighted the specific need to develop materials that directly appeal to and target employers.

- In September 2001, **ARKANSAS** conducted its first English as a Second Language (ESL) Academy for Preschool Teachers. Participants discussed cultural sensitivity issues and how to engage parents in the local community. The special training included a session on utilizing technology to "get the word out" about child care assistance.
- **MISSOURI** reported, in 2001, that the state provides application forms in English and Spanish and utilizes a toll-free translation hotline. In addition, the state has formed partnerships in several counties to utilize resources, such as foreign language parent educators, to provide linguistic assistance to families.
- With large growth in the state's Hispanic population, **NORTH CAROLINA** reported, in 2001, that the state began the process of translating forms and information about the subsidy program into Spanish. In 2002, North Carolina reported that the Division of Child Development is in the process of finalizing the translation of information about the five-star rated license initiative and choosing quality child care into Spanish for parents and providers on its website.
- **TEXAS** reported, in 2001, that the state provides brochures and other materials in multiple languages. Information available through websites and in brochures is developed at state and local levels and targets both employers and families in customer friendly language and formats. Periodic checks are conducted to ensure information is accurate and up to date.

Several survey respondents also indicated that they test the reading level of their materials and take steps to make appropriate reading-level modifications as warranted.

GOAL FOUR

THE CHILD CARE APPLICATION AND REDETERMINATION PROCESSES SHOULD BE UNCOMPLICATED AND FAMILY FRIENDLY.

Enacting Eligibility Simplification

Two states have completed the action step to allow easier filing of child care assistance applications by mail, phone, fax or internet (Action Step 4.2). The other 13 states have taken some form of action toward achieving this objective. For example:

- The **DISTRICT OF COLUMBIA** reported that by the end of 2002 all forms and information will be available online through a nonprofit partner. Eligibility interviews will continue to be face-to-face.
- In 2001, **Georgia** reported that as a direct result of the Task Force's 2000 report, the agency that oversees child care subsidies began a dialogue to explore the possibility of alternative application methods.
- **KENTUCKY** reported, in 2001, that the state began piloting a program that allows renewals by mail or fax in the county with the largest subsidy population.
- In 2001, **MARYLAND** reported that the state accepts mail-in applications and plans to implement electronic/internet filing after it acquires a new computer system in 2003.
- Like many states, **SOUTH CAROLINA** reported, in 2001, that the state allows filing by mail, phone or fax but does not have the technical mechanisms in place to support internet filing of applications, however, the state is exploring the facilitation of internet application as a goal.

In 2001, five states reported achievement of Action Step 4.3: minimize requests for documentation at initial application and utilize documents already on file. Nine others reported some action in that direction. For example:

- In **ALABAMA**, applicants for child care subsidy are not required to produce copies of any documents already on file from previous applications submitted with the state, such as birth certificates. Income and other documentation provided on client referrals from other programs such as TANF are deemed to be sufficient without requiring additional verification documentation from the parent.
- In **KENTUCKY**, families referred by Community-Based Services workers do not have to reverify information already provided on the referral form.
- The **MISSISSIPPI** Office for Children and Youth requires designated agents to use information already on file for families when applying or reapplying for child care assistance.
- **MISSOURI** also uses documents already on file and requests documentation only of missing items necessary to determine eligibility.
- In 2000, **NORTH CAROLINA** began working on a project that eventually will allow a case management system to share eligibility information across public assistance programs. In 2002, work continued on the case management system that will share eligibility information across assistance programs. Existing subsidy policies allow workers to use income verification on file in the county Department of Social Services when the family has applied for multiple programs.
- **SOUTH CAROLINA** employs a seamless eligibility system for former welfare recipients who remain eligible for transitional child care services after welfare benefits cease. The state Department of Health and Human Services is exploring the possibility of utilizing information from Partners for Healthy Children applications (the state's Medicaid program) to determine eligibility for child care.
- In **TEXAS**, for families referred for child care assistance by staff from TANF Employment, Food Stamp Employment and Training, Workforce Investment Act and Welfare-to-Work Services, initial eligibility is determined by staff in those services and child care intake workers are not required to do further documentation.

In 2001, 12 states reported action in the direction of offering non-conventional hours of operation for eligibility offices and providing toll-free phone lines to include evening and weekend hours (Action Step 4.5). In 2002, the number of states increased to 13.

- Several of **ALABAMA'S** Child Care Management Agencies (CMAs), particularly those located in urban areas, have extended hours of operation one to two nights per week.
- **MARYLAND'S** local departments of social services schedule evening hours at least one day per week.
- In **MISSISSIPPI**, hours are extended for eligibility determination, as needed, based on volume and specific program schedules, particularly during the roll-over process.
- Approximately 24 of 115 county offices in **MISSOURI** offer extended-day services. Some offer services either before 8:00 a.m. or after 5:00 p.m., or both, either by appointment or by extended hours of operation.
- The **NORTH CAROLINA** Division of Child Development encourages county departments of social services to offer extended hours, but it is a decision made at the local level.
- A recent **OKLAHOMA** initiative on customer service requires county offices to evaluate their hours of

operation and ensure that all families have access to services.

- The majority of Child Care Contractors in **TEXAS** offer a toll-free phone line for clients as well as non-conventional hours of operation, including weekend and extended weekday hours, during peak enrollment periods.

Nine states reported that they do not require a face-to-face interview at initial application or at redetermination (Action Step 4.7). These states are **KENTUCKY, LOUISIANA, MARYLAND, MISSISSIPPI, MISSOURI, NORTH CAROLINA, OKLAHOMA, SOUTH CAROLINA** and **TEXAS**. An additional five states have now taken steps in that direction.

Extending Eligibility Periods

Ten states reported establishment of a 12-month redetermination period where there are no changes in income or job status (Action Step 4.9). Five other states have taken action toward achieving that action step.

- The **DISTRICT OF COLUMBIA** implemented a 12-month redetermination period effective October 1, 2001, for working parents. In 2002, the District of Columbia reported that eligibility is reviewed every six months for TANF customers and all others.
- In 2002, **LOUISIANA** reported that the state moved to 12-month redetermination to align with Food Stamp periods.
- In 2001, **TENNESSEE** reported that the state initiated a pilot program to evaluate the 12-month eligibility period for low-income families. During the Southern Regional Forum on Child Care, subsequent to the 2002 survey, Tennessee reported that TANF customers were already eligible for 18 months. Effective October 1, 2002, the pilot was implemented, and everyone has a 12-month redetermination period.
- In December 2000, **WEST VIRGINIA** decided to guarantee eligibility for the six-month period, regardless of changes in a family's circumstances. Parents still are required to report those changes to ensure the system has current information on the family.

Extending Subsidy Period for Job Search

In 2001, the **DISTRICT OF COLUMBIA** was the only survey respondent that reported completion of Action Step 4.10: continue eligibility for full subsidy for 12 weeks if a family loses employment but can document that a job search is underway. Thirteen respondents indicated that they had taken steps toward satisfaction of that action step. They are **ALABAMA, ARKANSAS, GEORGIA, KENTUCKY, LOUISIANA, MARYLAND, MISSISSIPPI, MISSOURI, NORTH CAROLINA, OKLAHOMA, SOUTH CAROLINA, TENNESSEE** and **WEST VIRGINIA**.

Many states extend eligibility for job search but for a shorter period of time than outlined in the action plan. For example:

- **ALABAMA** reported, in 2001, that eligibility can continue for an additional 10 days and up to 20 days after the loss of employment if the parent reports the change of circumstance within 10 days of its occurrence.
- Effective January 2002, **OKLAHOMA** families receiving child care assistance can continue to receive assistance for up to 30 days while seeking employment.

GOAL FIVE

Establish a coordinated, seamless eligibility system so that funding sources are invisible to families and support continuity of child care.

Establishing Seamless Eligibility Systems

Eleven respondent states have eliminated the need for families to reapply when eligibility categories change by automatically searching to exhaust all eligibility categories before closing cases (Action Step 5.1).

- In 2001, **ALABAMA** reported that some of the Child Care Management Agencies (CMAs) receive supplemental local funding (beyond CCDF) for subsidized child care. Parents who become ineligible for CCDF but remain eligible for local funding subsidy are automatically transferred to the new funding category without the need to reapply.
- **MISSOURI, NORTH CAROLINA, OKLAHOMA** and **TEXAS** reported, in 2001, that they have had seamless systems in place for many years. In North Carolina, funds are blended at the state level so that funding is invisible to county agencies and parents. Oklahoma has always had a seamless system where eligible parents can move from one funding source to another without reapplying or experiencing a break in eligibility.
- Since the implementation of the Family Support Act in 1988, **WEST VIRGINIA** has continued to operate a seamless system. All available state and federal child care funds are managed by the same agency, and a generic application determines the source of funds to use.
- Three other states (**ARKANSAS, LOUISIANA** and **SOUTH CAROLINA**) are working to avoid inappropriate disruption of eligibility.
- In 2001, **ARKANSAS** reported that category changes are made without case closure so long as Transitional Employment Assistance (TEA) parents are moving into transitional care.
- **LOUISIANA** reported, in 2002, that the state is in the process of providing information on all resources for contacting their parish offices for any of the benefits offered.
- In 2002, **SOUTH CAROLINA** reported that for children under the age of 13, the state has a Continuity of Care (COC) policy for clients remaining eligible at redetermination. The state Department of Health and Human Services does not close cases, but a new application must be completed when a family moves from one eligibility category to another because of existing computer system issues. The state plans to explore improvements after pending computer system upgrades are completed.

Eight states responding to the survey reported that they continue eligibility in programs with multiple funding sources to assure continuity of care in the event that eligibility has expired or terminated in one program (Action Step 5.3). Of these eight, four states (District of Columbia, Oklahoma, South Carolina and Texas) had this policy in place prior to development of the Action Plan. Five others are making progress toward Action Step 5.3.

- In 2001, both **MARYLAND** and **NORTH CAROLINA** reported that funding is pooled or blended to ensure continuity of services.
- **MISSISSIPPI** reported, in 2001, that child care certificates are written for a 12-month period irrespective of funding source.

GOAL SIX

ESTABLISH CUSTOMER SERVICE OUTCOME GOALS AND SET STANDARDS TO ENSURE THAT ALL FAMILIES ARE TREATED WITH DIGNITY AND RESPECT AND ARE SERVED IN AN EFFICIENT MANNER.

Enhancing Customer Service Satisfaction

An overwhelming 13 of the 15 states responding to the survey reported taking steps to address customer service outcome goals by conducting periodic, independent and thorough consumer satisfaction assessments, assuring the confidentiality of information collected (Action Step 6.3). For example:

- In 2001, **ARKANSAS** reported having just completed a customer satisfaction survey with parents and providers that indicated parents are receiving respectful treatment from the state Department of Human Services, and their needs are being met.
- In the fall of 2001, **GEORGIA** began conducting focus groups with parents on the child care subsidy waiting list to determine how not receiving assistance has affected their family.
- **MISSOURI** reported, in 2001, that the Department of Family Services provides mail-in consumer comment cards at all of its 115 DFS county offices.
- **OKLAHOMA** reported, in 2001, that the state conducts ongoing, random surveys of clients, asking them questions about customer services and child care needs. Input from child care providers is obtained through ongoing surveys and hearings around the state.
- In 2001, **TENNESSEE** reported that the state conducts an annual survey of child care providers, clients and staff. The survey measures both consumer and provider satisfaction, as well as administrative performance.
- During the fiscal year that ended August 2001, **TEXAS** performed a child care "mystery shopper" survey in which child care agency staff went incognito to workforce centers across the state posing as parents applying for child care assistance. The survey focused on overall customer service performance. Results were shared with the respective Workforce Boards. In addition, 16 of the Boards have conducted their own customer satisfaction surveys, the results of which have been used to determine resource and staff training needs.
- **WEST VIRGINIA** piloted a survey for parents and providers in October 2001. A decision is still pending on whether to distribute the survey to the full population or to a random sample.

GOAL SEVEN

DESIGN THE SUBSIDY SYSTEM SO THAT RATE STRUCTURES ASSURE THAT FAMILIES RECEIVING CHILD CARE ASSISTANCE HAVE ACCESS TO ALL TYPES OF CHILD CARE AND DISALLOW CHARGES ABOVE ESTABLISHED CO-PAYMENTS.

Addressing Adequate Rate Structures

In 2002, eight surveyed states indicated that they had achieved Action Step 7.1, which specifies that states should cap reimbursement at no less than the 75th percentile based on a market rate survey conducted every two years. All seven remaining respondents reported taking practical steps toward this goal.

- **ALABAMA** concluded its market rate survey in July 2001 and established new rates based on the survey. The new rates, which represent an overall 10.3% increase, went into effect in October 2001.
- Effective in July 2001, **ARKANSAS** raised reimbursement rates to reflect the current market rate survey, an increase totaling $2.6 million. In 2002, Arkansas reported that they have capped rates at the 75th percentile based on a bi-annual market rate survey.
- In its most recent market rate survey completed in January 2001, **GEORGIA'S** rates fell below the 75th percentile. However, as part of the Georgia Early Learning Initiative, five pilot counties were selected to receive tiered reimbursements based on increased

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quality, up to 150% of the current rate. In 2002, Georgia reported that although still below the 75th percentile, reimbursement rates were increased for child care providers in July 2002. After a successful six-month pilot in five counties, tiered reimbursement has expanded to an additional six counties.

- New child care rates that became effective in October 2001 brought rates in higher-quality facilities to the 75th percentile across the state of **OKLAHOMA.**
- In 2002, **NORTH CAROLINA** reported that the state establishes market rates at the 75th percentile and offers a tiered reimbursement system which supports the payment of higher subsidy rates to providers earning a 2-5 star rated license. Providers are paid the rate charged to private paying parents or the market rate, whichever is less. A market rate study is completed every two years for centers and homes.
- **SOUTH CAROLINA** reported, in 2001, that rates are based on the 75th percentile of the market rate. Rates then are adjusted to provide higher maximum rates for higher quality centers and for providers of infant/toddler care. Under the tiered reimbursement system, effective in October 2001, rates for ABC Level 2 enhanced providers and ABC Level 3 accredited providers range from the 85th percentile to the 100th percentile of the market rate, with most Level 3 accredited centers being reimbursed at the 100th percentile. In 2002, rates for ABC Level 2 and ABC Level 3 providers continue to range from the 85th to the 100th percentile of the market rate based on an April 2002 market rate survey.

- In October 2000, **WEST VIRGINIA** increased reimbursement rates to the 75th percentile of the 1999 market rate. The latest market rate survey conducted in June 2001 showed regular reimbursement rates falling below the 75th percentile. The state does, however, offer a daily supplemental rate of $4 for accredited programs.

GOAL EIGHT

CREATE PARTNERSHIPS WITH EMPLOYERS TO EXPAND CHILD CARE ASSISTANCE FOR WORKING FAMILIES.

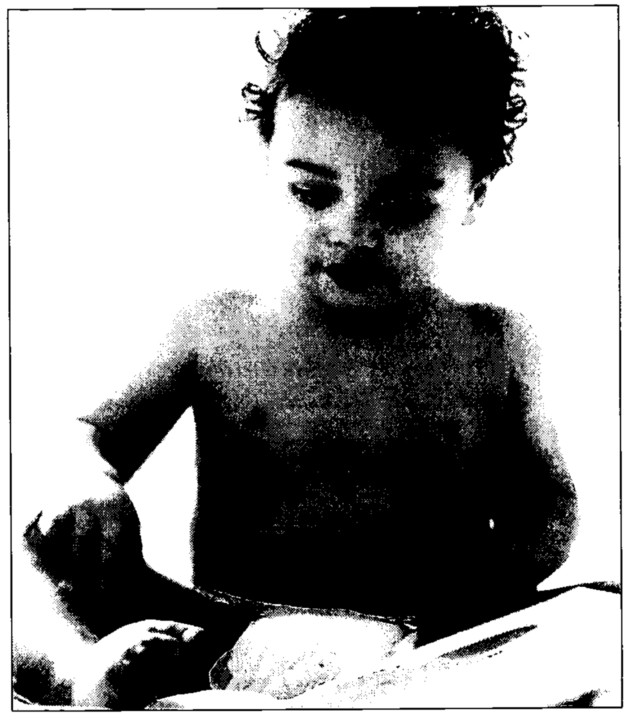
Establishing Employer Partnerships

Five state respondents (District of Columbia, Georgia, Maryland, Texas and West Virginia) indicated that they had completed Action Step 8.1 to educate employers about the bottom line benefits associated with public and private child care assistance.

- In 2001, **ALABAMA** reported that businesses helped develop the strategic plan for early care and education. The state is working with the Alabama Partnership for Children to educate and develop more business support for early care and education issues.
- The **ARKANSAS** Corporate Champions for Children Task Force made recommendations to the Governor in 2001, contributing to the establishment of the Foundation of Early Care and Education. The Foundation will accept and match child care contributions from private businesses and individuals. Foundation resources also will be applied toward enhancing the quality, affordability and availability of child care and early education for children in the state.
- The **DISTRICT OF COLUMBIA** reported, in 2001, that it has partnerships with the Chambers of Commerce, the Metro Bankers Association and community development groups. Groups have been established by prominent business people in the

District of Columbia since 1991. In 2001, the District of Columbia sponsored and facilitated discussions with human resources staff in area businesses. One of the major employers in the District established a Corporate Voices group to educate business people.

- **GEORGIA** reported, in 2001, that the Child Care Council developed a presentation for businesses that can be used by Child Care Resource and Referral agencies or any community organization to make the case for business support for child care assistance in many forms. Also, the Georgia Early Learning Initiative (GELI) developed a presentation that is easily adaptable for use with businesses to explain the importance of a quality early childhood environment for all children.
- **KENTUCKY** reported, in 2001, that the Early Childhood Authority and its local Early Childhood Councils include the business community in their membership. An Early Childhood Business Council is being formed as a result of passage of HB 706, state legislation designed to involve the corporate community, county judges/executives and mayors in supporting issues of importance to working families with young children. It also will collect and disseminate information about the various ways businesses and local governments can become involved in supporting early childhood initiatives.
- In 2001, **MARYLAND** reported that the Child Care Business Partnership sponsors a series of breakfast meetings for businesses, local and state government officials and representatives from the child care community to develop strategies for addressing community needs. To date, three initiatives have resulted, including the construction of an onsite child care center in an industrial park, an employer-sponsored financial subsidy program for low-wage employees in a large metropolitan hospital and a resource and referral service targeting parents of special needs children. All were funded with CCDF monies with a 25% match from the business sector and local government.
- In 2001, **SOUTH CAROLINA** reported that the Governor's Office, in conjunction with the South Carolina Chamber of Commerce, announced the establishment of the South Carolina Family Friendly Workplace Award Initiative to recognize businesses that consistently demonstrate family friendly practices through workplace programs, policies and practices.



- In 2002, **TENNESSEE** reported the Tennessee Child Care Facilities Corporation (TCCFC) fosters public-private partnerships to improve the availability and quality of child care services. Through its corporate partnership grant program, TCCFC provided matching funds to child care agencies that had collaborated with local communities, corporations or companies to provide child care services.
- In **TEXAS**, a five-year effort to provide information to employers and promote their leadership in community child care issues provides grants to communities, primarily to help pay for administrative costs. In FY 2003, Employer Dependent Care Collaborative grants will focus on the assessment of employees' dependent care needs within five targeted areas throughout the state. The Collaboratives will be responsible for distributing the findings to key stakeholders, and developing a

business plan to address the identified dependent care needs in a sustainable manner.

- In August 2000, the **WEST VIRGINIA** Child Care Division developed a display for the annual state Chamber of Commerce summit. The display utilized materials and a video developed by the Child Care Partnership Project and added state information. The display offered a variety of handouts for employers, including a PowerPoint presentation. All the materials have been duplicated and distributed to the Child Care Resource and Referral agencies for use with local businesses. In September 2001, a book on family friendly business practices was developed in conjunction with the West Virginia Governor's Cabinet on Children and Families, the West Virginia Chamber of Commerce, the Wellness Council and the Department of Human Services. The effort is designed to educate employers about the business benefits of providing child care assistance and provides ways employers can help expand and support child care programs.

Action Steps 8.4, 8.5 and 8.6 all are related closely with regard to recommending establishment of employer incentives and the pooling of resources to facilitate employer-supported child care assistance. Action Step 8.4 recommends facilitating collaborative initiatives that enable employers to share ideas as well as pool resources to address child care needs. Eleven states reported taking steps toward this objective. Only seven out of the 15 respondent states have established incentives for employers to create child care benefit programs for their employees or to contribute to child care purchasing pools in their state or community (Action Step 8.6).

Some examples of states' cooperative, incentive-generating steps for employers and businesses reported in 2001 appear below.

- Through a Ford Foundation grant called "Healthy, Wealthy and Wise," Voices for **ALABAMA'S** Children is focusing on tax and financial incentives for employers to invest in child care.
- **ARKANSAS** Act 1271 established the Early Care Foundation, which will accept and match contributions from private business and individuals for child care. The Department of Human Services will provide $1 million in matching funds over the next two years to initiate this project.
- Of the four states that provide matching funds or other tax incentives for employers to invest in child care, **GEORGIA** has, since 1999, had a substantial state corporate tax credit for employers who provide onsite child care or help pay child care costs for their employees.
- **MARYLAND** reported using CCDF funds to match private business and local government contributions to expand the availability of child care, especially for low-wage employees.
- **SOUTH CAROLINA** established a law for tax credits for employee child care programs (SC Code Section 12-6-3440). There also is a SC tax credit for child and dependent care expenses (SC Code Section 12-6-3380).
- In **TEXAS**, local funds raised by employers to make improvements to the child care system through Employer Dependent Care Collaboratives are eligible for federal match consideration by local Workforce Boards. Many Boards have utilized the funds to meet local match goals.
- The **TENNESSEE** Child Care Facility Corporation (TCCFC) fosters public-private partnerships to improve the availability and quality of child care services. Through its corporate partnership grant program, TCCFC provided matching funds to child care agencies that had collaborated with local communities, corporations or companies to provide child care services.

See discussion in Goal One for additional information on state employer initiatives.

GOAL NINE

Provide child care assistance to working families through federal and state tax laws.

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Enacting Child Care Tax Relief

Goal Nine remains a difficult area in which to document improvement. **FLORIDA, TENNESSEE** and **TEXAS** do not have a state income tax. Two states, Arkansas and District of Columbia reported having established refundable child and dependent care tax credits where state income tax was in force (Action Step 9.2). Three states have taken action toward this. For example:

- In 2002, **NORTH CAROLINA** reported that if an individual claims an income tax credit and dependent care expenses on his/her federal return, he/she also may claim a tax credit for these expenses on the NC return. The credit either will increase the refund or decrease the taxes owed.
- In 2002, **LOUISIANA** reported that the legislature passed, though not yet funded, a tax credit for persons paying child care. The bill provides for refundable credit based on the Federal earned income credit and is further based on the number of children in the home.

Advising families of available child care tax benefits is an important step in helping families with the cost of child care. In 2001 only two states, the District of Columbia and Kentucky reported that they had completed Action Step 9.5 to ensure that child and dependent care tax credits are clearly identified and easy to claim by filers using either the short or long form. In 2002, Arkansas reported taking action toward this objective.

GOAL TEN

STATES SHOULD HAVE EFFECTIVE, COORDINATED SYSTEMS TO GUIDE CHILD CARE AND EARLY CHILDHOOD POLICY DECISIONS AND DIRECT USE OF RESOURCES.

Achieving Coordinated Systems

Goal Ten also presented a formidable challenge for most states. At the federal level, all states are moving toward improved coordination activities. Among southern states, only three 2001 survey respondents (Arkansas, District of Columbia and Maryland) reported completing Action Step 10.1 to facilitate greater coordination in eligibility policies across child care and early childhood education programs at the state and local levels.

- The **DISTRICT OF COLUMBIA** City Council promulgated a piece of legislation in 1986 to bring about coordination of all child care funding and regulations (16 departments and offices) into the Office of Early Childhood Development (OECD). Licensing has remained in a separate agency. OECD provides funds to agencies to help implement various components of the DC system and develop and implement new initiatives. An Early Care and Education Strategic Plan was developed to include the health department, public schools, licensing divisions, libraries, the universities, the maternal and family health agency, Head Start, housing, Parks and Recreation and the Mayor's Office. Each agency now follows this strategic plan, which is directly linked to the Mayor's strategic plan.

Ten states reported movement toward that objective:

- **GEORGIA** assumes that any parent eligible for Head Start is eligible for wrap-around services financed by the state's subsidy program. Georgia's Pre-K program has no eligibility policies other than the age of the child.
- The **SOUTH CAROLINA** Department of Health and Human Services is working with the Office of First Steps to enhance coordination of child care strategies by First Steps County Partnerships. In addition, the Healthy Child Care South Carolina Steering Committee helps coordinate initiatives and share information between the public and private sectors.
- Recent legislation enacted by the **TEXAS** legislature requires that children co-enrolled in Pre-K or Head Start and child care services will remain eligible for child care services without redetermining eligibility as long as they are enrolled in the Head Start or Pre-K program.

Action Step 10.2 calls on southern states to collaborate across the region to develop common data elements. No specific action has been taken toward accomplishment of Action Step 10.2. It should be noted that all southern states participate in a national effort to collect common data elements as required by federal regulations.

The Task Force has been pleased and encouraged by the results of the state implementation surveys. The Southern Institute will continue to monitor the progress of these implementation efforts and will report updates in September 2003.

Chart 1 on pages 18-28 provides information on actions taken by the southern states to implement the ***Southern Regional Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South.***

CHART 1
Southern Regional Initiative on Child Care
Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South
State Implementation Two Year Status Report
2001 and 2002 Surveys

GOAL 1: Federal, state, local and private funds should be sufficient to meet 100% of need for direct child care assistance, based on initial eligibility levels at 85% of the state median income. Redetermination levels should allow families to retain child care assistance until they reach 100% of the state median income.

Action Steps	Action Step Completed 2001 or 2002	Action Reported 2001 or 2002	No Action Reported 2001	Negative Action or No Action Reported 2002	No Response 2001	No Response 2002
1.1 Educate federal and state policy makers on the need for action.		AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, WV				
1.2 Educate the business community on the need for leadership in achieving state, federal and community resources to meet 100% of need.		AL, AR, DC, GA, KY, MD, MS, MO, NC, **OK**, SC, TN, TX, WV	LA, MO	LA	WV	
1.3 Increase federal funding for the Child Care and Development Fund to fulfill current policy allowing federal matching funds for child care assistance up to 85% of the state median income.	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
1.4 Increase state funding to provide child care subsidies to all eligible families who seek child care assistance.		AL, AR, DC, GA, KY, LA, MD, MS, MO, OK, SC, TN, WV	LA, NC, TX	NC, WV		OK, TX

Notes:

- In the 2001 Survey, state respondents were asked to report actions taken on or after January 1, 2000. For actions addressed prior to January 1, 2000, respondents were asked to provide an approximate date. Respondents were asked to enter "N/A" or Not Applicable" if no action was taken. States that reported action plans as completed prior to January 1, 2000, are presented in bold.
- In the 2002 Survey states were provided their 2001 responses and asked to report action steps that were completed or report any changes to the 2001 responses. Survey requests information prior to September 30, 2002.
- Florida did not respond to the survey in 2001 or 2002.
- Virginia did not participate in the Southern Regional Initiative on Child Care in 2001. In 2002, Virginia did not respond to the survey.
- Delaware did not participate in the Southern Regional Initiative in 2001 and 2002.

CHART 1 continued

Southern Regional Initiative on Child Care
Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South
State Implementation Two Year Status Report
2001 and 2002 Surveys

Action Steps	Action Step Completed 2001 or 2002	Action Reported 2001 or 2002	No Action Reported 2001	Negative Action or No Action Reported 2002	No Response 2001	No Response 2002
1.5 Mobilize federal, state and community resources in support of families who need child care assistance.		AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, **OK**, SC, TN, TX, WV				OK
GOAL 2: States and communities should broaden their child care eligibility and subsidy policies to meet the economic, work and education needs of families.						
2.1 Establish co-payments not to exceed 10% of gross family income.	AL, DC, GA, KY, LA, MS, MO, NC, SC, **WV**	MD, OK, TN	AR, LA, TX	WV		OK, TX
2.2 Provide child care assistance to students who qualify under the income guidelines. (A state's definition of "student" may include but is not limited to adults in school full-time or job training programs. See state status reports for complete descriptions.)	AL, AR, **DC**, KY, **LA**, MD, MS, MO, NC, SC, TN, **WV**	GA, **OK**, TX				OK, TX
2.3 Explore broad use of income exemptions to address affordability of child care.	AR, DC, **OK**, SC	AL, GA, KY, **LA**, MD, MS, MO, NC, TN, WV	TX			TX

Notes:
- In the 2001 Survey, state respondents were asked to report actions taken on or after January 1, 2000. For actions addressed prior to January 1, 2000, respondents were asked to provide an approximate date. Respondents were asked to enter "N/A" or Not Applicable" if no action was taken. States that reported action plans as completed prior to January 1, 2000, are presented in bold.
- In the 2002 Survey states were provided their 2001 responses and asked to report action steps that were completed or report any changes to the 2001 responses. Survey requests information prior to September 30, 2002.
- Florida did not respond to the survey in 2001 or 2002.
- Virginia did not participate in the Southern Regional Initiative on Child Care in 2001. In 2002, Virginia did not respond to the survey.
- Delaware did not participate in the Southern Regional Initiative in 2001 and 2002.

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CHART 1 continued
Southern Regional Initiative on Child Care
Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South
State Implementation Two Year Status Report
2001 and 2002 Surveys

Action Steps	Action Step Completed 2001 or 2002	Action Reported 2001 or 2002	No Action Reported 2001	Negative Action or No Action Reported 2002	No Response 2001	No Response 2002
2.4 Eliminate asset testing (e.g. automobile or savings account) from criteria for child care assistance.	AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, WV					
2.5 Index income eligibility levels for inflation.	AR, MD, SC	DC, NC, TN, WV	AL, GA, KY, LA, MS, MO, OK, TX	GA, KY, LA, MO, MS, OK	WV	OK, TX
GOAL 3: Outreach initiatives should be designed and aggressively implemented to assure that families have accessible and easy-to-understand information on child care assistance and are provided assistance in applying.						
3.1 Provide information on child care subsidies through multiple sources, venues and the media.	AL, DC, KY, MD, MS, MO, TX, WV	AR, GA, LA, NC, OK, SC, TN		TN		OK
3.2 Ensure that information is accurate, family friendly, employer friendly, culturally sensitive and provided in multiple languages, as appropriate.		AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, SC, TN, TX, WV	GA, OK, TN		WV	OK, TX
3.3 Present information in a manner that would remove the stigma associated with receiving subsidies.	AR, MD, MS, SC, WV	DC, GA, KY, LA, MO, NC, OK, TX	AL, GA, TN	TN		OK, TX

Notes:
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2001 and 2002 Surveys

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3.4 Provide literature and assistance to help parents make informed provider choices.	AL, AR, DC, GA, MD, MS, MO, OK, SC, TN, TX, WV	KY, LA, MD, NC				
3.5 Coordinate ongoing and strategic outreach activities among common organizations and providers.	DC, MO, **WV**	AL, AR, GA, KY, **LA**, MD, MS, NC, OK, SC, TN, TX	GA	TN		OK
3.6 Offer cross-training and information to providers, community organizations, faith organizations and state agencies to inform them about child care assistance programs and how to assist families in filing applications.	AL, AR, DC, MO, **OK**, SC. TX, **WV**	GA, KY, **LA**, MD, MS, NC	GA, TN	TN		
GOAL 4: The child care application and re-determination processes should be uncomplicated and family friendly.						
4.1 Simplify applications for child care assistance.	AL, **DC**, MD, MS, MO, **OK**, SC, **TX**	AR, GA, KY, LA, TN, NC	TN	WV	WV	
4.2 Allow filing by mail, phone, fax or internet.	AR, **TX**	AL, DC, GA, KY, LA, MD, MS, MO, NC, **OK**, TN, SC, WV	DC, TN		WV	OK

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4.3 Minimize requests for documentation at initial application and utilize documents already on file.	AL, DC, MD, MO, OK	AR, GA, KY, LA, MS, NC, SC, TN, TX	TN	WV	WV	TX
4.4 Provide applications at multiple sites.	AL, AR, DC, MO, OK, TX	GA, KY, LA, MD, MS, NC, SC, WV	TN	TN		
4.5 Offer non-conventional hours of operation for eligibility offices and provide toll-free phone lines to include evening and weekend hours.		AL, DC, GA, KY, MD, MS, MO, NC, OK, SC, TN, TX, WV	AR, LA	LA	WV	OK, TX
4.6 Explore presumptive eligibility or otherwise provide immediate eligibility contingent upon final approval.		AR, AL, DC, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX	AL, DC, MD, MO, NC, TN	MO, TN, WV	WV	TX
4.7 Eliminate requirements for a face-to-face interview both for initial application and for redetermination.	KY, **LA, MD,** MS, MO, NC, OK, SC, TX	AL, AR, GA, TN, WV	DC, GA, TN	DC	WV	
4.8 Provide consultation on making appropriate choices when excessive requests for provider changes are filed.	AL, AR, DC, GA, MD, NC, TX, WV	KY, MO, MS, SC, TN	LA, MS, OK	LA, MS		OK

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4.9 Establish a 12-month redetermination period where there are no changes in income or job status.	DC, **GA**, KY, LA, MD, MO, NC, OK, SC, TN	AR, LA, MD, TX, WV	AL, MS	MS	WV	TX
4.10 Continue eligibility for full subsidy for 12 weeks if family loses employment but can document that a job search is underway.	**DC**	AL, AR, GA, KY, LA, MD, MO MS, NC, OK, SC, TN, WV	GA, MS, TN, TX			OK, TX
GOAL 5: Establish a coordinated, seamless eligibility system so that funding sources are invisible to families and support continuity of child care.						
5.1 Eliminate the need for families to reapply when eligibility categories change by automatically searching to exhaust all eligibility categories before closing cases.	AL, **DC**, GA, KY, MD, MS, MO, NC, OK, **TX**, **WV**	AR, LA, SC	LA, TN	SC, TN		
5.2 Explore the potential for policy and procedural changes to achieve linkages with or combined applications for child care assistance, Head Start, Pre-K and Title I.	**DC**	AR, GA, KY, LA, **MD**, MS, NC, SC, TX	AL, LA, MO, OK, TN, WV	MO, WV		OK, TN, TX
5.3 Continue eligibility in programs with multiple funding sources to assure continuity of care in the event that eligibility has expired or terminated in one program.	**DC**, GA, KY, MD, NC, **OK**, SC, **TX**	AL, AR, LA, MS, TN	LA, MO	MO, WV	WV	

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5.4 Work collaboratively with all public and private programs and funding sources to assure that children receive stable and consistent early child care services.	DC, MD, MS, MO, NC, SC, WV	AL, AR, GA, KY, LA, OK, TN, TX,				OK, TX
GOAL 6: Establish customer service outcome goals and set standards to ensure that all families are treated with dignity and respect and are served in an efficient manner.						
6.1 Provide professional and well-trained eligibility staff who are culturally and linguistically sensitive.	DC, GA, SC	AL, AR, KY, LA, MD, MS, MO, NC, OK, TN, TX, WV	NC, TN			OK, TX
6.2 Facilitate quick eligibility determination through reasonable caseloads and/or administrative structure.	DC	AL, AR, GA, KY, LA, MD, MS, MO, NC, OK, SC, TX, WV	AR, GA, NC, TN	TN		TX
6.3 Conduct periodic, independent and thorough consumer satisfaction assessments, assuring the confidentiality of information collected.	DC	AL, AR, GA, KY, LA, MD, MO, NC, **OK**, SC, TN, TX, WV	AL, MS	MS		OK, TX
6.4 Provide adequate support for child care resource and referral services.	AL, **AR**, DC, GA, MO, WV	KY, LA, MD, MS, NC, **OK**, SC, TN, TX				OK

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GOAL 7: Design the subsidy system so that rate structures assure that families receiving child care assistance have access to all types of child care and disallow charges above established co-payments.						
7.1 States should cap reimbursement rates at no less than the 75th percentile based on a market rate survey conducted every two years that accurately reflects the price of all types of care in communities across the state.	AR, KY, MD, MS, NC, OK, SC, WV	AL, DC, GA, LA, MO, TN, TX				
7.2 Establish and evaluate reimbursement policies that encourage provider participation and are responsive to family needs.	AR, DC, KY, MO, SC, WV	AL, GA, LA, MD, MS, NC, OK, TN, TX				TX
7.3 Prohibit providers from charging above the established co-payments.	AR, DC, OK, TX, WV	MO	AL, GA, KY, LA, MD, MS, NC, SC, TN	AR, GA, KY, LA, MD, MS, NC, SC, TN		
GOAL 8: Create partnerships with employers to expand child care assistance for working families.						
8.1 Educate employers about the bottom line benefits associated with public and private child care assistance.	DC, GA, MD, **TX**, WV	AL, AR, KY, LA, MO, MS, NC, OK, SC, TN	LA, MO, NC, OK			

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8.2 Enlist business leaders to champion the involvement of southern businesses and to serve as mentors to other businesses.	TX	AL, AR, **DC**, KY, MD, MO, NC, SC, WV	GA, LA, MS, MO, NC, OK, TN	GA, LA, MS, OK, TN	WV	
8.3 Provide information to employers on all available tax benefits related to child care assistance, including deductions for donations to tax-exempt child care organizations, capital costs for constructing a child care center and establishing a pre-tax dependent care assistance plan.	AR, MD, TX, WV	AL, DC, GA, KY, MS, MO, NC, OK, SC, TN	LA, NC, OK	LA		
8.4 Facilitate collaborative initiatives that enable employers to share ideas as well as pool their resources to address child care needs.		AL, AR, DC, KY, MD, MS, NC, OK, SC, TN, TX	GA, LA, MS, MO, NC, OK, WV	GA, LA, MO, WV		
8.5 Provide matching funds or other tax or financial incentives for employers to invest in child care.	GA, MD, MS, TN	AL, AR, **DC**, OK, SC, TX	KY, LA, MO, NC, OK	KY, LA, MD, MO, WV	WV	TX
8.6 Establish incentives for employers to create child care benefit programs for their employees or to contribute to child care purchasing pools in their state or community.	MD	AR, NC, OK, SC, TN, **TX**	AL, DC, GA, KY, LA, MS, MO, NC, OK, TX	DC, GA, KY, LA, MD, MO, MS, WV	WV	

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8.7 Reduce the administrative burden on employers participating in any joint public/private child care assistance program.	DC, MS, TX	AR, KY, MD, NC, SC	AL, GA, LA, MD, MO, NC, OK, TN	GA, LA, MO, WV	WV	OK
GOAL 9: Provide child care assistance to working families through federal and state tax laws.						
9.1 Make the federal child and dependent care tax credit refundable.	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
9.2 Establish refundable child and dependent care tax credits in states with income taxes.	**AR**, DC	AL, LA, NC	GA, KY, LA, MD, MS, MO, NC, OK, SC	DC, GA, KY, MD, MO, MS, WV	WV	OK
9.3 Raise federal and state child care tax credit expense limits to accurately reflect the price of quality care. According to the National Women's Law Center, the Child Tax Credit will increase to $600 beginning in 2001 and will further increase to $1,000 by year 2010.[1]		AL, AR, KY, MD	AR, DC, GA, LA, MS, MO, NC, OK, SC	DC, GA, LA, MD, MO, MS, NC, WV	WV	OK

[1]Source: National Women's Law Center, 2001, "New Tax Law's Expansion of the Partial Refundability of the Child Tax Credit Benefits Millions of Women and their Children," Washington, DC.

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9.4 Index for inflation the state and federal child and dependent care tax credit income eligibility and expense limits.		AL, AR, KY	AR, DC, GA, LA, MD, MS, MO, NC, OK, SC, TN, TX,	DC, GA, LA, MD, MO, MS, NC, TN, WV	WV	OK, TX
9.5 Ensure that child and dependent care tax credits are clearly identified and easy to claim by filers using either the short or long form.	DC, KY	AR	AL, AR, GA, LA, MD, MS, MO, NC, OK, SC, TN, TX	DC, GA. LA, MD, MO, MS, NC, TN, WV	WV	OK, TX
9.6 Encourage the use of efficient state tax strategies to provide financial support for child care.	AR, GA	DC, KY, LA, MD, TX	AL, DC, LA, MS, MO, NC, OK, SC, TN	AL, MO, MS, NC, TN, WV	WV	OK, TX
GOAL 10: States should have effective, coordinated systems to guide child care and early childhood policy decisions and direct use of resources.						
10.1 Facilitate greater coordination in eligibility policies across child care and early childhood education programs at state and local levels.	AR, DC, MD	GA, KY, LA, MD, MO, MS, NC, SC, TX, WV	AL, MD, MS, NC, OK, TN	AL		OK
10.2 All southern states and the District of Columbia should participate in a collaborative effort to develop and collect common data elements across states.[2]		AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, WV				

[2]Source: Although not exclusive to the South, all southern states and the District of Columbia participate in an effort to collect common data elements as required by Federal regulations.

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Chapter Three

Forum on Child Care Financial Aid Issues

The message was clear from the Forum on Child Care Financial Aid Issues at the nation's capital: Congressional decisions on federal funding for child care have a significant impact on the availability and quality of child care in every state.

The Forum was designed to address issues related to Goal 1 in the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***. Goal 1 calls upon government and the private sector to provide adequate funding to meet 100% of the need for direct child care assistance based on the federal eligibility policy of 85% of the State Median Income (SMI). In its action plan, the Southern Regional Task Force on Child Care stated strongly that all families under the 85% SMI level who need and seek child care financial aid should be able to access assistance. Recommended actions include increased federal and state funding and business community leadership to increase overall resources to meet the need.

Sarah Shuptrine, President and CEO of the Southern Institute on Children and Families, characterized the inadequacy of federal child care financial support as the number one issue facing southern states attempting to help low-income working families through child care subsidies. She briefed Forum participants on the Southern Regional Initiative on Child Care report, titled ***Sound Investments: Financial Support for Child Care Builds Workforce Capacity and Promotes School Readiness.*** The December 2000 report launched the Southern Regional Task Force on Child Care's comprehensive ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South.***

"During Task Force deliberations held in Florida, Georgia, North Carolina and Texas, and during 13 state site visits in 2001 and 2002, we heard loud and clear that until the federal government provides adequate matching funds for implementation of its own policy, states will be unable to provide child care subsidies to all eligible families who seek child care financial aid," Shuptrine told the distinguished assembly. "States simply cannot meet the need without a realistic level of matching funds from the federal government."

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– Sarah Shuptrine

The DC Forum, convened in the midst of congressional reauthorization activities, presented a timely opportunity to release the Initiative's second-year report, ***Building Momentum—Taking Action: Southern States Collaborate on Child Care Financial Aid and Quality Initiatives***. The report included survey results on the status of implementation efforts for the financial aid action plan. For example, 12 out of 15 southern states reporting, or 80%, stated that they had taken some action toward the goal of increasing state funding to provide child care subsidies to more eligible families. Additionally, every responding state reported action taken toward the goal of mobilizing federal, state and community resources in support of families who seek child care assistance.

"Involving business leaders is key to building the leadership it will take to elevate the need for child care financial aid in the public sector," Shuptrine said. "We also need more employers to participate in public/private initiatives designed to increase child care resources, such as contributing to and participating in pooling arrangements and taking advantage of tax credits for subsidies and facilities."

While the federal role is key to placing child care subsidies within the reach of more low-income, working families, most of the action plan's goals call for action at the state level to reform policies and take other actions that will make child care financial aid more available and accessible.

REAUTHORIZATION OF THE CHILD CARE AND DEVELOPMENT FUND AND TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

Mark Greenberg, Senior Staff Attorney at the Center for Law and Social Policy (CLASP), began his update on reauthorization activities by giving a brief primer on the Child Care and Development Fund (CCDF) and the Temporary Assistance to Needy Families (TANF) program.

The CCDF provides federal funds to states for child care subsidy programs and initiatives to improve child care quality for all families. Families with incomes below 85% of the SMI are potentially eligible for child care subsidies. At least 4% of CCDF spending must be applied to quality initiatives. States have broad discretion in determining eligibility, compensation rates for providers, parental co-payments, health and safety standards and uses for quality funding.

TANF provides block grants to states for cash assistance programs and work and family supports. TANF is commonly referred to as "welfare." But in the 1996 welfare law, Congress allowed states to transfer up to 30% of TANF funds to CCDF. States also were given flexibility to directly spend TANF funds for child care without transferring them to CCDF. Then, a 57% reduction in TANF caseloads, after enactment of the law, significantly increased availability of TANF funds, and made it possible for states to redirect many of these funds to child care.

States have broad discretion in determining eligibility, compensation rates for providers, parental co-payments, health and safety standards and uses for quality funding.

"The single largest redirection of TANF funds has been to child care," Greenberg noted. "Through fiscal year 2000, almost all states drew down available CCDF federal match," he continued. "Redirected TANF funds grew each year, accounting for most of the growth in child care funding."

Greenberg told Forum guests that the majority of eligible families do not receive child care financial aid. The Department of Health and Human Services estimates that only 12% of eligible children nationwide were being served during 1999. And with state budget situations becoming increasingly bleak, even that statistic may be in jeopardy.

Key reauthorization issues include whether the CCDF should encourage an increase in the number of children served, strengthen its focus on early education, institute higher provider payment rates, enforce stricter licensing, monitoring and enforcement policies or reduce system complexity. In addition, policymakers are unsure what overall funding levels should be and whether the quality set-aside should be increased.

PANEL ON CHILD CARE FUNDING ISSUES

A panel representing a variety of perspectives on child care followed Greenberg's address.

"We are very concerned about the lack of child care resources and how that affects children's ability to learn. There are many on waiting lists, which can result in families returning to welfare," said Helen Blank, Director of Child Care and Development at the Children's Defense Fund. "Early learning is critical. All the decisions states make involve a lack of resources. If we really want our children to do well in school, we really must improve funding for child care this year."

The panel was then asked what actions are needed to bring about increased federal funding for child care financial aid. Stephanie Robinson, former Majority General Counsel for Senator Kennedy, Senate Health, Education, Labor and Pensions Committee, currently the National Director for Public Policy for the Center for Community Change, was first to reply:

"The first thing we have to do in addressing funding is identify priorities," she said. "You can't ask for more money without having priorities outlined. Even family budgets consider priorities. The challenge to us as policymakers at the national level is whether child care is a national priority. If so, it cannot become a second-tier issue...I agree that more money is necessary. We have to be practical. We are all in a recession and in a war right now. We need to be intellectually honest on these issues...If it is a priority, we need to put our money where our mouth is."

Diane Rath, Chair of the Texas Workforce Commission, asserted that it is important to look at overall funding. Pre-K in Texas is a huge contributor, she commented, adding that concentrating on subsidized programs alone is too narrow a focus.

Blank raised the issue of part-day versus full-day child care slots. "Pre-K needs to meet the needs of working parents. It doesn't currently," she said. "Early Head Start is a fabulous program, but it serves less than 5% of the need. Child care dollars need to meet child care needs of families. There still are tremendous gaps. I think education is a national priority. Helping families work is a national priority. Child care helps families work."

Adding to the dialogue, Robinson said, "The way we have looked at these systems in the past may not be the way to look at them now. We need to look at the purpose of these programs, how states can best utilize them and what the federal role should be."

Blank responded to that comment by saying that, initially, Congress and the administration did not want federal child care standards. "Most of child care is paid out of parents' pockets. We are balancing the needs of working families and children. If we looked at child care like higher education, we could help more families. The child care burden is 60% parents, 39% government and 1% private. To keep child care affordable may mean not meeting children's needs if parents need to pick up the bulk of costs. We keep trying to balance it, and in the end it probably doesn't work well for children," Blank said.

Andrew Bush, Director of the Office of Family Assistance at the Administration for Children and Families, stated, "There is a good bit of child care money funded right now. I think the challenge the states have is looking at how to take various forms of child care funding and treat them comprehensively. It is fundamentally administrative."

Gina Adams, Senior Research Associate with The

Urban Institute, pointed out that the real challenge TANF families may face is that they have to deal with multiple systems.

In response, Rath noted that states have inherited a very entrenched system. "To come in and think states can automatically reform an entrenched bureaucracy does not represent what has happened at the grassroots level in local communities. When you are dealing with the Head Start bureaucracy," she said, "that is a very difficult nut to crack."

The next question for the panel addressed how state budget cuts are affecting the availability of child care.

"It is a big challenge," responded Gwen Hamilton, Secretary of the Louisiana Department of Social Services. "Like most states, Louisiana faces declines in state revenues even though we have transferred 30% of TANF to CCDF. We have been unable to raise the state funds necessary to draw down the entire amount available to utilize for child care. This coming budget year will be no different for us, but we have set child care as a priority in our state...This system has dealt with child care in its broadest sense. Priority should be both child care for working parents and learning opportunities for children."

Shuptrine noted that the Task Force has worked to educate states about what other states are doing. "The Task Force really likes what they have done in Florida with businesses pooling funding for child care. State matching funds for these business contributions were initiated with a $2 million state appropriation and have grown to more than $15 million in state/federal match resources. Businesses are standing in line to match that money," she said. "Public funds are not the only way to increase child care resources. It will take a partnership of public and private funds. Educating businesses about what they can do in terms of tax breaks and cafeteria plans is a big piece of this. But today our focus is at the federal level. Most states say they will allocate more state funds if the federal government will up the match."

Adams described research conducted at The Urban Institute in which families were asked what they actually have to do to apply for and keep subsidies. There was much variation in responses, but most pointed out the need to simplify application and redetermination processes. Many parents discussed the challenges they faced completing requirements. For example, the application process in some places took repeated visits or had extensive documentation requirements. In others, eight to 10 documents were required. Families have to report all changes in circumstances. How reporting is implemented—by phone, mail or face-to-face—affected retention. In addition, once receiving subsidies, parents were required to regularly recertify their eligibility and report any changes in circumstances that affected the subsidy, such as a change in job, work hours or work schedule.

"Getting subsidy was one issue, but keeping it was another. Eligibility is tied to work and circumstances. It is time-limited, so if you don't regularly prove you are eligible, you lose it. You have to reprove you are eligible again and again," Adams said.

To this statement, Greenberg responded that much of the problem is inherited. "Many of the administrative problems flow from old federal requirements. A number of these requirements were repealed in 1996, but states often haven't changed their administrative rules to take advantage of the flexibility. But, there could be a valuable federal role in helping states understand their choices and encouraging simplification." he said.

"We don't pass laws to check off boxes or spend more money. We pass laws to help people, which is why we are committed to SCHIP. You can't pass laws here without making sure that the intent of the law is fulfilled. We don't always get it right, which is the reason for reauthorization," Robinson said.

Focusing on a key point to effecting child care financial aid, Shuptrine remarked that leadership is needed desperately at both the state and federal levels. "Many people were elated when Senator Hatch, Senator Kennedy and others came out in 1997 and decided to enact the State Children's Health Insurance Program (SCHIP). SCHIP brought badly needed resources to provide health coverage for more children in low-income working families. The issue of child care requires similar leadership. We need something really bold, like SCHIP," she concluded.

CHAPTER FOUR

IMPROVING QUALITY IN CHILD CARE

The developmental effects of child care depend on its safety, the opportunities it provides for nurturing and stable relationships and its provision of linguistically and cognitively rich environments. Yet the child care that is available in the United States today is highly fragmented and characterized by marked variations in quality, ranging from rich, growth-promoting experiences to unstimulating, highly unstable and sometimes dangerous settings. The burden of poor quality and limited choice rests most heavily on low-income, working families whose financial resources are too high to qualify for subsidies, yet too low to afford quality child care.[6]

EMBARKING ON A PLAN TO IMPROVE QUALITY IN CHILD CARE

In February 2001, the Southern Regional Task Force on Child Care and its Staff Work Group embarked on a southern regional action plan to achieve quality early care and education programs.

One of the first challenges facing the Task Force was reaching consensus on a definition of "quality." After a lengthy and thoughtful discourse, the Task Force reached agreement that quality child care includes:

- Nurturing, responsive and developmentally appropriate care and education;
- Consistent, educated, trained and professionally compensated early childhood education teachers;
- A safe and stimulating environment;
- Age-appropriate staff-child ratios and group sizes.

In its accreditation procedures manual, the National Association for the Education of Young Children (NAEYC) notes that accreditation is "one level of quality control." Licensing alone only establishes that a facility meets minimum state-determined health and safety requirements. To be eligible for accreditation, programs must be licensed and in good standing. NAEYC defines a high-quality early childhood program as "one that meets the needs of and promotes the physical, social, emotional and cognitive development of the children and adults—parents, staff and administrators—who are involved in the program."[7]

In May 2001, the Task Force determined that information must be collected from southern states to lay the groundwork for the action plan on quality early care and education. To accomplish this, the Southern Institute conducted a survey of 16 southern states and the District of Columbia to collect data on each state's quality standards and initiatives, including licensing standards, and to compare state standards with accreditation standards developed by NAEYC. The Southern Institute quality survey was sent to child care administrators, licensing officials and advocacy groups in each of the southern states. After submitting survey data, respondents were given two opportunities to correct data that was entered into the database created by the Southern Institute, including an opportunity to correct data tables that were compiled from the database.

Responses from the survey were compiled by the Southern Institute and key data are displayed in tables included in the October 2002 publication entitled ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***.[8]

DEVELOPING A PLAN OF ACTION

To provide a perspective to Task Force members on state demographics pertinent to child care, the Southern Institute prepared Table 1 from Census 2000 data. The Census data show that the percentage of children under six with both parents working ranged from 47.8% in Oklahoma to 63% in Mississippi. Census data also show that the percentage of children under age six living with only a single parent who was working ranged from 62.2% in West Virginia to 81.2% in Virginia.

The Southern Regional Task Force on Child Care, with guidance from the Southern Institute and the Staff Work Group, used census data along with compiled data from the survey to develop a plan of action for improving the quality of child care in the southern region. Armed with data showing that efforts to ensure the safety and quality of child care vary considerably across the southern region, the Task Force developed a comprehensive plan that sets forth a "gold standard" that every southern state should achieve on behalf of all children in early care and education.

Armed with data showing that efforts to ensure the safety and quality of child care vary considerably across the southern region, the Task Force developed a comprehensive plan that sets forth a "gold standard" that every southern state should achieve on behalf of all children in early care and education.

As it developed its action plan for children from birth to age 12, the Task Force was guided by its vision statement: **All children who are in early care**

TABLE 1
Number and Percentage of Children Under 6 Living with Parents in the Labor Force

STATE	LIVING WITH TWO PARENTS		LIVING WITH ONE PARENTS	
	Number of Children *Both Parents Working*	**Percentage of Children** *Both Parents Working*	**Number of Children** *Single Parent Working*	**Percentage of Children** *Single Parent Working*
United States	8,162,027	53.9%	4,993,026	75.5%
Alabama	120,363	54.9%	85,798	73.8%
Arkansas	76,305	59.5%	49,170	69.8%
Delaware	21,163	59.5%	16,817	80.4%
District of Columbia	7,569	62.7%	17,228	75.6%
Florida	389,575	56.8%	284,741	78.5%
Georgia	219,751	50.4%	184,313	76.2%
Kentucky	107,983	51.7%	67,611	75.1%
Louisiana	106,508	51.8%	103,247	70.7%
Maryland	167,169	61.5%	101,102	76.6%
Mississippi	76,299	63.0%	80,040	77.8%
Missouri	169,301	59.0%	109,841	78.9%
North Carolina	237,133	59.1%	144,251	78.2%
Oklahoma	85,419	47.8%	64,728	79.0%
South Carolina	104,076	54.4%	65,013	70.1%
Tennessee	156,284	55.0%	103,866	72.9%
Texas	617,771	49.2%	402,061	71.7%
Virginia	233,001	57.8%	107,842	81.2%
West Virginia	38,144	52.7%	24,129	62.2%

Source: Southern Institute on Children and Families, derived from Census 2000 data.

and education programs will be in environments that are safe, nurturing and encourage their development.

The Southern Regional Action Plan to Improve the Quality of Early Care and Education sets forth seven goals and 39 action steps and is organized by the following categories:

- Comprehensive, coordinated early care and education;
- Rigorous licensing and regulatory standards;
- Quality early care and education programs;
- Standards and support for child care professionals;
- Informed and involved parents;
- Financially accessible early care and education programs; and
- Accountability to ensure action.

The full action plan is presented in Appendix B. The goals and relevant data tables are presented below.

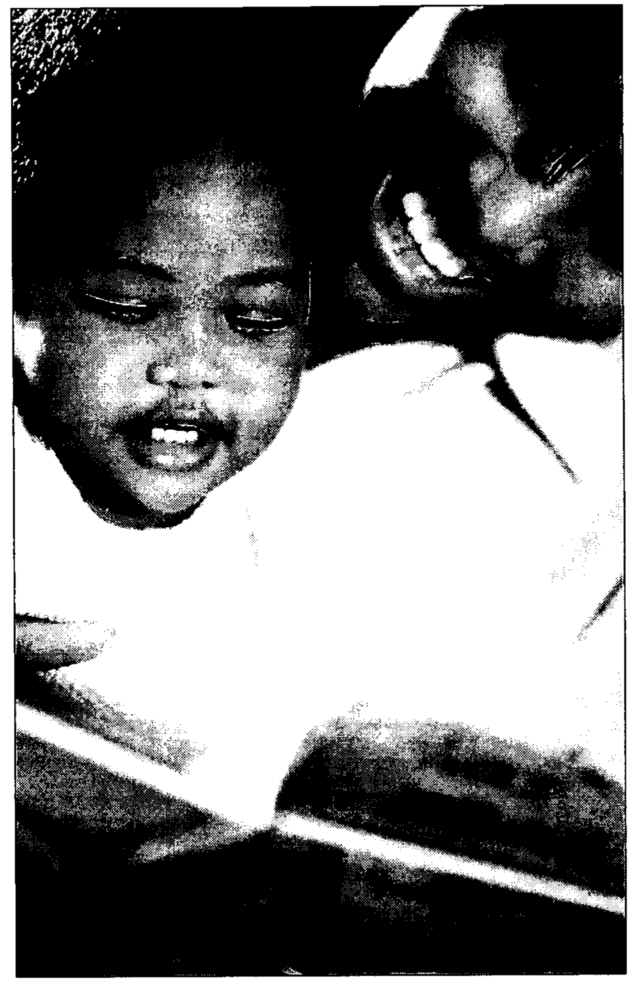
COMPREHENSIVE, COORDINATED EARLY CARE AND EDUCATION

GOAL ONE

All children and families will have the benefit of a quality, comprehensive and coordinated early care and education system.

ACTION STEP 1.1 Public policy at the federal, state and local level will require planning and coordination across major systems to improve quality, including Head Start, state pre-kindergarten, subsidized child care and licensing.

ACTION STEP 1.2 Public policy at the federal, state and local level will support families by linking early care and education programs to health coverage, physical and mental health care, nutrition, economic support, transportation and parenting education services.



ACTION STEP 1.3 Federal, state and local policies and systems will ensure coordinated, seamless transitions for children moving among early care and education programs and into kindergarten.

There are many programs for very young children in the early care and education system. Child care, Head Start and pre-kindergarten all provide preschool opportunities. Each is supported by different funding sources and, typically, is administered by different agencies. Coordination among these programs is encouraged by the federal government and by most states to maximize funds available for preschool. Collaboration can increase availability and quality.

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TABLE 2
State Child Care Subsidy Program Efforts to Collaborate with Other Publicly Supported Early Childhood Programs

	PRE-KINDERGARTEN		HEAD START	
STATE	Collaboration	Assistance to Providers in Meeting Public School Standards	Collaboration	Assistance to Providers in Meeting Head Start Standards
Alabama	Yes	Yes	Yes	Yes
Arkansas	Yes	Yes	Yes	Yes
District of Columbia	Yes	No	Yes	Yes
Georgia	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes
Louisiana	No	No	Yes	No
Maryland	Yes	Yes	Yes	No
Mississippi	No	No	No	No
Missouri	Yes	No	Yes	Yes
North Carolina	Yes	No	Yes	Yes
Oklahoma	Yes	Yes	Yes	Yes
South Carolina	No	No	Yes	Yes
Tennessee	No	No	Yes	Yes
Texas	Yes	No	Yes	No
Virginia	Yes	No	Yes	Yes
West Virginia	No	No	Yes	Yes

NOTE: Florida did not respond to the Child Care Administrator Survey.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Administrator). Survey requested information as of July 1, 2001.

The Southern Institute collected data from child care administrators on collaboration with Head Start and/or with pre-kindergarten. Child care administrators were also asked to indicate if they provided assistance to providers to meet the standards for Head Start and/or pre-kindergarten. Table 2 shows that five state administrators did not indicate that their child care programs collaborate with pre-kindergarten or provide assistance to meet pre-kindergarten standards, (Louisiana, Mississippi, South Carolina, Tennessee and West Virginia). Mississippi was the only state that did not check that they collaborate with Head Start or provide assistance to meet Head Start standards. Three other states (Louisiana, Maryland and Texas) did not indicate that they provide assistance to providers to meet Head Start standards.

Collaboration can increase availability and quality.

RIGOROUS LICENSING AND REGULATORY STANDARDS

GOAL TWO

RIGOROUS LICENSING REQUIREMENTS AND/OR REGULATORY PROCESSES WILL BE ENACTED TO ENSURE THAT CHILDREN ARE ADEQUATELY PROTECTED IN ALL EARLY CARE AND EDUCATION SETTINGS.

ACTION STEP 2.1 States will establish staff-child ratios and maximum group sizes for centers and homes that meet NAEYC (National Association for the Education of Young Children), NAFCC (National Association for Family Child Care), APHA (American Public Health Association) and AAP (American Academy of Pediatrics) national standards.

ACTION STEP 2.2 States will develop and enforce health, fire and safety requirements for all early care and education settings that reflect standards set forth by the APHA and the AAP.

ACTION STEP 2.3 State law will require strict enforcement of licensing requirements. States will use a range of sanctions that will include license revocation when a provider is unable or unwilling to meet requirements.

ACTION STEP 2.4 States will conduct at least three unannounced monitoring visits per year to verify compliance with requirements.

ACTION STEP 2.5 States will require that child care providers, early childhood teachers and others who have regular access to children in early childhood settings have federal and state background checks using fingerprinting and screening against the state child abuse registry.

ACTION STEP 2.6 States will ensure that all licensing and early care and education staff are educated in recognizing signs of child abuse and are trained in the state's child abuse reporting laws.

ACTION STEP 2.7 States will have a well-trained regulatory workforce with average caseloads between 50 and 75 per staff person and a system capable of providing technical assistance.

ACTION STEP 2.8 States will ensure parental right of access to their child's early care and education facilities.

Rigorous licensing and regulatory standards should apply to regulated care for all children, not just care for children who are paid for by the state's child care program. These standards are the foundation for ensuring safety and quality. Yet the survey results displayed in Table 3 indicate that nine states (Alabama, District of Columbia, Georgia, Missouri, North Carolina, South Carolina, Tennessee, Texas and Virginia) provide subsidies for children who are in care that is unregulated and not monitored. The District of Columbia places less than 1% of children in care that is unregulated and not monitored. The highest percentage is in Missouri where 36% of children paid for by the state's child care program are in care that is both unregulated and not monitored. At the other end of the spectrum of responses, 100% of the children

TABLE 3
Percentage of Subsidized Children by State Monitoring or Regulatory Policies

	PERCENTAGE OF SUBSIDIZED CHILDREN			
	Regulatory Policies		Monitoring Policies	
STATE	Unregulated	Regulated Care	Care is Not Monitored	Care is Monitored
Alabama	21%	79%	21%	79%
Arkansas	0%	100%	0%	100%
District of Columbia	<1%	>99%	< 1%	> 99%
Georgia[1]	See Note	See Note	See Note	See Note
Kentucky	24%	76%	0%	100%
Louisiana	14%	86%	0%	100%
Maryland	0%	100%	0%	100%
Missouri	36%	64%	36%	64%
North Carolina	3%	97%	3%	97%
Oklahoma	0%	100%	0%	100%
South Carolina	12%	88%	12%	88%
Tennessee[2]	10%	90%	10%	90%
Texas	18%	82%	18%	82%
Virginia	15%	85%	15%	85%
West Virginia	7%	93%	0%	100%

NOTE: Florida did not respond to the Child Care Administrator Survey. Mississippi did not provide responses to this question.

[1]Georgia is unable to break out regulated and unregulated center data.
[2]Tennessee child care program staff regulate legally exempt family child care homes.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Administrator and Child Care Licensing Administrator). Survey requested information as of July 1, 2001.

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TABLE 4
State Licensing Standards for the Maximum Number of Children Allowed to Be Cared For by One Adult in Licensed Child Care Centers

Age of Child	6 Months	13 Months	25 Months	37 Months	4+ Years
NAEYC Standards[1]	1:3 - 1:4	1:3 - 1:5	1:4 - 1:6	1:7 - 1:10	1:8 - 1:10
STATE					
Alabama	1:6	1:6	1:8	1:12	1:20
Arkansas[2]	1:6	1:6	1:9	1:12	1:15
District of Columbia	1:4	1:4	1:4	1:8	1:10
Florida	1:4	1:6	1:11	1:15	1:20
Georgia	1:6	1:6	1:10	1:15	1:18
Kentucky	1:5	1:6	1:10	1:12	1:14
Louisiana	1:5	1:7	1:11	1:13	1:15
Maryland	1:3	1:3	1:6	1:10	1:10
Mississippi	1:5	1:9	1:12	1:14	1:16
Missouri	1:4	1:4	1:8	1:10	1:10
North Carolina	1:5	1:6	1:10	1:15	1:20
Oklahoma	1:4	1:6	1:8	1:12	1:15
South Carolina[3]	1:6	1:6	1:10	1:13	1:18
Tennessee[4]	1:4	1:4-1:6	1:6-1:7	1:9	1:15
Texas	1:4	1:5	1:13	1:17	1:20
Virginia	1:4	1:4	1:10	1:10	1:12
West Virginia	1:4	1:4	1:4	1:8	1:12
Number of States Below Standards	8	10	13	11	14
Number of States Meeting Standards	9	7	4	6	3

[1] National Association for the Education of Young Children - Ratios vary based on number of children in a group.
[2] Arkansas sets higher standards for providers participating in the state funded Pre-Kindergarten program, Arkansas' Better Chance.
[3] South Carolina has established more stringent staff:child ratios for providers voluntarily agreeing to meet higher subsidy standards.
[4] Ratios effective July 1, 2002.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Licensing Administrator). Survey requested information as of July 1, 2001.

whose child care is paid for by three states (Arkansas, Maryland and Oklahoma) are in care that is both regulated and monitored.

STAFF-CHILD RATIOS AND GROUP SIZE

An important predictor of the quality of a child care program is the way it is staffed. Research has shown that the number of adults caring for children, staff-child ratio, is critically important to good outcomes for children. Eight to 14 southern states, however, do not meet nationally recognized quality standards as set forth by NAEYC for staff-child ratios. Table 4 shows that of 17 states, eight have too few adults caring for children six months old, 10 states do not meet quality ratios for children 13 months old, 13 states fall below quality standards for children 25 months old, 11 states do not meet standards for children 37 months old and 14 states fail to provide enough adults to care for children four+ years old.

In addition to staff-child ratios, research has demonstrated that group size is equally important in determining quality. Group size is the number of children in a classroom assigned to a teacher, or team of teachers, for care and instruction. Table 5 shows that of the 13 states that set standards for group size for children four years of age and younger, two have established standards that meet NAEYC quality standards for all these age groups, (District of Columbia and Maryland). Four states (Alabama, Florida, South Carolina and Virginia) do not set

TABLE 5
State Licensing Standards for the Maximum Number of Children Allowed in a Group in Licensed Child Care Centers

Age of Child	6 Months	13 Months	25 Months	37 Months	4+ Years
NAEYC Standards [1]	6-8	6-12	8-12	14-20	16-20
State					
Alabama	No Standards	No Standards	No Standards	No Standards	No Standards
Arkansas[2]	12	12	18	24	30
District of Columbia	8	8	8	16	20
Florida	No Standards	No Standards	No Standards	No Standards	No Standards
Georgia	12	12	20	30	36
Kentucky	10	12	20	24	28
Louisiana	10	14	11	13	15
Maryland	6	6	12	20	20
Mississippi	10	10	14	14	20
Missouri	8	8	8	No Standards	No Standards
North Carolina	10	12	20	25	25
Oklahoma	8	12	16	24	30
South Carolina	No Standards	No Standards	No Standards	No Standards	No Standards
Tennessee	8	8-12	12-14	18	20
Texas	10	13	22-26	30-34	35
Virginia	No Standards	No Standards	No Standards	No Standards	No Standards
West Virginia	10	10	10	No Standards	No Standards
Number of States with No Standards	4	4	4	6	6
Number of States Below Standards	8	2	7	6	6
Number of States that Meet Standards	5	11	6	5	5

[1] National Association for the Education of Young Children - Ratios based on number and ages of children.
[2] Arkansas sets higher standards for providers participating in the state funded Pre-Kindergarten program, Arkansas' Better Chance.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Licensing Administrator). Survey requested information as of July 1, 2001.

standards for group size, while West Virginia does not set group size standards for children older than two years of age.

MONITORING

In the regulation of care, unannounced monitoring is an important function to ensure safety as well as to ascertain that programs are adhering to regulations. Table 6 (shown on following page) shows that six of 17 states (Florida, Georgia, Kentucky, South Carolina, Texas and West Virginia) announce their monitoring visits in advance so that child care providers know when to expect monitoring staff.

As shown in Table 6 (shown on following page) the number of monitoring visits ranges widely, from one visit every other year in Alabama to seven visits per year in Tennessee. The facility caseload, or the number of facilities for which one monitoring staff person is responsible, ranges from 30 in Tennessee to 137 in Georgia. Of 15 states reporting caseload information, five states (Georgia, Mississippi, Texas, Virginia and West Virginia) do not meet NAEYC's caseload standard. Three states (Alabama, Florida and Tennessee) exceed the standard.

BACKGROUND CHECKS

Criminal background checks for child care employees are seen by most states as an important safety measure. Only one respondent, the District of Columbia, reported that they conduct no criminal background checks. As shown in Table 7,

TABLE 6
State Regulatory Policies and Practices Related to Child Care Facility Monitoring Visits

State	Number of Monitoring Visits Per Year	Hours Spent Per Monitoring Visit		Periodic Monitoring Visit is Unannounced	Facility Caseload for Monitoring Staff (NAEYC Caseload Standard is 50-75)
		Centers	Homes		
Alabama[1]	0.5	6-8	4-6	Yes	42
Arkansas	3	2.5	1.5	Yes	68
District of Columbia	1	4	2	Yes	73
Florida[2]	3	3	1.5-2	No	49
Georgia	1	6	2-4	No	137
Kentucky	1	4-5	4-5	No	60
Louisiana	1	5.25	1	Yes	Data Not Provided
Maryland[3]	1	4	1.9	Yes	Data Not Provided
Mississippi[4]	2	2	2	Yes	103
Missouri	2	2.5	2	Yes	68
North Carolina	1	4.5	2	Yes	71
Oklahoma	3	1.5	1	Yes	54
South Carolina	2	2-3	1-2	No	73
Tennessee[5]	7	Data Not Provided	Data Not Provided	Yes	30
Texas	1	2.4	2.4	No	85
Virginia[6]	2	3.5	2.5	Yes	98
West Virginia	1	3	Data Not Provided	No	80

[1] Data for facility caseloads applies to centers only; incomplete data on homes.
[2] Family day care receives two monitoring visits per year.
[3] 20% of centers selected randomly for unannounced inspection each year. 100% of homes receive an unannounced inspection every other year.
[4] For Mississippi, visits to a facility for routine inspections, i.e. mid-year and renewal, generally last between two hours to 2-3 days, depending on the size of the facility.
[5] Only the first of seven visits is announced.
[6] Three visits per year for Family Day System Homes.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Licensing Administrator). Survey requested information as of July 1, 2001.

six of 17 states (District of Columbia, Kentucky, Louisiana, Missouri, Oklahoma and Virginia) do not require fingerprint checks against the federal or state criminal registers. Six states (District of Columbia, Georgia, Louisiana, Maryland, North Carolina and Oklahoma) do not check child care employees against the state child abuse register.

TRAINING

States were asked to respond to questions about the training topics on safety issues that are required of child care teachers. As shown in Table 8, two states (Mississippi and Missouri) do not require training in first aid, and three states do not require training in CPR, (Mississippi, Missouri, and Oklahoma). Eight states (Alabama, District of Columbia, Louisiana, Maryland, Mississippi, Missouri, South Carolina and Virginia) do not require that child care teachers be trained in the detection of signs of child abuse. Four states (District of Columbia, Maryland, Mississippi and Missouri) said they do not require any safety related training topics.

QUALITY EARLY CARE AND EDUCATION PROGRAMS

GOAL THREE

STATES WILL SUPPORT DEVELOPMENT OF QUALITY EARLY CARE AND EDUCATION PROGRAMS FOR ALL CHILDREN.

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TABLE 7
State Policy Requirements for Background Checks On Child Care Center Staff

State	Background Check By Fingerprints: Federal	Background Check By Fingerprints: State	State Background Check By Name	State Check of Name Against Child Abuse Register
Alabama	Yes	Yes	No	Yes
Arkansas	Yes	No	Yes	Yes
District of Columbia	No	No	No	No
Florida	Yes	Yes	Yes	Yes
Georgia	Yes	Yes	Yes	No
Kentucky	No	No	Yes	Yes
Louisiana	No	No	Yes	No
Maryland	Yes	Yes	Yes	No
Mississippi	Yes	Yes	No	Yes
Missouri	No	No	Yes	Yes
North Carolina [1, 2]	Yes	Yes	Yes	No
Oklahoma	No	No	Yes	No
South Carolina	Yes	Yes	No	Yes
Tennessee	Yes	Yes	Yes	Yes
Texas [3]	Yes	No	Yes	Yes
Virginia	No	No	Yes	Yes
West Virginia	Yes	Yes	Yes	Yes

[1] North Carolina requires a federal check by fingerprints only if they have not lived in North Carolina in the past five years.

[2] North Carolina requires that, once a month, the state data base is cross checked against the North Carolina Sex Offender Public Protection Registry.

[3] Federal check by fingerprint required only if recently moved to Texas from another state.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Licensing Administrator). Survey requested information as of July 1, 2001.

TABLE 8
Required Training Topics by State Licensing Standards for Licensed Child Care Staff

State	Training Topics: Safety	Health	CPR	First Aid	Detection of Abuse
Alabama	Yes	Yes	Yes	Yes	No
Arkansas [1]	Yes	Yes	Yes	Yes	Yes
District of Columbia	No	No	Yes	Yes	No
Florida	Yes	Yes	Yes	Yes	Yes
Georgia	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	Yes	Yes	No
Maryland [2]	No	No	Yes	Yes	No
Mississippi	No	No	No	No	No
Missouri	No	No	No	No	No
North Carolina	Yes	Yes	Yes	Yes	Yes
Oklahoma	Yes	Yes	No	Yes	Yes
South Carolina	Yes	Yes	Yes	Yes	No
Tennessee	Yes	Yes	Yes	Yes	Yes
Texas	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	No
West Virginia	Yes	Yes	Yes	Yes	Yes

[1] Arkansas mandates Safety Training for directors only.

[2] Maryland requires that each center have at least one staff member present for every 20 children in care who is currently certified in CPR and First Aid.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Licensing Administrator). Survey requested information as of July 1, 2001.

ACTION STEP 3.1 States will provide all early care and education providers with resources to help them improve the quality of care and education they deliver, such as technical assistance and training, accreditation support, grants to meet health and safety requirements and grants to support family child care home networks.

ACTION STEP 3.2 States will have Child Care Resource and Referral networks to deliver quality early care and education enhancement support services to providers, such as outreach, training and technical assistance.

ACTION STEP 3.3 States will implement a rating system to recognize providers for incremental levels of quality.

ACTION STEP 3.4 States will implement tax and other incentives to develop and expand early care and education programs that demonstrate a higher level of quality.

ACTION STEP 3.5 States will use a formal mechanism to seek parental input in program evaluations and will use that information in making policy decisions related to early care and education programs.

ACTION STEP 3.6 States will identify and support the use of effective research-based curricula.

Despite funding shortages, states are making an effort to improve the quality of child care. One demonstration of this is the amount of funds devoted to improving quality. The Child Care and Development Fund (CCDF), a major federal funding source for child care, requires that states allocate four percent of the CCDF funds to improve quality. Table 9 shows that seven states allocate more quality improvement funding than is required, (District of Columbia, Maryland, Missouri, Oklahoma, South Carolina, Tennessee and Virginia).

Using higher reimbursement as an incentive to provide higher levels of quality care and upgrading child care facilities and programs are methods states employ to improve quality. As shown in Table 9, 12 states operate a tiered reimbursement system that pays more for higher levels of quality, fives states set standards higher than licensing for providers who

TABLE 9
State Child Care Subsidy Policies Established to Improve Quality

State	Allocates More Funding than the 4% Required by The Child Care and Development Fund for Quality Initiatives	Sets Provider Standards That Are Higher Than Licensing Standards	Provides Technical Assistance or Grants to Exceed Licensing Standards	Provides Tiered Reimbursement for Incremental Levels of Quality
Alabama	No	No	Yes	No
Arkansas [1]	No	Yes	Yes	Yes
District of Columbia	Yes	Yes	Yes	Yes
Georgia [2]	No	Yes	Yes	No
Kentucky	No	No	Yes	Yes
Louisiana	No	No	No	No
Maryland	Yes	No	Yes	Yes
Mississippi	No	No	Yes	Yes
Missouri	Yes	No	Yes	Yes
North Carolina	No	No	Yes	Yes
Oklahoma	Yes	No	Yes	Yes
South Carolina	Yes	Yes	Yes	Yes
Tennessee	Yes	No	Yes	Yes
Texas	No	No	Yes	Yes
Virginia	Yes	No	No	No
West Virginia	No	Yes	Yes	Yes

Note: Florida did not respond to the Child Care Administrator Survey.

[1] Arkansas sets provider standards that are higher than licensing standards for centers.

[2] Georgia sets provider standards that are higher than licensing standards for legally exempt family child care homes. Georgia began piloting a tiered reimbursement program in January 2002.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Administrator). Survey requested information as of July 1, 2001.

TABLE 10
Initiatives to Improve Quality Used in More than Half the States

Quality Initiative	Number of States Employing Initiative
Resource and referral programs.	17
Provides services and support to address the additional needs of Special Needs children.	17
Availability of technical assistance to providers.	17
Collaboration with Head Start.	16
Collaboration with Head Start that includes providing assistance to providers to meet Head Start standards.	16
Support for national accreditation.	16
Student loans or scholarships for child care workers.	16
Mentoring programs for professional development of child care staff.	16
Consumer education.	16
Community partnerships.	15
Public awareness on brain development of very young children and the implication for parents.	15
Partnerships with business.	14
Upgrading facilities/programs to exceed licensing standards.	14
Literacy for children in care.	14
Language development activities for children.	14
Parent satisfaction surveys.	14
Public awareness on brain development of very young children and the implication for providers.	14
Public awareness on brain development of very young children and the implication for policy makers.	14
Career development system coordinated with higher education system.	14
Collaboration with Pre-Kindergarten.	13
Provider satisfaction surveys.	13
Basic parent education printed material.	13
Regulated family child care networks.	12
Collaboration with Pre-Kindergarten that includes assisting providers in meeting public school standards.	12
Literacy for adults.	12
Credentialing or licensing system for child care workers.	11
Tiered reimbursement.	11
English as a second language.	11
Training for eligibility workers/resource and referral workers in basic parent education.	11
Credentialing system for child care administrators.	11
Coordinated state planning systems.	11
Coordinated local planning systems with oversight authority.	10
Increase wages for child care staff that complete specific training or education courses.	10
Enhance benefits for child care staff.	10
Coordinated state planning systems with oversight authority.	10
Enhance benefits for child care staff that complete specific training or education courses.	9
Coordinated local planning systems.	9

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Administrator, Child Care Licensing Administrator and Advocate). Survey requested information as of July 1, 2001.

participate in the child care subsidy system, and 14 states provide technical assistance or grants to assist providers in exceeding licensing standards.

The survey asked respondents to indicate which quality initiatives were undertaken in their state. The Southern Institute survey provided a list of 27 possible quality initiatives and asked respondents from each state to indicate which quality initiatives were employed in their state. Respondents included child care administrators, child care licensing administrators and advocacy groups. The information provided by survey respondents reflects initiatives taken by private or other public bodies in addition to those of state government. Because the listing of quality initiatives in this question was long and the number of respondents from each state diverse, Table 10 summarized the data by identifying the number of states checking each of the 27 quality initiatives rather than listing the states. The number of states undertaking some of the quality initiatives contained in the survey question follow:

- National accreditation, which demonstrates that a program has achieved a level of quality as recognized by the accrediting body, is often a difficult and expensive process. Sixteen states reported that they provide support to programs seeking national accreditation.

- A review of those items related to improving the child care workforce shows that 16 state child care administrators reported that their states offer student loans or scholarships to child care professionals who choose to further their education in early childhood. Ten states increase the wages and benefits of child care professionals who complete specific training or education courses, and 11 states have developed a state credential for child care workers and child care administrators.

In addition to indicating quality initiatives undertaken, respondents were asked to provide a subjective rating of the initiative. The rating scale was one to five, with one representing "low impact, does not do much to improve quality" and five representing "excellent impact, improves quality for 80% or more of the intended target population." A rating of four represented "very good impact, improves quality for more than half and less than 80% of the intended target market." The 12 quality initiatives listed below were rated most often by respondents with ratings of four or five, in other words, as having a very good impact on improving quality:

- Resource and referral programs;
- Student loans or scholarships for child care workers;
- Availability of technical assistance to providers;
- Upgrading facilities/programs to exceed licensing standards;
- Health consultants;
- Tiered reimbursement;
- Community partnerships;
- Collaboration with Head Start;
- Collaboration with Head Start that includes assisting providers;
- Support for national accreditation;
- Provide services and support to address the additional needs of Special Needs children; and
- Credentialing system for workers.

Parents often choose child care provided in the home of an adult who operates a regulated family child care home or who provides care that is legally

TABLE 11
Distribution of Children Served Through Child Care Subsidies by Type of Facility

State	Centers		Homes	
	Unregulated	Regulated	Unregulated	Regulated
Alabama	14%	67%	7%	12%
Arkansas	0%	76%	0%	24%
District of Columbia	0%	98%	<1%	2%
Georgia[1]	See Note	See Note	1%	17%
Kentucky	0%	69%	24%	7%
Louisiana	0%	69%	14%	16%
Maryland	0%	39%	25%	36%
Mississippi	No Data Available	No Data Available	No Data Available	No Data Available
Missouri	1%	48%	35%	16%
North Carolina	0%	84%	3%	13%
Oklahoma	0%	74%	0%	26%
South Carolina	0%	81%	12%	8%
Tennessee[2]	0%	79%	10%	12%
Texas	0%	76%	18%	6%
Virginia	0%	60%	15%	26%
West Virginia	1%	43%	6%	49%

Note: Florida did not respond to the Child Care Administrator Survey.
Percentages may not add to 100% due to rounding.

[1] Georgia is unable to break out regulated and unregulated center data. Eighty-two percent of subsidized children are placed in centers.
[2] Tennessee child care program staff regulate legally exempt family child care homes.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Administrator). Survey requested information as of July 1, 2001.

exempt from regulation. Table 11 shows that of the states surveyed, the number of children placed in unregulated homes ranges from a high of 35% in Missouri to a low of 0% in Arkansas and Oklahoma.

States face challenges in their efforts to improve quality in these informal settings. This type of care operates without the standards required of child care centers. Regulated family child care has fewer standards than center-based care, and family child care that is legally exempt from regulation has no regulatory standards. As shown in Table 12, (on the following page) four states (District of Columbia, Georgia, North Carolina and South Carolina) are meeting the challenge of improving quality by setting standards for legally exempt child care if the state child care program is paying for the care, and four states (District of Columbia, Georgia, Tennessee and West Virginia) monitor family child care homes legally exempt from regulation.

Research suggests that establishing networks for family child care, which offer training and other supports in non-traditional ways, leads to improved quality. Table 12 (on the following page) shows that eight states reported that they provide support to networks for regulated family child care, (Alabama, Arkansas, District of Columbia, Georgia, Maryland, Missouri, Oklahoma and Tennessee). Only three states (Alabama, Maryland and Missouri) establish and support networks for family child care that is legally exempt from regulation.

STANDARDS AND SUPPORT FOR CHILD CARE PROFESSIONALS

GOAL FOUR

STAFF IN EARLY CARE AND EDUCATION SETTINGS WILL BE APPROPRIATELY CREDENTIALED AND ADEQUATELY COMPENSATED.

TABLE 12
State Child Care Subsidy Policies to Improve Quality of Family Child Care Homes

State	Networks for Family Child Care Homes	Networks for Legally Exempt Family Child Care Homes	Child Care Subsidy Standards for Legally Exempt Family Child Care Homes	Monitor Legally Exempt Family Child Care Homes
Alabama	Yes	Yes	No	No
Arkansas	Yes	No	No	No
District of Columbia	Yes	No	Yes	Yes
Georgia	Yes	No	Yes	Yes
Kentucky[1]	No	No	No	No
Louisiana	No	No	No	No
Maryland	Yes	Yes	No	No
Mississippi	No	No	No	No
Missouri	Yes	Yes	No	No
North Carolina	No	No	Yes	No
Oklahoma	Yes	No	No	No
South Carolina	No	No	Yes	No
Tennessee	Yes	No	No	Yes
Texas	No	No	No	No
Virginia	No	No	No	No
West Virginia	No	No	No	Yes

Note: Florida did not respond to the Child Care Administrator Survey.

[1] Kentucky monitors unregulated care upon receipt of a complaint.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Administrator). Survey requested information as of July 1, 2001.

ACTION STEP 4.1 States will maintain a professional development system that ensures, at a minimum, providers in early care and education settings meet standards set forth by NAEYC, NAFCC, APHA or AAP.

ACTION STEP 4.2 States will require approved ongoing annual professional development for staff, appropriate to their education levels and job requirements, as specified in APHA and AAP. States will provide and implement a professional development system that verifies trainers, approves training and tracks the training of participants.

ACTION STEP 4.3 The federal government and states will provide universally available, comprehensive scholarships to early care and education providers who are pursuing a Child Development Associate (CDA) or two- or four-year degree in child development, early childhood education, early childhood special education or child care administration. Scholarships will address the costs of tuition, fees and books and will support components such as travel costs, paid release time and child care.

ACTION STEP 4.4 States will work with educational institutions to ensure that coursework is accessible in order to meet the early care and education workforce training needs, such as courses offered at night, on weekends, in accelerated formats, on-line and in various languages. Courses will address the varying educational levels of the workforce.

ACTION STEP 4.5 The federal government and states will provide financial incentives that reward completion of approved levels of professional development.

ACTION STEP 4.6 The federal government and states will provide college loan forgiveness programs for persons earning an approved degree who work for a specified period of time in early care and education programs.

ACTION STEP 4.7 States will work toward a system whereby staff with approved degrees or credentials will receive employment benefits and compensation at comparable levels to the state's public education system.

ACTION STEP 4.8 States will ensure meaningful agreements and processes to enable the transfer of credits between and among approved two- and four-year degree programs.

Child care professionals, i.e., the program and educational director, the teachers and the teacher assistants, are a critical determinant for positive outcomes for children. The Southern Institute survey asked states about some of the opportunities they have seized to impact the quality of the child care workforce. One opportunity that states have is the number of annual training hours they require of directors and teachers. As shown in Table 13, the District of Columbia and West Virginia have no standards for annual training hours for child care directors or teachers. Of the 15 states that set annual training standards for directors, the number of required hours ranges from a high of 24 in Alabama to a low of six in Maryland. For teachers, the number of required hours ranges from 20 in North Carolina to three in Maryland.

It is widely recognized that child care professionals are paid low wages given the importance of the work they perform. Financial support through scholarships is essential to increase the number of child care staff who pursue a credential or degree in early care and education. As shown in Table 14, (on the following page) of the 16 states responding, Louisiana is the only state that does not offer scholarships to child care professionals to improve their education and training.

TABLE 13
Licensing Standards Related to Number of Annual Training Hours Required for Staff in Licensed Child Care Centers

State	Director	Teacher
Alabama	24	12
Arkansas [1]	18	10
District of Columbia [2]	No Standards	No Standards
Florida	8	8
Georgia	10	10
Kentucky	12	12
Louisiana	12	12
Maryland	6	3
Mississippi [3]	15	15
Missouri	12	12
North Carolina [4]	5-20	5-20
Oklahoma	20	12
South Carolina	20	15
Tennessee [5]	18	12
Texas	20	15
Virginia	8	8
West Virginia	No Standards	No Standards

[1] Arkansas requires higher standards for state funded public Pre-Kindergarten programs: 30 hours for director and teacher, 20 hours for teacher's aid.

[2] The District of Columbia requires 18-24 hours for providers participating in child care subsidy program. More than half of all providers are part of the subsidy system.

[3] Additional training on regulation of playground safety required every two years.

[4] North Carolina has various requirements based on educational levels.

[5] Tennessee requires that directors receive 36 hours the first year and teachers 18 hours the first year.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Licensing Administrator). Survey requested information as of July 1, 2001.

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TABLE 14
State Child Care Subsidy Programs Offering Scholarships to Child Care Staff to Improve Their Education and Training

State	Scholarships Offered
Alabama	Yes
Arkansas	Yes
District of Columbia	Yes
Georgia	Yes
Kentucky	Yes
Louisiana	No
Maryland	Yes
Mississippi	Yes
Missouri	Yes
North Carolina	Yes
Oklahoma	Yes
South Carolina	Yes
Tennessee	Yes
Texas	Yes
Virginia	Yes
West Virginia	Yes

Note: Florida did not respond to the Child Care Administrator Survey.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Administrator). Survey requested information as of July 1, 2001.

TABLE 15
State Child Care Subsidy Programs Offering Financial Support to Increase Wages and Benefits for Child Care Staff

State	Increased Wages	Enhanced Benefits
Alabama	No	Yes
Arkansas	Yes	Yes
District of Columbia	Yes	Yes
Georgia	Yes	Yes
Kentucky	No	No
Louisiana	No	No
Maryland	Yes	Yes
Mississippi	No	Yes
Missouri	Yes	Yes
North Carolina	Yes	Yes
Oklahoma	Yes	No
South Carolina	Yes	No
Tennessee	No	No
Texas	No	No
Virginia[1]	Yes	No
West Virginia	No	No

Note: Florida did not respond to the Child Care Administrator Survey.

[1] Virginia has increased wages, as of July 2002, through an expansion of the T.E.A.C.H. program.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Administrator). Survey requested information as of July 1, 2001.

As shown in Table 15, once child care professionals achieve a higher level of professional education, nine states support them by providing increased wages, (Arkansas, District of Columbia, Georgia, Maryland, Missouri, North Carolina, Oklahoma, South Carolina and Virginia). Eight states provide enhanced benefits, (Alabama, Arkansas, District of Columbia, Georgia, Maryland, Mississippi, Missouri and North Carolina).

INFORMED AND INVOLVED PARENTS

GOAL FIVE

FAMILIES WILL HAVE THE INFORMATION TO MAKE WELL-INFORMED DECISIONS ABOUT THE QUALITY OF THEIR CHILD'S CARE AND EDUCATION AND TO BE ACTIVELY INVOLVED IN THEIR CHILD'S CARE AND EDUCATION.

ACTION STEP 5.1 States will support Child Care Resource and Referral networks that are easily accessible to parents and that provide information on child development, quality indicators, provider choices, vacancies and linkages to additional information.

ACTION STEP 5.2 States will support early care and education providers in promoting parental involvement and in seeking parental input into the development and improvement of their programs.

Just as it is important for parents to be involved in their child's education in school, it is vital that parents are involved in their child's preschool education. Involved parents are better informed about their child's progress and about how they can significantly enhance their child's development. Table 16 shows that six states (Alabama, Arkansas, Florida, North Carolina, Texas and West Virginia) provide training to child care providers on working with families.

Involved parents also provide another set of eyes and ears to monitor the safety and quality of care provided. To monitor their child's care, parents must be able to enter, unannounced, the child care facility at any time during operating hours. As shown in

TABLE 16
Training Topics Required by State Licensing Standards For Licensed Child Care Center Staff

State	Provides Training on Working with Families
Alabama	Yes
Arkansas [1]	Yes
District of Columbia	No
Florida	Yes
Georgia	No
Kentucky	No
Louisiana	No
Maryland	No
Mississippi	No
Missouri	No
North Carolina	Yes
Oklahoma	No
South Carolina	No
Tennessee	No
Texas	Yes
Virginia	No
West Virginia	Yes

[1] Arkansas mandates training for directors only.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Licensing Administrator). Survey requested information as of July 1, 2001.

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TABLE 17
State Licensing Standards for Parent Involvement Required for Licensed Child Care Centers

State	Parents Have Unrestricted Access to Child Care Facility	Parent Meetings	Parent/Teacher Conferences	Parent Satisfaction Survey
Alabama	Yes	No	Yes	No
Arkansas	Yes	No	No	No
District of Columbia	Yes	Yes	No	No
Florida	No	No	No	No
Georgia	Yes	No	No	No
Kentucky	Yes	No	No	No
Louisiana	Yes	No	No	No
Maryland	Yes	No	No	No
Mississippi	No	No	No	No
Missouri	Yes	No	No	No
North Carolina	Yes	No	No	No
Oklahoma[1]	Yes	Yes	Yes	Yes
South Carolina	No	No	No	No
Tennessee	Yes	No	No	No
Texas	Yes	No	No	No
Virginia	Yes	No	No	No
West Virginia	Yes	Yes	Yes	No

[1] Centers must offer 3 of 8 parent involvement options.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Licensing Administrator). Survey requested information as of July 1, 2001.

Table 17, three states (Florida, Mississippi and South Carolina) reported that they do not require child care businesses to allow parents unrestricted access to the child care facility.

Table 18 reports actions by states to actively support parents. A parent's education is generally recognized as an important indicator of a child's success in school. Seven states (Alabama, Arkansas, Georgia, Maryland, Missouri, South Carolina and Texas) support adult literacy programs and five of those (Alabama, Arkansas, Georgia, Maryland and Missouri) offer English as a Second Language classes.

Parents informed about child development are better prepared for their parenting responsibilities. All but five states (Louisiana, Maryland, Tennessee, Texas and Virginia) engage in public awareness efforts to inform parents of the latest information on brain development in very young children and the implications for parenting.

In addition to education, another important criterion for quality child care professionals is sensitivity and responsiveness to children. Six states (Alabama, Kentucky, Louisiana, North Carolina, Tennessee and West Virginia) did not provide parents material about these important personal characteristics for caregivers of young children.

FINANCIALLY ACCESSIBLE EARLY CARE AND EDUCATION PROGRAMS

GOAL SIX

QUALITY EARLY CARE AND EDUCATION PROGRAMS WILL BE FINANCIALLY ACCESSIBLE TO ALL CHILDREN.

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TABLE 18
States Investing Child Care Funds in Quality Initiatives Targeted to Parents

State	Adult Literacy	English as a Second Language	Public Awareness on Brain Development and the Implications for Parents	Basic Parent Education Printed Material	Material on the Importance of Sensitivity and Responsiveness in Caregivers	Parent Satisfaction Survey
Alabama	Yes	Yes	Yes	Yes	No	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes	Yes
District of Columbia	No	No	Yes	Yes	Yes	No
Georgia	Yes	Yes	Yes	No	Yes	Yes
Kentucky	No	No	Yes	Yes	No	No
Louisiana	No	No	No	No	No	No
Maryland	Yes	Yes	No	Yes	Yes	Yes
Missouri	Yes	Yes	Yes	Yes	Yes	Yes
North Carolina	No	No	Yes	No	No	No
Oklahoma	No	No	Yes	No	Yes	Yes
South Carolina	Yes	No	Yes	Yes	Yes	No
Tennessee	No	No	No	Yes	No	Yes
Texas	Yes	No	No	Yes	Yes	Yes
Virginia	No	No	No	Yes	Yes	No
West Virginia	No	No	Yes	Yes	No	No

Note: Florida did not respond to the Child Care Administrator Survey. Mississippi did not provide responses to this question.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Administrator). Survey requested information as of July 1, 2001.

ACTION STEP 6.1 Federal and state governments will adjust the child care tax credit expense limits to accurately reflect the cost of quality care.

ACTION STEP 6.2 States with income taxes will establish refundable child and dependent care tax credits.

ACTION STEP 6.3 State and federal child and dependent care tax credit income-eligibility and expense limits will be indexed for inflation.

ACTION STEP 6.4 Federal, state, local and private funds will be sufficient to meet 100% of the need for direct early care and education financial aid, based on initial eligibility levels at 85% of the State Median Income. Federal law will allow and states will implement redetermination policies that allow families to retain early care and education financial aid until they reach 100% of the State Median Income.

ACTION STEP 6.5 Federal and state governments should develop policies and systems to ensure families receiving financial aid pay no more than 10% of their gross income for early care and education.

ACTION STEP 6.6 States will set payment rates at no less than the 75th percentile based on a market rate survey conducted every two years for each level and type of care. Annual inflation adjustments to payment rates will be made between market surveys.

ACTION STEP 6.7 States will implement payments to providers commensurate with the quality-rating level achieved by the early care and education programs.

ACTION STEP 6.8 States will examine the financing of quality early care and education in their state and work toward providing payment rates that recognize the cost commensurate with the standards set forth in this action plan.

ACTION STEP 6.9 States will design and aggressively implement outreach initiatives to provide families with easy-to-understand early care and education financial aid information and application assistance.

Adequate funding is inextricably linked to improved quality. The amount of state funds is a critical component of the funding mix states use to address the child care needs of eligible families. The Child Care and Development Fund (CCDF) is the primary source of federal funding for child care subsidies for low-income families. Estimates by the U.S. Department of Health and Human Services, Administration for Children and Families, indicate that in 1999 only 12% of the children who were potentially eligible for subsidies under the maximum allowable federal income guidelines, 85% of State Median Income, actually were receiving such assistance.[9]

The Southern Institute survey asked state child care administrators to provide basic funding information on how much state, federal and other funds were allocated to child care in federal fiscal year 2001. From this information, the Southern Institute compiled a table that ranks states according to the percentage of state funds that comprise the total funds available for child care. As shown in Table 19, North Carolina allocated $254,301,918 in state funds to child care. This allocation was 48.3% of the total child care budget in North Carolina. Mississippi, on the other hand, allocated $2,701,026 in state funds to child care, making up only 2.9% of the total funds available for child care.

Although it was not covered in the survey, the Task Force determined that accountability is a critical component of a quality early care and education system and set forth an associated goal.

ACCOUNTABILITY TO ENSURE ACTION

GOAL SEVEN

STATES WILL ENSURE THAT ACCOUNTABILITY IS BUILT INTO ALL SYSTEMS, PROGRAMS AND ACTIVITIES UNDERTAKEN TO ACHIEVE THE GOALS OF THIS ACTION PLAN.

ACTION STEP 7.1 States will convene appropriate stakeholders to develop written strategic plans for improving the quality of early care and education programs in the state. These plans will include key goals, quantifiable measures of progress and program outcomes for all quality enhancement activities.

ACTION STEP 7.2 States will collect and analyze data and produce written annual reports on progress toward identified goals. Reports will be made readily available to the public.

ACTION STEP 7.3 States will use data and annual reports to make continuous policy improvements and evaluate quality enhancement activities.

TABLE 19
Funds Allocated to Child Care in FFY 2001

	State		Federal		Other		
State	Percentage	Allocation	Percentage	Allocation	Percentage	Allocation	Total
North Carolina	48.3%	$254,301,918	51.7%	$271,805,285	0.0%		$526,107,203
Arkansas	38.8%	$15,662,168	60.9%	$24,613,601	0.3%	$125,357	$40,401,126
Virginia	36.0%	$42,877,739	64.0%	$76,319,266	0.0%		$119,197,005
District of Columbia	33.3%	$22,837,038	66.7%	$45,654,128	0.0%		$68,491,166
Maryland	24.0%	$40,617,483	76.0%	$128,336,213	0.0%		$168,953,696
Georgia	22.8%	$53,607,881	77.2%	$181,989,011	0.0%		$235,596,892
Texas[1]	21.5%	$106,122,709	78.5%	$386,912,566	0.0%		$493,035,275
Tennessee	15.7%	$33,000,000	84.3%	$177,200,000	0.0%		$210,200,000
Kentucky	10.7%	$14,800,000	89.3%	$123,400,000	0.0%		$138,200,000
Missouri	10.6%	$13,244,700	89.4%	$111,550,024	0.0%		$124,794,724
Oklahoma	10.5%	$13,600,000	89.5%	$116,170,000	0.0%		$129,770,000
Alabama[2]	9.1%	$9,700,000	90.4%	$96,500,000	0.5%	$580,000	$106,780,000
West Virginia	8.4%	$5,372,843	91.6%	$58,478,811	0.0%		$63,851,654
South Carolina	8.1%	$6,290,817	91.9%	$71,216,960	0.0%		$77,507,777
Louisiana	3.6%	$5,200,000	96.4%	$139,296,409	0.0%		$144,496,409
Mississippi	2.9%	$2,701,026	97.1%	$91,856,660	0.0%		$94,557,686

Notes: Funds may include CCDF, TANF (transferred and direct), SSBG, Pre-Kindergarten Federal Funds, State Funds and "other."
Florida did not respond to the Child Care Administrator Survey.

[1] For Texas, the federal funding sources also include Food Stamps/Title IV-E/Title IV-B/Welfare-to-Work.

[2] For Alabama, the other funding source is Local Funds.

Source: Southern Institute on Children and Families, December 2001, derived from data in State Survey on Quality Child Care (Child Care Administrator). Survey requested information as of July 1, 2001.

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The Southern Institute will monitor developments during the upcoming year and will issue a report on the status of implementation efforts. The Southern Institute, the Task Force and Staff Work Group will focus efforts on exploring the issues, opportunities and strategies for achieving greater collaboration among programs in the early care and education system.

The Southern Institute and the Task Force will host a June 2003 Forum on collaboration across child care, Head Start, pre-kindergarten and maternal and child health. The Forum will provide opportunities for a discussion among both state and federal, and public and private sector representatives on collaboration successes and obstacles and will identify issues that require further exploration. The Southern Institute commissioned a survey on collaboration to guide the planning for the June 2003 Forum. The report from the collaboration survey is discussed in Chapter 6.

Research on pre-kindergarten programs and on traditional child care programs shows that program quality significantly affects children's readiness for school. Only high quality programs improve school performance, and low quality programs of either type actually may have negative effects, especially for at-risk children.[10]

The Southern Regional Education Board, in its 2001 publication, Improving Children's Readiness for School: Preschool Programs Make a Difference, But Quality Counts, lists the five basic program areas that encompass the essential characteristics of high quality preschool programs:

- Strong health and safety standards;
- Low student to teacher ratios and small classes;
- Qualified and well-compensated teachers;
- Proven curricula and learning processes; and
- Meaningful involvement by parents.

The Southern Regional Action Plan to Improve the Quality of Early Care and Education addresses these five areas and provides a roadmap southern states can follow to attain the level of quality necessary to improve the readiness of children for school while providing the support parents need to work.

Chapter Five

Second Annual Southern Regional Forum On Child Care

The convening of influential state and regional leaders who can make things happen is a key Southern Institute strategy for increasing knowledge and promoting action on critical issues affecting children and families. Two region-wide Forums have been held as part of the Southern Regional Initiative on Child Care. The First Annual Southern Regional Forum on Child Care was held in Atlanta, Georgia in 2001 and was designed to examine implementation issues related to the ***Southern Regional Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***.

The Second Annual Southern Regional Forum on Child Care was held in October 2002 in Charleston, South Carolina. The purpose of this Forum was to build momentum for action on child care across the southern states. The Forum provided the setting for the release of the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***. The Forum agenda included dialogue on issues and opportunities identified during ongoing efforts to implement the ***Southern Regional Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*** developed in 2000 and a panel of state representatives detailing some of the results achieved to date.

With the forum held in the historic coastal city of Charleston, South Carolina Mayor Joe Riley opened the meeting with the encouraging message that leaders are becoming more enlightened on issues facing low-income working families.

"If we addressed the needs of our children, so many of the problems in society wouldn't exist. Children are our greatest responsibility, and they can't speak for themselves. I created the Mayor's Office on Children, Youth and Families to bring high level attention to their needs. Whatever you do, there usually is a long time before you have pay-off. You need to keep your eye on the long-term goal," Mayor Riley told some 70 Forum attendees.

Dr. J. Lawrence Aber, Director of the National Center for Children in Poverty, followed Mayor Riley with a keynote address urging states to target public and private leaders with credible, research-based messages that convey, in practical terms, the enormous need for greater investments in child care. "We need to create a sustained agenda for funding child care that has the long-term vision that interstate transportation planning had back when interstates were being developed," he said.

"We need to create a sustained agenda for funding child care that has the long-term vision that interstate transportation planning had back when interstates were being developed." –Larry Aber

Aber presented statistics from multiple data sources. His presentation visuals are included in Appendix D. Aber noted that, according to the

National Study of Child Care for Low-Income Families (LInCC), an increase of 108% in median spending on child care occurred between 1997 and 2000 in the project counties and states.[11] The study also showed there was a 79% growth in children served in the LInCC project's counties and states. Growth in spending for child care continues but is slowing, perhaps even reversing. Annual spending per federally eligible child more than doubled during the three-year period of the study, from $307 to $719 per child. The research documented an even larger growth in median spending on quality initiatives, a 226% increase between 1997 and 2000 from $5.07 per child in 1997 to $19.06 per child in 2000. Child care spending that comes from optional sources, such as the TANF transfer, TANF direct and general revenue funds tripled from 16% in 1997 to 46% in 2000. TANF was the most significant optional source used by the states.

Despite these spending increases, many eligible families in the LInCC project's counties and states receive subsidies only for a short period of time, while other eligible families do not receive subsidies at all. In 1997, 10% of the median portion of federally eligible children were served compared to 18% in 2000. In states studied, periods of child care subsidy ended for the majority of the children within seven months. "This is one way of demonstrating the enormous churning that goes on in the child care subsidy system," Aber said.

While more spending for child care is warranted,

"If you don't have payment rates for quality, you will not have quality," Peggy Ball said. "If you reimburse at lower rates, you will get lower quality."

states are experiencing difficult economic times. Most report revenue shortfalls.

Adding to this, Aber cited an informal survey by the Center for Law and Social Policy (CLASP) that produced responses from 31 state child care administrators. The survey identified 10 states that have begun to propose cuts affecting child care. Seven

states indicated that they expected not to be able to contribute sufficient state dollars to draw down available federal matching funds.

How can advocates make the case for increased investments in child care during a time of federal and state revenue shortfalls? Where does child care fall among the priorities of policymakers? Aber cited a spring 2002 survey of state legislators, sponsored by Let's Invest in Families Today (LIFT), found that improving public education was the top priority on the agenda of 45% of those surveyed. Providing affordable child care was cited as a priority for 28%. The poll also found that messages that focus on making investments to help children enter school ready to learn were very compelling.

It is imperative for advocates to frame their messages to appeal to or connect with existing priorities of policymakers. The messages, ideally, should be supported with solid information, which often is difficult to obtain and present consistently among the states.

"There is a growing body of research on return on investments. The science lags behind the common sense," Aber said. "We do not have the perfect random experiments showing that bad child care is bad for kids. But we do have the smoking gun. We can mount more powerful arguments for investments. We need to use our good sense to argue for these investments that go slightly beyond the data."

Aber provided information on the LIFT initiative operated by the National Center for Children in

Poverty and indicated the 2003 plans for the Southern Institute on Children and Families to serve as the southern regional LIFT partner organization. Sarah Shuptrine, Southern Institute President and CEO, indicated that plans include multiple southern states being involved in a collaborative effort to increase awareness and build public will to address the needs of low-income families.

PANEL ON CHILD CARE QUALITY INITIATIVES

Panelists representing the different states detailed their states' child care quality initiatives. Several themes resounded during panelist discussions:

- You get what you pay for.
- It is essential that advocates elevate the value of early childhood education in the eyes of policymakers.
- Child care providers need incentives for providing quality care and keeping their businesses solvent, including bonuses and other financial inducements, and continuing professional development offerings.

- **NORTH CAROLINA.** Peggy Ball, Director of the Division of Child Development at the North Carolina Department of Health and Human Services, described her state's five-star rated licensing system that rewards centers that demonstrate they provide a higher level of care and education. "The *Smart Start* early childhood quality program," Ball said, "has had a tremendous impact in the state. Funded with $200 million, *Smart Start* makes it possible to have a five-star system."

As Ball further explained, "If you don't have payment rates for quality, you will not have quality," she said. "If you reimburse at lower rates, you will get lower quality. We created five levels of reimbursement. There is approximately a 45% difference in reimbursement between the one-star and the five-star facilities."

Ball noted that 8,600 individuals working in child care in North Carolina are receiving wage supplements, which has been vital in reducing staff turnover. The majority of North Carolina's preschool children are in child care. Less than 10% are in family child care homes, which have been very slow to move to a higher licensing standard. Most family child care homes are one-star operations. Ball indicated that 60% of centers have ratings of three to five stars.

"CCDF-funded quality initiatives all must relate to the licensing system," Ball said. "Studies of *Smart Start* show improvements with higher quality care. Children are entering school better ready to learn and with fewer behavioral problems."

- **KENTUCKY.** Nancy Newberry, Assistant Director of the Kentucky Governor's Office of Early Childhood Development, described her state's KIDS NOW Early Childhood Development Initiative. Recognizing a correlation between quality and the education and training of child care staff, Kentucky's initiative developed an Early Childhood Professional Development Plan, providing both college and non-college scholarship paths that are seamless for the participants from entry-level credential to a bachelor's degree. The plan also calls for employer commitments on textbook reimbursement and related expenses, and provides mini-grants for Child Development Associate (CDA) assessments.

Like North Carolina, Kentucky established a voluntary quality rating system for child care, in July 2001, that offers tiered reimbursement based on quality provided. Called "Stars for Kids Now," Kentucky's system awards up to four stars, with four stars receiving the highest reimbursement, based on standards such as child-to-caregiver ratios, program curriculum, staff training, business practices and regulatory compliance. Although the program is young, participation has been good. Developers believe that, over time, the star program will influence positive regulatory changes.

- **ALABAMA.** "In Alabama, quality activities, including the TEACH Early Childhood program and other training and accreditation supports, are coordinated through the Department of Human Resource's Office of Special Projects in the Child Day Care Partnership. Priorities for quality enhancement

include training that addresses health, safety and developmental appropriateness. Quality activities include state-wide initiatives for Family Child Care, Kids and Kin (relative care), Healthy Childcare Alabama, and comprehensive regional quality enhancement initiatives that support providers and families. All quality enhancement contractors must have measurable outcomes and must be cost-efficient," said Gail Piggott, Manager of the Office of Special Projects in Alabama's Department of Human Resources.

"Funding in Alabama has increased for quality enhancement activities, but we still struggle with ways to leverage more federal dollars," she said. "We also are dealing with a loss of state revenues."

Panel participants responded to questions about the availability of child care for foreign language speaking and Latino families, populations that are increasing exponentially but for whom access to or participation in regulated care centers appears to be limited. All panelists acknowledged that this is an issue of concern and that very few Latino children are placed in center care in their states.

"The kith and kin issue needs more attention," Kentucky's Newberry said. "Public-private partnerships in communities are a vital link."

Ball noted that North Carolina soon will be adding a Spanish language section to their child care website. The site features a child care facilities search tool. "Many community colleges tell us they are trying to offer child care providers basic courses in Spanish."

Diane Rath, member of the Task Force and Chair of the Texas Workforce Commission, which oversees child care in that state commented, "In Texas, we fully recognize a parent's right to choose. You won't find many Hispanic children in center-based care. We acknowledge that and have been active in making resources available to home caregivers. We devote a lot of our quality care resources to support family-based caregivers because we recognize that probably will be the parent's choice for care. We need to be creative."

In responding to a question about how to best communicate with business leaders and policymakers on child care issues, the panelists agreed that it is important to convey the benefits that quality child care brings to the economic infrastructure of communities. It is fundamental to show, in quantifiable terms, how investments in child care provide benefits to both the businesses themselves and also to the state's economy.

"One thing that is critical is forming partnerships," said Forum guest John Tully, Director of Community Relations for Michelin North America. "I think that has come across clearly here." He noted that child care is an important issue to employers and it is a retention issue. "We lose people who can't find quality day care."

"Many important initiatives have a champion," Piggott said. "It may be the governor or first lady. But building support at the local level is also important.

Child care cannot be separated from economic development or education. It must be incorporated into the larger message."

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"It is important to develop partnerships with companies, identify their specific issues and work together to resolve them. We don't want to be the corporate ATM," added Tully, who serves on the Southern Business Leadership Council, formed in 2002 by the Southern Institute to examine and propose actions to address current and future workforce issues related to low-income children and families in the southern region.

Rachel Schumacher, Policy Analyst with the Center for Law and Social Policy (CLASP), noted that during the 2002 TANF reauthorization debates, members of Congress wanted definition and justification of what child care quality dollars were buying. They wanted increased state reporting on quality usage and outcomes.

Ball responded by noting that North Carolina considers quality measurement very important. "We are moving to performance-based contracting. We don't want to award any money unless there are verifiable measures," she said.

One audience member asked the panel whether their states were helping child care providers with the costs of health insurance for staff members.

Discussing North Carolina's approach, Ball said, "We supplement the cost of health insurance using money from the CCDF quality set-aside funding. The system reimburses up to one-third of health insurance premiums with a cap imposed. We find it really helps with retention. But a center can't qualify for it unless its teachers are participating in the TEACH program."

Sarah Shuptrine, President and CEO of the Southern Institute on Children and Families, which administers the national Covering Kids and Families program, interjected that it is highly likely that many parents working in child care centers have children who are eligible for Medicaid or the State Children's Health Insurance Program (SCHIP). She encouraged child care providers and administrators to coordinate with Medicaid and SCHIP agencies and to get involved with Covering Kids and Families coalitions in their state. Covering Kids and Families, sponsored by The Robert Wood Johnson Foundation, has produced technical assistance materials to assist child health coverage organizations connect with child care providers and schools. Additional information on this subject is available at www.coveringkids.org.

"We are still fighting an enormous misconception that these programs don't apply to working families. The majority of children in Medicaid are from working families," Shuptrine said. "Insurance is a very high-ticket item. Even if many low-income parents can't obtain coverage for themselves, they can get it for their children through Medicaid or SCHIP."

Responding to a comment on the value of lobbyists, Rep. James Smith, a member of the South Carolina House of Representatives, suggested that child care advocates also consider using a "legislative report card" to help ensure accountability on the part of state legislators. "Keep a record of votes," he said. "Keep a legislative scorecard on child care issues."

STATUS REPORT ON IMPLEMENTATION OF THE ACTION PLAN TO IMPROVE ACCESS TO CHILD CARE ASSISTANCE FOR LOW-INCOME FAMILIES IN THE SOUTH

Zenovia Vaughn, Deputy Director for Child Care at the Southern Institute, gave a brief overview of state implementation actions to improve access to child care financial aid.

Results from the 2001 and 2002 implementation surveys provided to 16 southern states and the District of Columbia showed that the majority of participating states reported taking action towards achievement of one or more of the 52 action steps outlined in the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***. (A summary chart displaying the results of the state implementation results can be found in Chapter 2.) The summary chart and each state's survey responses are posted on the Southern Institute's website at www.kidsouth.org. Chapter 2 of this report provides information and discussion on implementation efforts across the southern region.

PANEL ON CHILD CARE FINANCIAL AID IMPLEMENTATION INITIATIVES

Following Vaughn's briefing, a panel moderated by Shuptrine discussed the triumphs and challenges of implementation efforts related to the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***. (The action plan is located at www.kidsouth.org.) Several participants noted that positive changes in their state were the result of guidance provided through the goals and action steps of the action plan. Many provided examples, several of which are listed below:

GOAL TWO

STATES AND COMMUNITIES SHOULD BROADEN THEIR CHILD CARE ELIGIBILITY AND SUBSIDY POLICIES TO MEET THE ECONOMIC, WORK AND EDUCATION NEEDS OF FAMILIES.

ACTION STEP 2.1 Establish co-payments not to exceed 10% of gross family income.

Gail Piggott, Manager of the Office of Special Projects in Alabama, indicated that with a co-payment of 8.8% of gross income in 2000 the state set a goal to further reduce co-payments to 6.1% for second and succeeding children so that a parental co-payment of $20.00 regardless of part-time or full-time would be half that amount for second, third or other children.

"As a result of the action plan, we increased our eligibility threshold from 60% to 75% of State Median Income," said Gwen Hamilton, Task Force member and Secretary of the Louisiana Department of Social Services. "We also collapsed five tiers of co-payments into three. We went from serving 29,500 children to serving 42,000 children. That means that 12,000 children benefited from these changes."

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GOAL FOUR

THE CHILD CARE APPLICATION AND REDETERMINATION PROCESSES SHOULD BE UNCOMPLICATED AND FAMILY FRIENDLY.

ACTION STEP 4.1 Simplify applications for child care assistance.

Peggy Ball, Director of the Division of Child Development in North Carolina, indicated that although they are in the process of translating all of their applications into Spanish their goal is to go to a more comprehensive technology assisted process. This would let the families know of any programs that they qualify for and the families would have an automatic qualification process.

ACTION STEP 4.2 Allow filling by mail, phone, fax or internet.

Stacy Rogers, Deputy Director of Programs for the DC Department of Human Services, stated that this action step has been linked to the city-wide strategic plan, part of which includes enhancing the delivery of government services that would allow multiple government applications online. Rogers expressed that the goal to link this action with the city-wide strategic plan would help to ensure sustainability.

Natasha Metcalf, Commissioner of the Tennessee Department of Human Services, noted, "Effective October 1, 2002, we now accept applications and any verification documents by fax or mail. We haven't made it to the internet yet, but we will get there. We are communicating the simplified policy through redetermination notices and customer service operators."

ACTION STEP 4.7 Eliminate requirements for a face-to-face interview both for initial application and for redeterminaton.

Tennessee's application is one page, front and back. Also effective October 1, 2002 the state no longer requires a face-to-face interview for customers at redetermination. However it still requires a face-to-face interview upon initial application. Officials are seeking further simplifications to their state's application policies.

ACTION STEP 4.9 Establish a 12-month redetermination period where there are no changes in income or job status.

Rogers indicated that there is a 12 month redetermination period for employed parents, which again ties back to the strategic goal of the Department and the District of Columbia to simplify many of the processes and to make services more accessible to the families.

Gwen Hamilton added that Louisiana moved its redetermination period to 12 months to align it with that of the Food Stamps program.

Metcalf explained that a pilot program in a section of the state of Tennessee examined expanding eligibility for child care from 12 months to 18 months for low-income families, which would represent the state's current TANF and TANF transitional redetermination period. Effective October 2002 the policy was expanded statewide for low-income customers.

Responding to a question as to whether there was concern with client fraud, Metcalf said, "In the pilot, no customers experienced a change that would make them ineligible. We understand the concerns and will be watching to see if they impact our program. We have to have, in place, some monitoring and quality control. Based on the results of the pilot, we felt comfortable in taking it statewide."

Several panelists mentioned that their states conduct random quality assurance audits of child care providers and customers. The audits generally suggest that most families remain eligible even if they experience a change in circumstances within the redetermination period.

GOAL EIGHT

CREATE PARTNERSHIPS WITH EMPLOYERS TO EXPAND CHILD CARE ASSISTANCE FOR WORKING FAMILIES

ACTION STEP 8.1 Educate employers about the bottom line benefits associated with public and private child care assistance.

Several panelists described efforts to educate employers about child care issues and how these issues can affect employment stability. The District of Columbia is moving to a performance-based budgeting format. As part of that process, the District holds regular briefing sessions on public policy topics, including child care.

"The hallmark in DC is 'Child Care is Everybody's Business.' We need to incorporate that message into themes that employers already are interested in," said Stacy Rodgers.

"The hallmark in DC is 'Child Care is Everybody's Business.'" –Stacy Rodgers

Bob Harbison, child advocate and Task Force member from Oklahoma, tells businesses to think of early childhood services as a shopping mall with child care as the anchor tenant. "We have a statewide public-private partnership called Oklahomans for School Readiness that is engaging the business community. This overall effort includes the United Way's Success-By-Six initiative in 14 communities where about 70% of Oklahoman children live," he said. "Our more mature metropolitan Resource and Referral agencies have contracts with employers to serve their employees." They are calling on employers to make sure they know how the child care subsidy system works, and also are informing them of federal and state tax incentives. In Oklahoma, about half of all families with young children are income-eligible for subsidy. Most employers don't know anything about the subsidy system, and neither do many of their employees."

Peggy Ball added that in North Carolina, local *Smart Start* partnerships engage employers through their "Share the Care" initiative in which businesses are asked to co-sponsor child care. The initiative enabled these local partnerships to expand care and avoid program terminations of children.

"Child care is a work-support service. It is not a welfare program. Families have told us they cannot work without child care. Lack of child care financial assistance is a killer for single parents," Shuptrine said.

Shuptrine also noted that during its deliberations leading to the development of the financial aid action plan, the Task Force learned that employers cannot contribute match money for their own employees specifically, but they can contribute toward pooling arrangements. Examples of pooling arrangements are included in the 2001 and 2002 reports of the Southern Regional Initiative on Child Care, located at www.kidsouth.org.

Kay Tilton of West Virginia indicated that the state took a display involving their child care partnership tool kit to develop handouts and PowerPoint displays to a Chamber of Commerce meeting which got members involved in getting the message out. They also have involved the Child Care Resource and Referral agencies that distribute materials and assist with getting the message out to businesses.

"The state of Oklahoma was successful in getting a 20% state tax credit approved by the legislature for expenditures related to child care for employees and also up to $50,000 credit for the creation of a child care facility." – Bob Harbison

ACTION STEP 8.5 Provide matching funds or other tax or financial incentives to employers to invest in child care.

Bob Harbison stated, "The state of Oklahoma was successful in getting a 20% state tax credit approved by the legislature for expenditures related to child care for employees and also up to a $50,000 credit for the creation of a child care facility." They also have called on their Resource and Referral Services to use grant funds to contact employers to make them aware of this tax credit.

GOAL NINE

PROVIDE CHILD CARE ASSISTANCE TO WORKING FAMILIES THROUGH FEDERAL AND STATE TAX LAWS.

ACTION STEP 9.3 Raise federal and state child care tax credit expense limits to accurately reflect the price of quality.

The action plan goals include using or modifying tax law policies to help provide child care assistance to working families. Janie Huddleston, Director of Child Care and Early Childhood Education at the Arkansas Department of Health and Human Resources, identified the need to promote tax relief opportunities. She said that several progressive tax policies implemented in Arkansas were underutilized because they were not publicized.

"Arkansas has reduced the waiting list for child care from over 5,000 families to 860 families. This was accomplished through a successful Legislative session that supported a $12 million TANF transfer to child care and a 3% retail tax on beer. We have had a refundable state child care tax credit for parents choosing quality care, but it has not been utilized as much as we thought it would be," Huddleston explained. "We need to do a better job educating parents about high quality care. We have been working with employers since 1999 to build public support for quality child care. The Governor will recognize businesses that help families balance work and life issues in March by awarding the first 'Governor's Family Friendly Award.' We have also developed readiness packets based on our Early Childhood Frameworks that will enable parents to prepare their children for school."

UPDATE ON TEMPORARY ASSISTANCE FOR NEEDY FAMILIES/CHILD CARE AND DEVELOPMENT FUND REAUTHORIZATION

Rachel Schumacher, Policy Analyst with the Center for Law and Social Policy (CLASP), observed that child care and early childhood education often are treated as separate topics in Congress. Blending the two into one issue in the eyes of policymakers would be a helpful step toward enhancing their understanding of child care's global impact on education and society.

TANF and CCDF were both due for reauthorization on September 30, 2002. In lieu of final disposition on reauthorization by the deadline, Congress passed a continuing resolution that will allow states to access their second quarter of TANF funding (through March 31, 2003). Schumacher said a number of different proposals for setting all mandatory funding levels for the next five years and making potential statutory changes remain in different stages of approval in the opposing houses of Congress at this time. Achieving bipartisan consensus has proven elusive.

"Child care has gotten a lot of attention in the reauthorization debate, although most of the focus has been on how much money may be needed to support any changes in work requirements for TANF families, and not on the need to expand and strengthen CCDF to increase access to high quality child care," said Schumacher. "The House bill increased funding by $1 billion over five years, raised the set-aside for quality to 6%, and will require more reporting from states on how those quality dollars are spent. Of more concern is a provision that would remove the limit of 85% of State Median Income for family income eligibility for use of CCDF funds. States would be asked to prioritize eligibility by need, but without sufficient new dollars, this could force states to move non-TANF working poor families to the back of the line."

The Senate proposal increases discretionary funding levels but with no guarantee of increased funding. It increases the quality set-aside to 10% once mandatory funding increases by 115%, unless doing so would cut services to children.

Schumacher encouraged Forum guests to consult the CLASP website, which features numerous side-by-side analyses on all aspects of TANF legislation. The analyses were produced in conjunction with the Center on Budget and Policy Priorities. The CLASP website is located at www.clasp.org.

Schumacher reported that in April 2002, President Bush released his "Good Start, Grow Smart" proposal, which led to the development of the bipartisan Early Care and Education Act (ECEA). If passed as an attachment to the CCDF bill, this legislation would:

- be jointly administered by the Department of Health and Human Services and the Department of Education;
- require states to appoint state councils to develop plans for a coordinated system;
- provide a menu of allowable activities that promote early education; and
- set aside bonus funds for states that demonstrate child outcome improvements.

The key areas of debate on child care and early education include reaching agreement on how much funding is necessary, ascertaining whether the 85% SMI standard should continue, deciding state spending and reporting requirements and establishing how the ECEA would relate to CCDF.

Schumacher concluded her presentation by saying that Congress does not feel it has enough information on how child care money is being spent. "We are seeing a big push in the reauthorization debate for more outcome focused data from the states, especially in terms of the quality set-aside in CCDF. There is a need for a greater ability to explain the good that funding is doing for children and families, and any data describing achievements at the national or state level would be helpful. We also need to hear more from governors and other leaders, especially business and other allies, about how important these investments in quality child care are for the long run. This is all about leadership," she said.

PANEL ON COLLABORATION INITIATIVES

■ **ARKANSAS.** Janie Huddleston, Director of Child Care and Early Childhood Education at the Arkansas Department of Health and Human Resources, began the discussion of the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*** Goal 5, which addresses collaboration by describing the frustration of some partners in Arkansas regarding a perceived lack of change. One advocate in particular complained that the message continues to be "status quo."

"In Arkansas, collaboration is a way of life. I think of us as an early care and education team," said Janie Huddleston.

"It got me thinking," said Huddleston. "If you have partners out there delivering your message, and it's not the message of the team, we have to look at that. In Arkansas, collaboration is a way of life. I think of us as an early care and education team. Arkansas was facing cuts to child care. Yet in just two days, advocates and networks of others were successful in passing a beer tax. It can be done, but you have to focus your team on strategies for doing that."

A couple of years ago I heard a man talking about welfare people. I felt so ashamed...My grandma raised me and my brother with this welfare check and her social security...I want people to know never was one dime spent wrong. We always had big gardens. We never used food stamps. I want to thank the state of Arkansas and all the taxpayers. You helped my grandma raise us alone...I will never complain when I'm paying my taxes. I want to pay taxes because I know somewhere out there is another grandma needing to raise her grandchildren on welfare. Thank you, Arkansas. We couldn't have made it without you...

Excerpt from a letter by a 17 year old in Arkansas

Huddleston said states should involve businesses, law enforcement and any other unusual messengers to broaden their message. These messengers have to know what the key issues are in their states and find ways to fit or blend early childhood education into those hot, front-burner issues. She concluded her presentation by reading from a moving letter received from a 17-year-old citizen. Passages from that letter are excerpted below:

A couple of years ago I heard a man talking about welfare people. I felt so ashamed...My grandma raised me and my brother with this welfare check and her social security...I want people to know never was one dime spent wrong. We always had big gardens. We never used food stamps. I want to thank the state of Arkansas and all the taxpayers. You helped my grandma raise us alone...I will never complain when I'm paying my taxes. I want to pay taxes because I know somewhere out there is another grandma needing to raise her grandchildren on welfare. Thank you, Arkansas. We couldn't have made it without you...

■ **TEXAS.** Diane Rath, Chair of the Texas Workforce Commission, focused on the need to frame child care as a work support service. "You won't get a single dollar when dealing with emotions. You need critical support," she said. "Jobs and economic recovery will drive budget decisions. You have to tie child care to the ability of workers to produce and be dependable."

The Texas Workforce Commission (TWC) was created by merging 28 workforce programs from 10 state agencies into a new service delivery system under the control of 28 local workforce boards. These boards are responsible for administering subsidized child care programs, along with several other employment and training programs. Services are delivered through 260 one-stop centers across the state. The TWC serves an average of 110,000 children of low-income working parents every day, operating with a budget of more than $400 million last year.

"I believe we are the only state in the nation that has restructured its workforce services to include child care," Rath said. "Led by senior business executives, these boards are in an ideal position to broker solutions in their own communities to address barriers to employment, such as a lack of child care... My budget has tripled in the past four years. business people can bring new resources to the table. We have raised more than $24 million for child care during fiscal year 2002."

Rath described several initiatives under way in Texas. One program in San Antonio, called "Kindergarten Readiness," is supported by a local board's CCDF local matching funds. Participating child care centers located in or near elementary schools work directly with the school administrators and teachers to prepare young children for specific skills they will need to enter kindergarten and grade school.

In the Houston workforce area, which is home to 24% of the state's children under age 13, a coalition called The Greater Houston Collaborative for Children formed to stimulate a greater long-term impact on the lives of young children. Over the past five years, the Greater Houston Collaborative has raised more than $6 million from 26 funding sources

"I believe we are the only state in the nation that has restructured its workforce services to include child care." – Diane Rath

to strengthen children's programs. It funded two major five-year demonstration projects, one promoting bilingual activities for preschoolers and the other promoting healthy child development. And after devastating losses related to Tropical Storm Allison, the group rallied foundations, corporations and others to raise $315,000 to help more than 100 child care providers that sustained flood damage from the storm.

Another initiative is that of the TWC which has convened a state-level task force of early education leaders to strengthen collaboration between child care, Head Start and Pre-K. The task force seeks to eliminate barriers ensuring that full-day, full-year child care services are available to meet the needs of low-income parents who are working or attending school or training. In addition, the TWC is implementing pilots around the state modeled after the TEACH program. TEACH helps teachers retain employment in early care and education and provides scholarships and bonuses to child care workers pursuing a degree in child development.

■ **WEST VIRGINIA.** Kay Tilton, Director of Child Care Services at the West Virginia Department of Health and Human Resources, said that state policymakers are turning their attention to early care and education issues. They passed Senate Bill 247—Universal Access to Pre-K Services—on the last day of their session this year. The bill's implementation timeline is ambitious, requiring county plans to be reviewed by August 2003. Despite opposition from Head Start, full implementation is targeted for 2012-2013.

■ **QUALITY IN LINKING TOGETHER (QUILT).** Sheila Skiffington, Project Director for the Quality In Linking Together (QUILT) Early Education Partnerships at the Education Development Center in Newton, Massachusetts, describes the program as a training and technical assistance project funded by the Administration for Children and Families (ACF), U.S. Department of Health and Human Services. QUILT focuses on providing technical assistance to states and to early care and education providers, aligning early care and education systems, enhancing quality for children and families, ensuring continuity of care for children and addressing the needs of working families.

"Our mantra is to support partnerships at all levels. We truly believe that partnership is a win-win for everyone," she said. "Partnering is never easy. It takes time and concerted effort to make it work. And it also requires written agreements on what is expected from each of the partners."

Skiffington said that more research is needed to support early care and education initiatives and increase understanding of child care issues at the state and county levels. She said a wide-ranging willingness to collaborate also is needed. More information about QUILT can be found on the organization's website, located at www.quilt.org.

FIGHT CRIME: INVEST IN KIDS

Amy Dawson, Vice President of the national, non-profit organization Fight Crime: Invest in Kids, said her organization's mission, working through police chiefs, sheriffs, prosecutors, victims of violence and crime prevention experts, is to examine what works to prevent children from becoming criminals. In so doing, Fight Crime: Invest in Kids is in a position to "arm the choir" with some dramatic statistics.

"Behind every statistic I am about to show you is a human life," she said. "There is loss, a ripple effect that goes on and on. Fighting crime is about savings lives and saving our communities." (Dawson's visuals are included in Appendix E.)

In a nutshell, Fight Crime: Invest in Kids' research shows that quality child care reduces crime and violence. The renowned 22-year Perry Preschool Study demonstrated over time that children placed in school readiness programs were one-fifth as likely to grow up to be chronic lawbreakers. Dawson noted that the Perry project prevented over $148,000 in crime costs alone per participant.

When Chicago replicated the Perry model over 15 years, it found that children who did not participate in the Chicago Child-Parent Center programs were 70% more likely to be arrested for a violent crime by age 18.

"Parents not only need help with the high cost of quality child care," Dawson asserted. "They need help in others ways as well, such as improving parenting."

"Officially, abuse and neglect kill 1,200 children a year. Research shows that the real number is probably much higher: at least 2,000 and possibly as many as 3,000 deaths per year. Over 40% of those children are infants under one year old," she said. "Being abused or neglected nearly doubles the odds that a child will commit a crime as a juvenile. We know how to prevent this. Parent coaching programs are proven to cut the incidence of child abuse and neglect by 80%."

A briefing paper titled *Fight Crime: Invest in Kids: From America's Front Line Against Crime: A School and Youth Violence Prevention Plan*, included with Dawson's handout materials, summarizes the argument for providing quality early care and education:

Rigorous studies, hard experience and brain scans tell the same story. In the first few years of life, children's intellect and emotions, and even their ability to feel concern for others—a prerequisite to "conscience"—are being permanently shaped. When parents are at work trying to make ends meet, programs providing nurturing, educational child care for babies and toddlers can not only prepare children to succeed in school but also dramatically reduce crime.

"Now is the time for Congress to step up to the plate and give states a hand," Dawson concluded. "We can and must provide affordable quality child care for all families in need. We can and must work to prevent child abuse and neglect by ensuring that at-risk parents receive help. We owe it to our kids, and we owe it to our future to find the will and the way to do what's right."

Dawson cited statistics from a survey of police chiefs which showed that nine out of 10 police chiefs agreed with this statement: "If America does not make greater investments in after-school and educational child care programs to help children and youth now, we will pay far more later in crime, welfare and other costs."

Strategies chosen by police chiefs as most effective for reducing youth violence are as follows:

- After-school and child care programs (69%)
- Try juveniles as adults (17%)
- Hire more police (13%)
- Metal detectors and cameras in the schools (1%)

Dawson quoted Police Chief George Sweat of Winston-Salem, North Carolina, "We need to start fighting crime in the high chair, not the electric chair."

More information about the Fight Crime: Invest in Kids initiative is located on the organization's website at www.fightcrime.org.

SOUTHERN STATE CAUCUSES

The final activity of the 2002 Forum was the convening of state round table caucuses to discuss and identify action steps that state representatives agreed to pursue right away to address the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***. Following the state caucuses, each state reported to Forum participants the actions agreed upon for immediate attention. States participating in the round table state caucuses included Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia. The Southern Institute will report on the status of implementation efforts in the summer of 2003.

CHAPTER SIX

COLLABORATION AND COORDINATION

The ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*** contains 10 goals and 52 action steps intended to improve access to child care assistance for low-income families in the southern region (see Appendix A). Specifically, Goal 5 of this action plan calls on states to collaborate and coordinate activities of public programs and funding sources to assure that low-income children and families receive stable, consistent child care and other services. Goal 5 is set forth below, along with the four action steps developed by the Southern Regional Task Force on Child Care:

GOAL FIVE

ESTABLISH A COORDINATED, SEAMLESS ELIGIBILITY SYSTEM SO THAT FUNDING SOURCES ARE INVISIBLE TO FAMILIES AND SUPPORT CONTINUITY OF CHILD CARE.

ACTION STEP 5.1 Eliminate the need for families to reapply when eligibility categories change by automatically searching to exhaust all eligibility categories before closing cases.

ACTION STEP 5.2 Explore the potential for policy and procedural changes to achieve linkages with or combined applications for child care assistance, Head Start, Pre-K and Title I.

ACTION STEP 5.3 Continue eligibility in programs with multiple funding sources to assure continuity of care.

ACTION STEP 5.4 Work collaboratively with all public and private programs and funding sources to assure that children receive stable and consistent early child care services.

Goal 5 generated considerable discussion during the Southern Institute's 2001 state site visits and the 2002 SOUTHERN REGIONAL FORUM ON CHILD CARE. Differences in the mission of Head Start and the Child Care and Development Fund (CCDF) subsidy program and Temporary Assistance for Needy Families (TANF) child care were cited in several states as major barriers to collaboration across child care programs. Differences cited included 1) income eligibility levels; 2) work requirements; 3) lack of common data elements; and 4) absence policies.

To inform dialogue on collaboration initiatives across Head Start, the CCDF subsidy program and pre-kindergarten, the Southern Institute initiated two research projects. The first project was development of a paper analyzing absence policies to identify barriers to the establishment of coordinated policies. The second project was a survey of southern states to identify and explore collaboration issues as viewed by the southern states. In December 2002, the Southern

Institute published reports on the research projects as follows:

- An Analysis of Potential Barriers to Creating Coordinated Absence Policies for Collaborations Between Head Start and CCDF and TANF Funded Programs.[12]
- Collaboration Among Child Care, Head Start and Pre-Kindergarten: A Telephone Survey of Selected Southern States.[13]

This chapter summarizes these reports. Both reports are available upon request and also can be found on the Southern Institute website at www.kidsouth.org.

AN ANALYSIS OF POTENTIAL BARRIERS TO CREATING COORDINATED ABSENCE POLICIES FOR COLLABORATIONS BETWEEN HEAD START AND CCDF AND TANF FUNDED PROGRAMS.

The Southern Institute commissioned the Center for Law and Social Policies (CLASP) to conduct the analysis of absence policies across the major child care programs. In the report, ***An Analysis of Potential Barriers to Creating Coordinated Absence Policies for Collaborations Between Head Start and CCDF and TANF Funded Programs***, CLASP examines whether federal law prevents states from adopting coordinated child absence policies. The report analyzes the statutory and regulatory provisions relevant to child absence policies in Head Start and in child care funded under the CCDF and TANF block grants.

The report cites the following principal conclusions:

- In Head Start, a grantee's funding for a slot is not reduced when a child is absent, however, if a child has four consecutive unexcused absences, the grantee is required to examine the family's circumstances to determine the cause of absences, and continued absences may lead a grantee to determine to disenroll the child.
- In CCDF or TANF funded child care, a state may, but need not, limit provider payments to those days in which a child is in attendance, however, if the state wishes to pay the provider for days in which a child is absent, the state is free to do so within reasonable limits.
- Accordingly, nothing in federal law prevents a state from implementing a child care payment structure in which a) a provider is paid his or her normal monthly customary charge during the time that the provider is making available a slot for an eligible child; b) the provider is obligated to inform the state if unexcused absences exceed a specified reasonable number; and c) if unexcused absences

In CCDF or TANF funded child care, a state may, but need not, limit provider payments to those days in which a child is in attendance, however, if the state wishes to pay the provider for days in which a child is absent, the state is free to do so within reasonable limits.

exceed the specified number, the state reviews eligibility and may terminate the family's child care assistance.

The report notes that "the state's child care policies, consistent with Head Start policies, would ensure continuity of payment to providers making slots available for a child, while ensuring that eligibility was promptly reviewed and reconsidered if a child had an unreasonable number of excused absences."

The report points out that legal considerations are not the only factor affecting absence policies. "Differences in funding levels, missions and commonly accepted practices have the potential to affect state decision-making on coordinating absence policies. However, there is not a legal barrier to developing consistent and reasonable policies concerning child absences across Head Start and subsidized child care."

COLLABORATION AMONG CHILD CARE, HEAD START AND PRE-KINDERGARTEN: A TELEPHONE SURVEY OF SELECTED SOUTHERN STATES

The Southern Institute on Children and Families commissioned a telephone survey on collaboration between Head Start and publicly funded child care. For purposes of the survey, publicly funded child care is defined as programs funded by state funds and federal funds that include CCDF, TANF and Social Services Block Grant. Results of the telephone survey were collected and presented in the report titled ***Collaboration Among Child Care, Head Start and Pre-Kindergarten: A Telephone Survey of Selected Southern States***. While the survey specifically asked about collaboration between Head Start and child care, responses usually included the state's pre-kindergarten program as well. Seven child care administrators and eight Head Start state collaboration directors from eight southern states participated in the survey.

Participants were given a chance to review the questions prior to the interview. A written report of the telephone interview was prepared, and each participant was given an opportunity to correct the report. Participants in the survey were assured anonymity and that state identifying information would not be provided.

The survey report, titled ***Collaboration Among Child Care, Head Start, and Pre-Kindergarten***, was published by the Southern Institute in December 2002.[14] A summary of the main findings from the survey is provided in this chapter.

AREAS OF COLLABORATION

Survey respondents were asked to describe up to three collaboration projects. Most projects fell into one of two categories, i.e., traditional areas for collaboration or emerging areas for collaboration.

Professional development is an area in which many states have worked collaboratively. These collaborations have ranged in complexity. Initially, states collaborated by sponsoring joint training events for professionals in child care, Head Start and/or pre-kindergarten. Recently, states have developed more sophisticated collaborative projects by creating a professional development system with graduated levels of certificates and degrees for early care and education professionals.

Another area for collaboration that states have used historically is working together to accommodate the child care needs of working parents. Typically, the child care program provides funds to Head Start and pre-kindergarten programs so that they can extend their hours during the day and provide care during the summer months.

States also have historically worked together collaboratively in several other ways. States have formed collaborative planning committees to improve family and child indicators related to school readiness. Early care and education professionals have worked together to develop written materials to improve parents' knowledge of child development and those parenting practices that stimulate development. Early care and education systems have worked to smooth transitions for families and

In order to maximize funds and physical resources, most state education agencies are working collaboratively with the child care and Head Start systems to set common policies and to provide pre-kindergarten classes.

children that move from one early childhood setting to another.

Universal pre-kindergarten is an emerging area for collaboration. Even though one state, Georgia, passed universal pre-kindergarten state legislation 10 years ago, most southern states are just beginning to consider legislation that provides early education for children four years of age as a precursor to kindergarten. In order to maximize funds and physical resources, most state education agencies are working collaboratively with the child care and Head Start systems to set common policies and to provide pre-kindergarten classes.

Another emerging area for collaboration is early literacy. Early literacy is a priority of the current administration and is included in the recently passed and signed federal legislation, No Child Left Behind Act of 2001. While some states were already beginning to work collaboratively to adopt or create common curricula for early literacy, this federal initiative provided a federal focus and further encouragement.

Two states mentioned the inadequacy of resources to address mental health needs of very young children and their families and of caregivers of very young children. These states are working collaboratively in their early care and education systems as well as with the mental health system. Comprehensive family support services (including health, parent involvement, home-visiting) offered by Head Start are being seen as critical to success in educating young children. With additional funding, Head Start is working with child care programs and with pre-kindergarten programs to extend comprehensive services to more families.

The remaining collaborative projects described by survey participants are listed below.

- Funding additional slots in Early Head Start;
- Providing a professional mentor for Head Start teachers and aides to assist with serving special needs children;
- Enhancing services for TANF families in Head Start programs to assist them in getting jobs;
- Connecting families with child support and associated training to increase the number of families receiving child support payments;
- Expanding family literacy resources through the faith community;
- Expanding resources for parents of children with asthma;
- Allowing Head Start to determine eligibility for child care;
- Allowing Head Start grantees to allocate child care vouchers to families in their service area that are determined by Head Start to be in need;
- Providing child care funding for Head Start grantees through contracts rather than through the voucher system;
- Establishing a three-tiered licensing system.

IMPETUS FOR COLLABORATION

Individuals interviewed were asked not only to describe collaborative projects, but also the impetus behind the project. Respondents stated that federal government, state government and private foundations provided the impetus for collaboration. States provided their own impetus when they set a

Respondents stated that federal government, state government and private foundations provided the impetus for collaboration.

priority on improving readiness rates, on maximizing funds or on filling gaps in the system. The federal government provided the impetus when they set a policy mandate that Head Start and child care collaborate. And grant makers, federal, state and private, provided the impetus when they made collaboration a requirement for funding.

POLICY ISSUES

In describing collaborative projects, survey participants were asked to identify policies that were problematic. Respondents indicated that policies were not a barrier to collaboration, but some policies were cited as burdensome. Federal and state policies that restrict early care and education funds to four-year-olds were cited as obstacles. Federal funds for traditional Head Start are restricted to children three and four years of age, and state funds for pre-kindergarten are restricted to four year olds. In some communities these restrictions result in excess money for children four years of age and insufficient funding for younger children.

Other federal policies also were mentioned as impediments to collaboration. Medicaid was cited as a barrier because of its restrictive eligibility and reimbursement policies. Different federal reporting requirements for early care and education programs were cited as onerous because states have to keep burdensome and sometimes duplicative records.

Some states' policies for child care also were cited as problematic for Head Start grantees. Examples cited during the survey are as follows:

- **Funding through vouchers rather than contracts.** Head Start programs, which are used to operating with grant funding, have difficulty accommodating voucher funding mechanisms.
- **Absentee policies.** Restrictive state child care absentee policies are often costly and burdensome to Head Start grantees.
- **Different reporting requirements.** State and local programs have to keep burdensome and sometimes duplicative records to comply with reporting requirements for different state funding sources.

Different federal reporting requirements for early care and education programs were cited as onerous because states have to keep burdensome and sometimes duplicative records.

- **Restricted child care eligibility enrollment periods and child care eligibility renewal time-frames.** State schedules for determining child care eligibility are often inconsistent with Head Start program management.
- **Co-pay for families.** State child care policies require that families participate in the cost of child care. Charging fees to parents is inconsistent with Head Start practice and the philosophy of some Head Start grantees.
- **State child care mandates that children lose eligibility when their parents lose their job.** This state policy is inconsistent with Head Start family service philosophy.

EARLY CHILDHOOD PRACTICE ISSUES

Survey participants identified early childhood practice issues as obstacles to collaboration. Respondents stated that differences in approaches to teaching and classroom management posed obstacles to collaboration. The differences in teaching can be characterized by the following:

- Teacher-directed versus child-initiated teaching methods;
- Traditional classroom with desks and printed materials versus learning centers that are activity oriented; and
- Disciplined versus relaxed environment for child's exploratory behavior.

Classroom management differences can be characterized by the following:

- Standing in line without talking versus organized but individualized or active movement from one setting to another;

- Sitting at desks versus moving from one learning center to another; and
- Fixed daily schedules versus flexible schedules.

Another difference cited by respondents is whether or not comprehensive family support services are an integral part of the curriculum.

DIFFERENCES IN PROGRAM CULTURE OR PHILOSOPHY

Practice differences can be related back to the origins of early childhood programs that have established different program cultures and philosophies. Head Start is a federally funded and administered program. Head Start has a long history of comprehensive services for families as well as a history of child-initiated, developmentally appropriate practice in educating children. Pre-kindergarten, governed by public schools and primarily supported and administered by the state, is focused on educating the child. Pre-kindergarten classes sometimes take on more of the aspects of a school environment and a typical first grade education approach, albeit for younger children. Child care, supported by federal and state funds, is administered by the state. State child care programs focus on supporting the child care needs of working parents and improving the quality of child care. Some private child care providers approach the care of preschool children more like schools and others more like Head Start. However, child care practice is generally governed more by funding level than by a historical program philosophy.

Practice differences can be related back to the origins of early childhood programs that have established different program cultures and philosophies.

For each project described during the telephone survey, participants were asked if differences in program culture or philosophy restricted efforts to collaborate. Respondents acknowledged that child care, Head Start and pre-kindergarten each has a unique identity, which none wants to lose in collaborating. Several individuals interviewed commented on the differences in the daily and yearly schedule. Head Start and pre-kindergarten traditionally follow a public school schedule, part-day and nine months, while child care wants service that is full-day and full-year to meet the needs of working parents. One survey respondent stated that Head Start and pre-kindergarten personnel often do not want to change to a more expanded schedule. Head Start operates under a family support philosophy that focuses services not only on the child but also the child's family. Child care and pre-kindergarten programs have not traditionally offered comprehensive services and do not believe they have the financial resources to enhance services in the same manner as Head Start.

Respondents generally agreed that collaboration requires a great deal of time and work but that it is worth the effort. Collaboration maximizes resources,

Respondents generally agreed that collaboration requires a great deal of time and work but that it is worth the effort. Collaboration maximizes resources, expands the availability of quality early care and education, and also improves the quality of early care and education.

expands the availability of quality early care and education, and also improves the quality of early care and education. States have demonstrated that new funding or priorities from the state or federal level, such as universal pre-kindergarten state legislation and early literacy federal legislation, are excellent opportunities to build a strong collaborative project, beginning with collaboration in planning and designing programs and in establishing policies. When asked if they had any suggestions for federal officials, respondents said federal agencies can better encourage and support collaboration at the state level if they set policies collaboratively prior to dissemination.

When polled on the focus of the child care initiative in 2003, Task Force members agreed that collaboration and coordination of early care and education programs was most critical and should be addressed. With the completion of the two reports, along with the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***, developed by the Task Force, the Southern Institute will sponsor a SOUTHERN REGIONAL FORUM ON COLLABORATION AND COORDINATION ACROSS EARLY CARE AND EDUCATION PROGRAMS. The complete action plan is discussed in Chapter 4.

Goal One of the action plan states, "All children and families will have the benefit of a quality, comprehensive and coordinated early care and education system." Action steps call for public policy at the federal, state and local level to require planning and coordination across major systems to improve quality, including Head Start, state pre-kindergarten, subsidized child care and licensing. Information garnered from the results of the phone survey on collaboration and the analysis of absence policies will help to facilitate discussions. The Forum will provide participants an opportunity to gain knowledge in these areas:

- Early care and education initiatives that are priorities at both the state and federal levels;
- States' collaboration strategies on early care and education initiatives;
- Federal officials' collaboration efforts on federal early care and education initiatives that are priorities; and
- Collaboration issues that need further action.

Forum participants will include Task Force and Staff Work Group members, State Child Care Administrators, representatives from the US Department of Education, state Departments of Education, US Department of Health and Human Services, state Departments of Health and Human Services, state Head Start Collaboration Directors, representatives from Title I and pre-kindergarten programs and other child care advocacy organizations. The Southern Institute will prepare a report on the dialogue, recording strategies and recommendations.

Chapter Seven

Looking Ahead

Support from The David and Lucile Packard Foundation was originally scheduled to end December 31, 2002, but in October 2002, the Southern Institute received the welcome news that a continuation grant had been approved. This additional funding allows the Southern Regional Task Force to continue its work during 2003.

Through the hard work and commitment of the Task Force and Staff Work Group, our Southern Regional Initiative on Child Care has increased knowledge, provided leadership and produced practical, straightforward guidance for public and private leaders on actions all southern states can take to improve child care and child development. Yet we have only begun the journey toward improving the quality of early care and education programs and making affordable, safe child care available to all low-income working families who need and seek it. Child care and educational opportunities for children in the South are dependent upon members of the Task Force, Staff Work Group and other southern leaders sustaining their commitment to the action steps and working toward accountability. If our region is to achieve gains, then we must meet our responsibility to foster these initiatives that can impact an economic synergism for government, business and community.

IMPLEMENTATION OF CHILD CARE ACTION PLANS

Convinced of the importance of accountability, the Southern Institute and the Task Force will continue, in 2003, to focus on implementation efforts, including state surveys identifying steps taken on both of the regional action plans. In conducting the spring 2003 state surveys, the Southern Institute will identify the status of efforts to implement the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*** and also the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***. These results will be published and posted on the Southern Institute website (www.kidsouth.org) in fall 2003.

SOUTHERN REGIONAL FORUM ON COLLABORATION AND COORDINATION ACROSS EARLY CARE AND EDUCATION PROGRAMS

Looking to the 2003 agenda, the Task Force decided that efforts to achieve collaboration and coordination of early care and education programs should be given special attention.

Accordingly, in June 2003, the Southern Institute will sponsor a Southern Regional Forum on Collaboration and Coordination Across Early Care and Education Programs in Washington, DC. The Forum will showcase promising practices in collaborating across early care and education programs and also will provide the opportunity to identify barriers to collaboration and coordination. Invited participants will include Task Force and Staff Work Group members, federal officials, state child care administrators, state TANF administrators, Head Start collaboration directors, state representatives from Title I and Pre-kindergarten programs, state maternal and child health representatives, child advocates and representatives of the business community. The Southern Institute will prepare a report on the Forum and will post the report on the website, www.kidsouth.org.

SOUTHERN BUSINESS LEADERSHIP COUNCIL

In its work on child care, health coverage and other issues affecting low-income children and families, the Southern Institute honed in on the need for business leadership on issues affecting low-income families including child care. In August 2002, the Southern Institute announced the establishment of the Southern Business Leadership Council to help bring visibility and achieve action that will mutually benefit families and employers. The participation of business leaders elevates the goal of improving the well-being of children and establishes a connection to the strategic growth and development of the southern region.

Workforce issues faced by low-income families, particularly single parents, are reflected in high absenteeism, high turnover and low morale. Difficulty in securing employment and an inability to retain employment are stressful and disruptive for families and contribute to higher training costs. The availability and accessibility of child care clearly affect the ability of employers to address these issues effectively.[15]

The Southern Business Leadership Council will address workforce issues that restrict productive and stable employment of low-income employees and it also will work to create child development opportunities for children. Special attention on enhancing the employability of low-income parents will require addressing access to affordable child care, adequate health coverage and reliable transportation.

The Southern Institute over the coming year will explore collaborative efforts that are suitable for uniting the Southern Regional Initiative on Child Care and the Southern Business Leadership Council in jointly elevating child care issues on the public agenda.

Partial support for the establishment of the Southern Business Leadership Council was provided by The David and Lucile Packard Foundation child care initiative grant and the Let's Invest in Families Today (LIFT) initiative located at the National Center for Children in Poverty (www.lift.org).

CHARTBOOK OF MAJOR INDICATORS: CONDITIONS PLACING CHILDREN IN THE SOUTH AT RISK

To illustrate the conditions of southern children, the Southern Institute released the ***Chartbook of Major Indicators: Conditions Placing Children in the South at Risk***, which uses leading economic, health, child care and education indicators to compare the health and well-being of children in the South and across the United States. The 2002 chartbook includes a table displaying child care eligibility levels, the number of children potentially eligible and the percent of children served in the southern states. The chartbook will be updated periodically as new data become available and will be posted on the Southern Institute's website at www.kidsouth.org. Quality indicators will be included in the 2003 Chart Book edition.

SOUTHERN REGIONAL INITIATIVE ON CHILD CARE RESOURCES

The Southern Regional Initiative on Child Care has published several reports on child care issues. A list of these reports can be found on page 108. Reports are available upon request and also may be downloaded from the Southern Institute website, www.kidsouth.org.

Information on the Southern Regional Initiative on Child Care will be updated continuously on the Southern Institute website, www.kidsouth.org, throughout the year.

Endnotes

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Appendices

Appendix A
Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South

Appendix B
Southern Regional Action Plan to Improve the Quality of Early Care and Education

Appendix C
State Contacts for 2002 Action Plan Implementation Survey

Appendix D
PowerPoint Presentation, Dr. J. Lawrence Aber, Director, National Center for Children in Poverty, Second Annual Southern Regional Forum on Child Care, Charleston, South Carolina, October 2002

Appendix E
PowerPoint Presentation, Amy Dawson, Vice President, Fight Crime: Invest in Kids, Second Annual Southern Regional Forum on Child Care, Charleston, South Carolina, October 2002

APPENDIX A

ACTION PLAN TO IMPROVE ACCESS TO CHILD CARE ASSISTANCE FOR LOW-INCOME FAMILIES IN THE SOUTH

GOAL 1

Federal, state, local and private funds should be sufficient to meet 100% of need for direct child care assistance based on initial eligibility levels at 85% of the state median income. Redetermination levels should allow families to retain child care assistance until they reach 100% of the state median income.

Action Steps

1.1. Educate federal and state policy makers on the need for action.
1.2. Educate the business community on the need for leadership in achieving state, federal and community resources to meet 100% of need.
1.3. Increase federal funding for the Child Care and Development Fund to fulfill current policy allowing federal matching funds for child care assistance up to 85% of the state median income.
1.4. Increase state funding to provide child care subsidies to all eligible families who seek child care assistance.
1.5. Mobilize federal, state and community resources in support of families who need child care assistance.

GOAL 2

States and communities should broaden their child care eligibility and subsidy policies to meet the economic, work and education needs of families.

Action Steps

2.1. Establish co-payments not to exceed 10% of gross family income.
2.2. Provide child care assistance to students who qualify under the income guidelines.
2.3. Explore broad use of income exemptions to address affordability of child care.
2.4. Eliminate asset testing (e.g. automobile or savings account) from criteria for child assistance.
2.5. Index income eligibility levels for inflation.

GOAL 3

Outreach initiatives should be designed and aggressively implemented to assure that families have accessible and easy-to-understand information on child care assistance and are provided assistance in applying.

Action Steps

3.1. Provide information on child care subsidies through multiple sources, venues and the media.
3.2. Ensure that information is accurate, family friendly, employer friendly, culturally sensitive and provided in multiple languages, as appropriate.
3.3. Present information in a manner that would remove the stigma associated with receiving subsidies.
3.4. Provide literature and assistance to help parents make informed provider choices.
3.5. Coordinate ongoing and strategic outreach activities among common organizations and providers.
3.6. Offer cross training and information to providers, community organizations, faith organizations and state agencies to inform them about child care assistance programs and how to assist families in filing applications.

GOAL 4

The child care application and redetermination processes should be uncomplicated and family friendly.

Action Steps

4.1. Simplify applications for child care assistance.
4.2. Allow filing by mail, phone, fax or internet.
4.3. Minimize requests for documentation at initial application and utilize documents already on file.
4.4. Provide applications at multiple sites.
4.5. Offer non-conventional hours of operation for eligibility offices and provide toll free phone lines to include evening and weekend hours.
4.6. Explore presumptive eligibility or otherwise provide immediate eligibility contingent upon final approval.
4.7. Eliminate requirements for a face to face interview both for initial application and for redetermination.
4.8. Provide consultation on making appropriate choices when excessive requests for provider changes are filed.
4.9. Establish a 12-month redetermination period where there are no changes in income or job status.
4.10. Continue eligibility for full subsidy for 12 weeks if family loses employment but can document that a job search is underway.

GOAL 5

Establish a coordinated, seamless eligibility system so that funding sources are invisible to families and support continuity of child care.

Action Steps

5.1. Eliminate the need for families to reapply when eligibility categories change by automatically searching to exhaust all eligibility categories before closing cases.
5.2. Explore the potential for policy and procedural changes to achieve linkages with or combined applications for child care assistance, Head Start, Pre-K and Title I.
5.3. Continue eligibility in programs with multiple funding sources to assure continuity of care in the event that eligibility has expired or terminated in one program.
5.4. Work collaboratively with all public and private programs and funding sources to assure that children receive stable and consistent early child care services.

GOAL 6

Establish customer service outcome goals and set standards to ensure that all families are treated with dignity and respect and are served in an efficient manner.

Action Steps

6.1. Provide professional and well-trained eligibility staff who are culturally and linguistically sensitive.
6.2. Facilitate quick eligibility determination through reasonable caseloads and/or administrative structure.
6.3. Conduct periodic, independent and thorough consumer satisfaction assessments, assuring the confidentiality of information collected.
6.4. Provide adequate support for child care resource and referral services.

GOAL 7

Design the subsidy system so that rate structures assure that families receiving child care assistance have access to all types of child care and disallow charges above established co-payments.

Action Steps

7.1. States should cap reimbursement rates at no less than the 75th percentile based on a market rate survey conducted every two years that accurately reflects the price of all types of care in communities across the state.
7.2. Establish and evaluate reimbursement policies that encourage provider participation and are responsive to family needs.
7.3. Prohibit providers from charging above the established co-payments.

GOAL 8

Create partnerships with employers to expand child care assistance for working families.

Action Steps

8.1. Educate employers about the bottom line benefits associated with public and private child care assistance.
8.2. Enlist business leaders to champion the involvement of southern businesses and to serve as mentors to other businesses.

8.3. Provide information to employers on all available tax benefits related to child care assistance, including deductions for donations to tax-exempt child care organizations, capital costs for constructing a child care center and establishing a pre-tax dependent care assistance plan.
8.4. Facilitate collaborative initiatives that enable employers to share ideas as well as pool their resources to address child care needs.
8.5. Provide matching funds or other tax or financial incentives for employers to invest in child care.
8.6. Establish incentives for employers to create child care benefit programs for their employees or to contribute to child care purchasing pools in their state or community.
8.7. Reduce the administrative burden on employers participating in any joint public/private child care assistance program.

GOAL 9

Provide child care assistance to working families through federal and state tax laws.

Action Steps

9.1. Make the federal child and dependent care tax credit refundable.
9.2. Establish refundable child and dependent care tax credits in states with income taxes.
9.3. Raise federal and state child care tax credit expense limits to accurately reflect the price of quality care.
9.4. Index for inflation the state and federal child and dependent care tax credit income eligibility and expense limits.
9.5. Ensure that child and dependent care tax credits are clearly identified and easy to claim by filers using either the short or long form.
9.6. Encourage the use of effective state tax strategies to provide financial support for child care.

GOAL 10

States should have effective, coordinated systems to guide child care and early childhood policy decisions and direct use of resources.

Action Steps

10.1. Facilitate greater coordination in eligibility policies across child care and early childhood education programs at state and local levels.
10.2. All southern states and the District of Columbia should participate in a collaborative effort to develop and collect common data elements across states.

Source
Southern Regional Task Force on Child Care, Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South (Columbia, SC: Southern Institute on Children and Families, December 2000).

APPENDIX B

Southern Regional Action Plan to Improve the Quality of Early Care and Education

Vision Statement: All children who are in early care and education programs will be in environments that are safe, nurturing and encourage their development.

GOAL 1

All children and families will have the benefit of a quality, comprehensive and coordinated early care and education system.

Action Steps

1.1 Public policy at the federal, state and local level will require planning and coordination across major systems to improve quality, including Head Start, state pre-kindergarten, subsidized child care and licensing.

1.2 Public policy at the federal, state and local level will support families by linking early care and education programs to health coverage, physical and mental health care, nutrition, economic support, transportation and parenting education services.

1.3 Federal, state and local policies and systems will ensure coordinated, seamless transitions for children moving among early care and education programs and into kindergarten.

GOAL 2

Rigorous licensing requirements and/or regulatory processes will be enacted to ensure that children are adequately protected in all early care and education settings.

Action Steps

2.1 States will establish staff-child ratios and maximum group sizes for centers and homes that meet NAEYC (National Association for the Education of Young Children), NAFCC (National Association for Family Child Care, APHA (American Public Health Association) or AAP (American Academy of Pediatrics) national standards.

2.2 States will develop and enforce health, fire and safety requirements for all early care and education settings that reflect standards set forth by the APHA and the AAP.

2.3 State law will require strict enforcement of licensing requirements. States will use a range of sanctions that will include license revocation when a provider is unable or unwilling to meet requirements.

2.4 States will conduct at least three unannounced monitoring visits per year to verify compliance with requirements.

2.5 States will require that child care providers, early childhood teachers and others who have regular access to children in early childhood settings have federal and state background checks using fingerprinting and screening against the state child abuse registry.

2.6 States will ensure that all licensing and early care and education staff are educated in recognizing signs of child abuse and are trained in the state's child abuse reporting laws.

2.7 States will have a well-trained regulatory workforce with average caseloads between 50 and 75 per staff person and a system capable of providing technical assistance.

2.8 States will ensure parental right of access to their child's early care and education facilities.

GOAL 3

States will support development of quality early care and education programs for all children.

Action Steps

3.1 States will provide all early care and education providers with resources to help them improve the quality of care and education they deliver, such as technical assistance and training, accreditation support, grants to meet health and safety requirements and grants to support family child care home networks.

3.2 States will have Child Care Resource and Referral networks to deliver quality early care and education enhancement support services to providers, such as outreach, training and technical assistance.
3.3 States will implement a rating system to recognize providers for incremental levels of quality.
3.4 States will implement tax and other incentives to develop and expand early care and education programs that demonstrate a higher level of quality.
3.5 States will use a formal mechanism to seek parental input in program evaluations and will use that information in making policy decisions related to early care and education programs.
3.6 States will identify and support the use of effective research based curricula.

GOAL 4

Staff in early care and education settings will be appropriately credentialed and adequately compensated.

Action Steps

4.1 States will maintain a professional development system that ensures, at a minimum, providers in early care and education settings meet standards set forth by NAEYC, NAFCC, APHA or AAP.*
4.2 States will require approved ongoing annual professional development for staff, appropriate to their education levels and job requirements, as specified in APHA/AAP. States will provide and implement a professional development system that verifies trainers, approves training and tracks the training of participants.
4.3 The federal government and states will provide universally available, comprehensive scholarships to early care and education providers who are pursuing a Child Development Associate (CDA) or two- or four-year degree in child development, early childhood education, early childhood special education or child care administration. Scholarships will address the costs of tuition, fees and books and will support components such as travel costs, paid release time and child care.

*Standards are on page 92.

4.4 States will work with educational institutions to ensure that coursework is accessible in order to meet the early care and education workforce training needs, such as courses offered at night, on weekends, in accelerated formats, on-line and in various languages. Courses will address the varying educational levels of the workforce.
4.5 The federal government and states will provide financial incentives that reward completion of approved levels of professional development.
4.6 The federal government and states will provide college loan forgiveness programs for persons earning an approved degree who work for a specified period of time in early care and education programs.
4.7 States will work toward a system whereby staff with approved degrees or credentials will receive employment benefits and compensation at comparable levels to the state's public education system.
4.8 States will ensure meaningful agreements and processes to enable the transfer of credits between and among approved two- and four-year degree programs.

GOAL 5

Families will have the information to make well-informed decisions about the quality of their child's care and education and to be actively involved in their child's care and education.

Action Steps

5.1 States will support Child Care Resource and Referral networks that are easily accessible to parents and that provide information on child development, quality indicators, provider choices, vacancies and linkages to additional information.
5.2 States will support early care and education providers in promoting parental involvement and in seeking parental input into the development and improvement of their programs.

GOAL 6

Quality early care and education programs will be financially accessible to all children.

Action Steps

6.1 Federal and state governments will adjust the child care tax credit expense limits to accurately reflect the cost of quality care.

6.2 States with income taxes will establish refundable child and dependent care tax credits.

6.3 State and federal child and dependent care tax credit income-eligibility and expense limits will be indexed for inflation.

6.4 Federal, state, local and private funds will be sufficient to meet 100% of the need for direct early care and education financial aid, based on initial eligibility levels at 85% of the state median income. Federal law will allow and states will implement redetermination policies that allow families to retain early care and education financial aid until they reach 100% of the state median income.

6.5 Federal and state governments should develop policies and systems to ensure families receiving financial aid pay no more than 10% of their gross income for early care and education.

6.6 States will set payment rates at no less than the 75th percentile based on a market rate survey conducted every two years for each level and type of care. Annual inflation adjustments to payment rates will be made between market surveys.

6.7 States will implement payments to providers commensurate with the quality-rating level achieved by the early care and education programs.

6.8 States will examine the financing of quality early care and education in their state and work toward providing payment rates that recognize the cost commensurate with the standards set forth in this action plan.

6.9 States will design and aggressively implement outreach initiatives to provide families with easy-to-understand early care and education financial aid information and application assistance.

GOAL 7

States will ensure that accountability is built into all systems, programs and activities undertaken to achieve the goals of this action plan.

Action Steps

7.1 States will convene appropriate stakeholders to develop written strategic plans for improving the quality of early care and education programs in the state. These plans will include key goals, quantifiable measures of progress and program outcomes for all quality enhancement activities.

7.2 States will collect and analyze data and produce written annual reports on progress toward identified goals. Reports will be made readily available to the public.

7.3 States will use data and annual reports to make continuous policy improvements and evaluate quality enhancement activities.

Source
Southern Institute on Children and Families, Southern Regional Action Plan to Improve the Quality of Early Care and Education (Columbia, SC: Southern Institute on Children and Families, October 2002).

REFERENCES
American Public Health Association and American Academy of Pediatrics, Caring for Our Children: National Health and Safety Performance Standards—Guidelines for Out-of-Home Child Care Programs (Washington, DC: American Public Health Association, 2002).

National Association for the Education of Young Children, Accreditation Criteria & Procedures of the National Association for the Education of Young Children, (Washington, DC: National Association for the Education of Young Children, 1998).

GOAL 4 • ACTION STEP 4.1

Qualifications for Family Child Care Providers

Standards of the American Public Health Association and the American Academy of Pediatrics	Standards of the National Association for Family Child Care
1. Twenty-one years of age, hold an official credential as granted by the authorized state agency; 12 hours training in child development and health management; knowledgeable and demonstrate competency in tasks associated with caring for infants and toddlers: a) Diapering; b) Bathing; c) Feeding; d) Holding; e) Comforting; f) Putting babies down to sleep positioned on their backs and on a firm surface to reduce the risk of SIDS; g) Providing responsive and continuous interpersonal relationships and opportunities for child-initiated activities. 2. Current accreditation by NAFCC and a college certificate representing a minimum of 3 credit hours of family child care leadership or master caregiver training or hold an Associate degree in early childhood education or child development; 3. A valid certificate in pediatric first aid, including management of a blocked airway and rescue breathing; 4. Pre-service training in health management in child care, including the ability to recognize signs of illness and safety hazards; 5. Knowledge of normal child development, as well as knowledge of children who are not developing typically; 6. The ability to respond appropriately to children's needs; 7. Oral and written communication skills. Additionally, large family child care home caregivers shall have at least 1 year of experience, under qualified supervision, serving the ages and developmental abilities of the children in their large family child care home.	Twenty-one years old; high school diploma or GED and at least 90 clock hours of relevant training, or a current CDA credential; and have at least 18 months experience in family child care, regulated at the highest level available in the state (12 months if participating in an intensive training program).

GOAL 4 • ACTION STEP 4.1

Qualifications for Early Care and Education Center Personnel

Position	Standards of the American Public Health Association and the American Academy of Pediatrics	Standards of the National Association for the Education of Young Children
Director	Twenty-one years of age (plus, if more than 60 children, 3 years experience as a teacher of children in the age groups enrolled in the center, and at least 6 months experience in administration) and the following: **1.** A Bachelor's degree in early childhood education, child development, social work, nursing, or other child related field OR a combination of college coursework and experience, including: **a)** A minimum of four courses in child development and early childhood education; **b)** Two years of experience, under qualified supervision, working as a teacher serving the ages and developmental abilities of the children enrolled in the center where the individual will act as the director; **c)** A course in business administration or early childhood administration, or at least 6 months of on-the-job training in an administrative position; **2.** A valid certificate in pediatric first aid, including management of a blocked airway, and rescue breathing; **3.** Knowledge of community resources available to children with special needs and the ability to use these resources to make referrals or achieve interagency coordination; **4.** Administrative and management skills in facility operations; **5.** Capability in curriculum design; **6.** Oral and written communication skills; **7.** Demonstrated life experience skills in working with children in more than one setting.	Formal education and experience in both early childhood education/child development and administration such as human resource and financial management.

GOAL 4 • ACTION STEP 4.1

Qualifications for Early Care and Education Center Personnel

continued

Teacher	Twenty-one years of age and the following: **1.** A Bachelor's degree in early childhood education, child development, social work, nursing, or other child-related field, or a combination of experience and relevant college coursework; **2.** One year or more years experience, under qualified supervision, working as a teacher serving the ages and developmental abilities of the children in care; **3.** On-the-job training to provide a nurturing environment and to meet the child's out-of-home needs; **4.** A valid certificate in pediatric first aid, including management of a blocked airway and rescue breathing; **5.** Knowledge of normal child development and early childhood education, as well as knowledge of children who are not developing typically; **6.** The ability to respond appropriately to children's needs; **7.** The ability to recognize signs of illness and safety hazards; **8.** Oral and written communication skills.	At least a CDA credential or an associate degree in early childhood/ child development or equivalent, preferably teachers have baccalaureate degrees in early childhood/child development. If a teacher has a degree in a related field, the program should document the amount of coursework specifically related to early childhood education.
Teacher Assistant	18 years of age; a high school diploma or GED; participate in on-the-job training, including a structured orientation to the developmental needs of young children and access to consultation, with periodic review by a staff person.	High school graduate or the equivalent; trained in early childhood education/child development, and/or participate in ongoing professional development programs.

APPENDIX C

State Contacts for 2002 Action Plan Implementation Survey

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APPENDIX D

PowerPoint Presentation

Dr. J. Lawrence Aber
Director, National Center for Children in Poverty

Second Annual Southern Regional Forum on Child Care
Charleston, South Carolina, October 2002

Child Care Dollars and Sense: Research Facts for Policy Leadership

Presented by Lawrence Aber, Ph.D.
National Center for Children in Poverty
Columbia University

1

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- Other Research Organizations:
  - Abt Associates
  - Manpower Demonstration Research Corporation
  - Center for Law and Social Policy

2

Research Reports

- **National Study of Child Care for Low-Income Families: (LInCC)** — Abt Associates and the National Center for Children in Poverty

– 25 representative counties/county groups

– 17 states (AL, CA, IL, IN, LA, MA, MI, MN, NJ, NM, NY, NC, OH, TN, TX, VA, WA)

3

Research Reports

- **Selected LInCC Reports**
  - State and Community Substudy, Interim Report [1997-1999] (2000)
  - State and Community Substudy, Second Interim Report [2000] (forthcoming)
  - The Supply of Regulated Care in the 25 Study Communities [2000] (forthcoming)
- Abt Associates web site: http://www.abtassoc.com Click on Reports, then click on Child Development.

4

Research Reports-continued

The Dynamics of Child Care Subsidy Use: A Collaborative Study of Five States (2002)
Dynamics Study Team

- IL, MD, MA, OR, TX
- Watch the NCCP website this fall: **www.nccp.org**

5

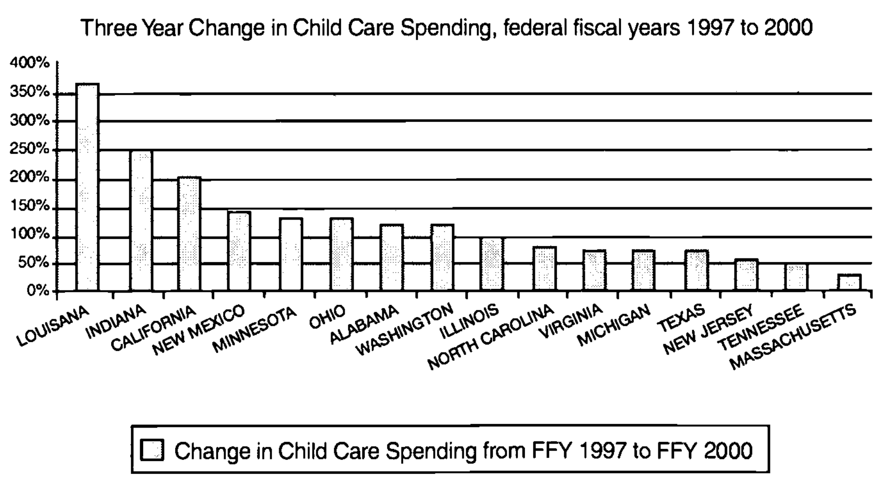
Child Care Resources

– **Dramatic Growth in Total Child Care Spending in All LInCC States—FFY 1997-2000**

- **108%** Median Spending Increase, 1997-2000
- Growth Continued but Slows in 2000
- **38%** Median Increase, 1997-98
- **15%** Median Increase, 1999-2000
- **2000-01-02 ?**

6

Change in Child Care Spending, 1997-2000



7

Child Care Resources

– **Annual Spending per Federally Eligible Child More than Doubled**

- **$307** Median per Fed. Elig. Child, 1997
  >> **Range** – $166 (Louisiana) – $764 (Massachusetts)
- **$719** Median per Fed. Elig. Child, 2000
  >>**Range** – $440 (Texas) – $1,417 (California)

8

Child Care Resources

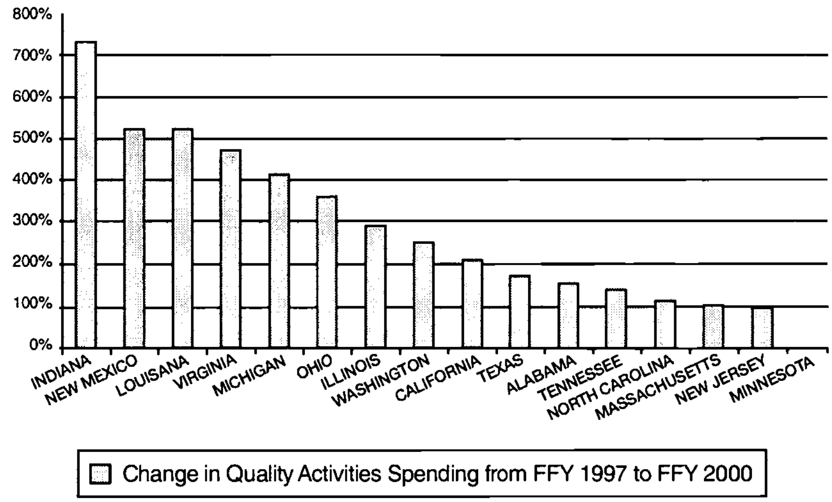
– **Even Bigger Growth in Spending on Quality Initiatives**

- **226%** Median Quality Spending Increase, 1997-2000

9

Change in Spending on Quality Activities, 1997-2000

Three Year Change in Spending on Quality Activities federal fiscal years 1997 to 2000



1 10

Child Care Resources

– **Quality Spending Per Child of Employed Parents Quadrupled**

- **$5.07** Median per Child, 1997
  >> **Range,** 1997 – $1.95 (Indiana) – $15.73 (Massachusetts)

- **$19.06** Median per Child, 2000
  >> **Range,** 2000 – $8.90 (California) – $32.29 (Massachusetts)

11

Sources of Child Care Spending

- **"Dedicated" and "Optional" Child Care Funds**

- **Dedicated CCDF**
  - *Federal*-Mandatory, Matching, Discretionary
  - *State*-Maintenance of Effort, Matching
- **Optional**
  - *Federal*-TANF Transfer, TANF Direct, SSBG, Title IVE
  - *State*-General Revenue Funds (including TANF MOE above CCDF MOE)

12

Sources of Child Care Spending

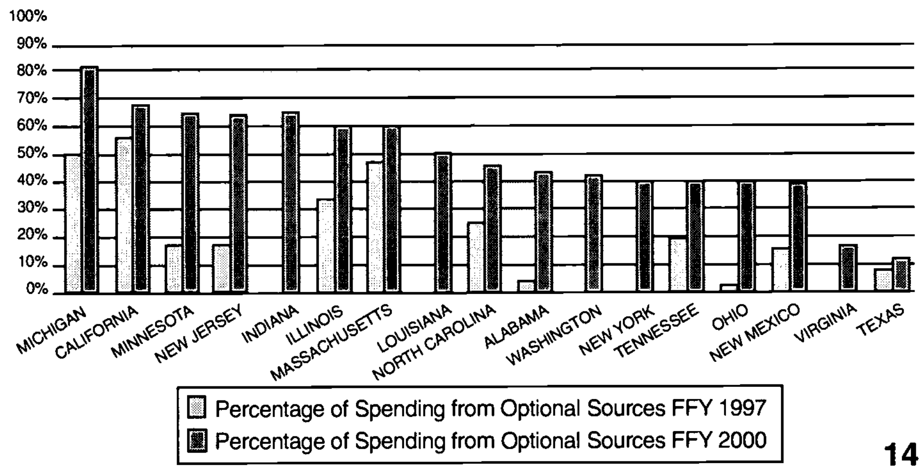
- **Spending from Optional Sources Tripled**

- **16%** Median Optional Spending, 1997
- **46%** Median Optional Spending, 2000
- **??%, 2001, 2002, 2003**

13

Child Care Spending from Optional Sources, 1997 and 2000

Percentage of Total Annual Child Care Spending from All Optional Federal and State Funding Services, federal fiscal years 1997 and 2000.



14

Child Care Services

– **Many Eligible Children Still Without Services**

- **10%** Median Portion of Fed. Elig. Served, 1997
  >> **Range, 4%** (Texas) – **18%** (North Carolina)

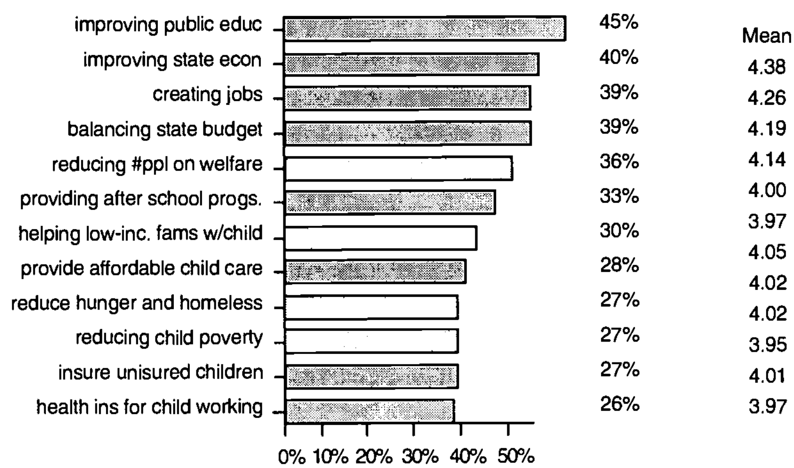
- **18%** Median Portion of Fed. Elig. Served, 2000
  >>**Range, 10%** (Texas) – **27%** (Illinois)

15

Improving Education and The Economy, Creating Jobs and Balancing Budgets Are Legislators' Highest Priorities

Helping Low Income Families and Reducing Poverty Are less Important

Top tier items (ranked by % one of the most important)



16

APPENDIX E

POWERPOINT PRESENTATION

AMY DAWSON
VICE PRESIDENT, FIGHT CRIME: INVEST IN KIDS

SECOND ANNUAL SOUTHERN REGIONAL FORUM ON CHILD CARE
CHARLESTON, SOUTH CAROLINA, OCTOBER 2002

This Morning's Mission:

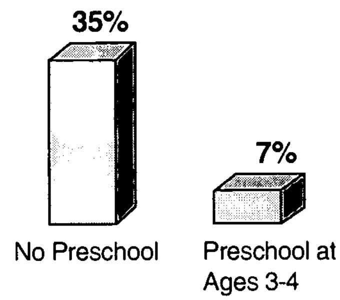
Arm the Choir

Fight Crime: Invest in Kids
Hundreds of law enforcement officers, prosecutors, and crime victims, fighting to prevent crime and violence

1

Kids in School Readiness Program 1/5th as likely to grow up to be chronic lawbreakers

Percent Arrested 5 or More Times Through Age 27



High/Scope Perry Preschool Study

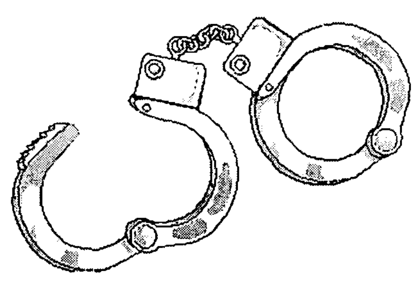
Source: Lawrence J. Sweinhart, Helen B. Barnes and David P. Weikert.
Significant Benefits: The High/Scope Perry Preschool Study Through Age 27 (Ypsilantl, MI: High Scope Press, 1993)

Fight Crime: Invest in Kids
www.fightcrime.org.

2

Preschool Program Saves Money

Through age 27, the High/Scope Perry Preschool Program prevented over $148,000 in crime costs alone per participant.



High/Scope Perry Preschool Study

Source: Lawrence J. Sweinhart, Helen V. Barnes and David P. Weikert.
Significant Benefits: The High/Scope Perry Preschool Study Through Age 27 (Ypsilantl, MI: High Scope Press, 1993)

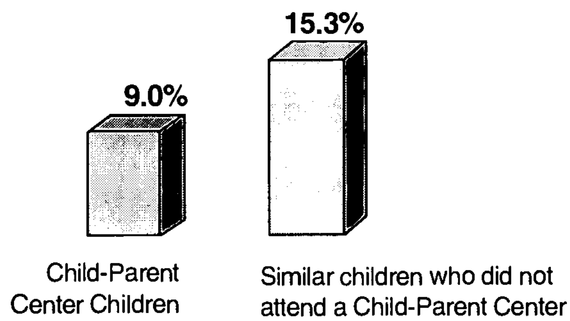
Fight Crime: Invest in Kids
www.fightcrime.org.

3

Child-Parent Centers Cut Violent Arrests by 70%

Comparison Children were 70% more likely to have a violent arrest by age 18 as the children who attend the Chicago Child-Parent Center programs.

A Violent Arrest by Age 18



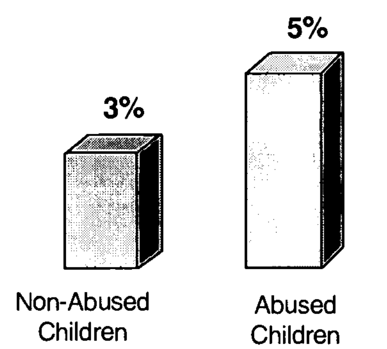
Reynolds, A.J., et al., Long-Term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest: A 15-Year Follow-up of Low-Income Children in Public Schools, JAMA, v.285, num. 18, May 9, 2001.

Fight Crime: Invest in Kids
www.fightcrime.org.

4

Abuse & Neglect Increase Crime

Arrests for a Violent Crime by Age 18



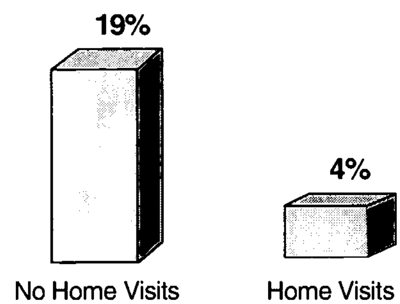
Source: Widom, C.S., Avoidance of Criminality in Abused and Neglected Children, *Psychiatry*, v. 54, 1991.

Fight Crime: Invest in Kids
www.fightcrime.org.

5

Parenting Coaching Services Prevent Child Abuse

Verified Child Abuse or Neglect During the First 2 Years



Nurse Family Partnership

Source: Olds, D., Henderson, C., Tatelbaum, R., and Chamberlin, R., "Preventing Child Abuse and Neglect: a randomized trial of nurse visitation," *Pediatrics*, (1986) vol. 78, pp. 65-78.

Fight Crime: Invest in Kids
www.fightcrime.org.

6

SOUTHERN REGIONAL INITIATIVE ON CHILD CARE PUBLICATIONS

- Dottie Campbell, Collaboration Among Child Care, Head Start, and Pre-Kindergarten: A Telephone Survey of Selected Southern States (Columbia, SC: Southern Institute on Children and Families, December 2002).
- Rachel Schumacher, Jennifer Mezey, Mark Greenberg, Center for Law and Social Policy, Analysis of Potential Barriers to Creating Coordinated Absence Policies for Collaborations Between Head Start and CCDF and TANF-Funded Programs (Columbia, SC: Southern Institute on Children and Families, December 2002).
- Southern Institute on Children and Families, Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South: Survey Results on the Status of State Implementation Efforts in 2001 and 2002 (Columbia, SC: Southern Institute on Children and Families, December 2002).
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- Southern Regional Task Force on Child Care, Sound Investments: Financial Support for Child Care Builds Workforce Capacity and Promotes School Readiness (Columbia, SC: Southern Institute on Children and Families, December 2000).
- Louise Stoney, Child Care in the Southern States: Expanding Access to Affordable Care for Low-Income Families and Fostering Economic Development (Columbia, SC: Southern Institute on Children and Families, April 2000).

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