



# Early Care and Education Consortium

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November 23, 2010

Administration for Children and Families  
Office of Administration  
Office of Information Services, 370  
L'Enfant Promenade, SW  
Washington, DC 20447  
Attn: ACF Reports Clearance Officer

**Re: Child Care and Development Fund Plan for States/Territories for FFY 2012–2013 (ACF–118).  
OMB No.: 0970–0114.**

The Early Care and Education Consortium (ECEC), an alliance of America's leading providers of quality child care and early learning programs, appreciates the opportunity to offer comments on the draft proposed FY 2012–2013 Child Care and Development Fund (CCDF) Plan for States and Territories. ECEC's 9,000 licensed member centers operate in all 50 states and serve nearly one million children daily, approximately one-third of whom access child care through CCDF vouchers and contracts. ECEC is the largest organized alliance of licensed child care centers in the nation, as well as the largest alliance of CCDF-participating child care centers.

We commend the Administration for Children and Families and the Office of Child Care on revisions that will improve the Plan Preprint as an information collection tool, as well as support states in planning for their child care assistance programs and early learning systems. Even with these positive revisions, there are a number of improvements to the Draft Preprint we believe merit further attention. These comments are provided largely following the order of the Draft Preprint, and we welcome the opportunity to discuss them more fully at a later date.

## General Comments

The reorganization of the Preprint into three main areas – Overall Administration, Subsidy Administration, and Health and Safety and Quality Improvement Activities – and the addition of four focus areas in the latter section effectively demonstrates that the Child Care and Development Fund has evolved since its inception and underscores that it helps families access child development programs *and* is a fundamental part of state early childhood system-building efforts.

The new three-part framework presented in the Health and Safety and Quality Improvement section of the Preprint – including self-assessment, goal-setting, and progress reporting for each of the four core components of this section – is a strong start to promoting a vision of what the Child Care and Development Block Grant can be for states, providers, and families. These enhancements to the Health and Safety and Quality Improvement section of the Preprint will encourage states to better and more thoroughly plan for the development of these aspects of their CCDF program.

We strongly encourage ACF to apply this three-part process to the Subsidy Administration section as well. To not do so will send a – we hope erroneous – message to state grantees about the relative lack of interest on ACF's part in continuous improvement in subsidy administration just as surely as calling out the four core components sends a message about their relative importance in promoting health and safety and

improving quality. *How well* the subsidy is administered often places very real constraints on the level of quality that many programs can provide or the health and safety standards of care arrangements parents can access.

Turning to findings from extensive federally-funded research,<sup>1</sup> the Preprint would be improved by the addition of questions related to, for example, how closely payment processes follow market practices, how consistently information is provided across state, regional and/or county offices, and how accurately payments are made. Alternatively, these improvements could be incorporated at appropriate points in Part 2.

States should be encouraged to identify metrics for evaluating the success of subsidy administration for families and providers, and should be encouraged to plan for quality improvement in this area as well as in other areas addressed in the Draft Preprint.

Especially in light of the new framework and the new annual Quality Performance Report included as Appendix 1 of the Preprint, ECEC recommends greater focus be placed on state spending. We suggest asking to identify in the Quality Performance Report how changes in state or federal funding affected whether goals were attained as planned.

We understand that the approach was to rethink and reformulate the information collection relating to quality, and we applaud this initial effort. However, we were struck by the omission of references to the set-aside for child care resource and referral, infants and toddlers, and school-age. These are part of current law, the data is important for research, and the Preprint needs to make clear to state administrators that these are crucial resources and valuable tools for developing their systems and have benefits for all families using child care. We think references to these could be stronger and woven throughout Part 3. Perhaps the table included in the previous Preprint at 5.1 concerning how CCDF dollars are spent could be moved to the beginning of Part 3 of the draft 2012-2013 Preprint as reinforcement.

### **Part 1: Administration**

It is useful to include the breakouts of state-administered and state-supervised/county-administered CCDF programs at 1.3.1. We suggest adding a question at 1.3.1 asking “if county administered, does the State/Territory monitor for program consistency across county or other local jurisdictions?” While local control can be beneficial, we hear from members that variations in program administration across local jurisdictions can be barriers to access and can make for fundamentally different experiences with the child care assistance program within a state.

### **Part 2: CCDF Subsidy Program Administration**

We commend ACF in asking grantees how they support child care programs to increase the likelihood that CCDF-served children receive higher quality care. Increasing the number of low-income and most at-risk children in higher quality programs should be a priority, and this question will help focus states’ attention on how their subsidy program and quality initiatives are structured and funded to accomplish this change.

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<sup>1</sup> See, for example, Gina Adams, et al., *Child Care Voucher Programs: Provider Experiences in Five Counties* (Urban Institute, 2008), accessed November 15, 2010 at <http://www.urban.org/publications/411667.html>, and Gina Adams, et al., *Designing Subsidy Systems to Meet the Needs of Families An Overview of Policy Research Findings* (Urban Institute, 2008), accessed November 15, 2010 at <http://www.urban.org/publications/411611.html>.

We are glad to see the expanded focus on eligibility determination and redetermination and the inclusion of checklists drawn from best practice in this area in questions at 2.1.5, 2.1.6 and 2.1.9.

We encourage ACF to collect information on how states assess their current efforts, set goals and define metrics for improvement in a number of areas related to subsidy administration, most especially concerning continuity of care (2.1.6), timeliness of eligibility (re-)determination (2.1.9, 2.2.6), and frequency and accuracy of payments (2.6.3).

Regarding waiting lists (2.4.3), we suggest asking for the number of children/families on the waiting list at the specific point in time that the State Plan is submitted.

Regarding the use of grants and contracts as well as certificates, we recommend you modify the question at 2.5.1 to specify the percentage of child care assistance services by funding and by number of children enrolled that will be available through certificates and grants/contracts.

Concerning section 2.6, Payment Rates for Child Care Services, there should be an attempt to gather parallel information concerning payments for services obtained through grants/contracts, as well as additional detail about the process used to determine prevailing child care market rates.

We recommend an additional question be added at 2.6 that asks states to include the per child amount of payments provided through grants/contracts and the basis for arriving at those contracted amounts. Grants and contracts offer potential benefits to CCDF grantees, families, and program providers alike; however, the realization of those benefits in a market environment such as child care, with often individual and isolated providers negotiating with large government offices at the state or local level, can be uncertain.

In addition, while section 2.6 of the Preprint appropriately highlights the importance of market rate surveys (MRS) and their currency, it does not collect data on best practices identified over the years by research often supported by ACF. We recommend that the Preprint also include at 2.6.4 the date, including month and year, of the survey associated with the reimbursement rates currently in effect in the state (in addition to the date of the most recent survey), and the identity of the entity or entities responsible for developing, implementing, and analyzing the MRS.

It would be useful for understanding actual implementation of the survey results and the relationship between the survey, reimbursement rates, and quality improvement activities, if the survey summary at 2.6.5 would include specific data concerning a state's differential rates (their scope and applicability as well as their amount in nominal and relative terms). Market rate survey data is crucial to child care providers like ECEC members, but the implementation is often flawed in the states. The Preprint presents an opportunity to support states to make progress in this area.

Concerning equal access (2.6.9), we recommend that the language used in the previous Preprint be kept as is. The proposed revisions are not likely to add relevant information, and the language in the previous Preprint appropriately focuses on rate ceilings and the market rate survey results as points of reference when considering how access is equal.

### **Part 3: Health and Safety and Quality Improvement Activities**

Many of the questions in Part 3 address aspects of the child care system that affect all children in care regardless of their family's eligibility for child care assistance. While this is appropriate and reflects the evolution of the program since its inception, we believe it would be helpful to know in many cases the specific connection to low-income families in the subsidy program. This is especially true regarding

section 3.3, Quality Improvement Activities including Quality Rating and Improvement Systems.

ECEC is pleased that Health and Safety is grouped with Quality Improvement Activities, reflecting that licensing is the foundation of quality. However, the Preprint does not include basic information on licensing standards that we believe would support the directions ACF is encouraging in the sections on quality improvement activities. We recommend that the Preprint should include information about ratios and group size by age, teacher qualifications, and pre- and in-service hour requirements so that an accurate view of state efforts across settings can be understood.

Regarding announced and unannounced visits to enforce licensing regulations (3.1.2a), we recommend also inquiring as to how states work with providers to address adverse findings. This is an opportunity for ACF to underscore the role of licensing assessors in working collaboratively with providers to improve health and safety and the foundation for quality in programs. Perhaps a checklist of options that reflect common practice in this area would be helpful.

Regarding background checks (3.1.2b), we recommend also inquiring as to the cost of each type of check listed to individuals, programs, and the state.

The tables at 3.1.3a and 3.1.3b concerning compliance with applicable health and safety regulatory requirements would be clearer if they were rephrased, particularly in the table headers, to ask about which “setting” the requirement applied to rather than which “providers” because the list of requirements includes checks for providers, for children, and for the facility. At 3.1.3d, we believe training hours should be added to background checks and monitoring visits among the requirements to which relative providers may be subject.

The data collection on licensing and health and safety compliance (3.1.4) is important. However, the choices could be strengthened. For instance, how would a state know how many programs are operating that are legally exempt? And, what definitions would this be based on? States structure this differently and so the answers to this, if it could be answered, would look very different from state to state. The number of injuries and fatalities in care should also be broken out based on licensing status.

Regarding the core component that is described as Pathways to Excellence for Child Care Programs through Program Quality and Improvement Activities (3.3), there are several improvements ECEC recommends. In general, this section may be confusing for states. If a state has a quality rating and improvement system (QRIS), should they answer all of these questions as they pertain – and only as they pertain – to the QRIS? If a state does not have a statewide QRIS, how should they answer these questions? And, how will the differences be noted?

We recommend including at a minimum a question preceding 3.3.1 for states to report if they have a QRIS and if they do not, what system is in place for answering the questions that follow. It would also be useful to encourage states to report if they do not have a QRIS whether they are in the process of developing one, but this should be done in a way that does not condition responses to this section on a planned-for QRIS. At numerous points, it would be helpful to specify to which types of settings (centers, family child care homes, etc.) and for children in which age groups (infants, school-age) various information is collected. State QRIS often include specific limitations (e.g., excluding family child care homes from QRIS) that will reduce the usefulness of this section as currently drafted.

Regarding 3.3.1, Program Standards, we recommend the Preprint also include whether the state collects information about providers’ use of written curricula and instructional assessments, including those developed by in-house staff as well as those published and commercially available.

ECEC is glad to see the specificity in the options for supports for programs (3.3.2, 3.3.3) allowed under CCDBG. We suggest some additional clarity, including whether the information, training and consultation is available and/or required for all providers, just those in a QRIS, or just those at certain (and which) points in the QRIS.

We are concerned about the Preprint's inquiry concerning how states use child assessment information (3.3.4c) and recommend that this question be removed. This section does not provide states with adequate context, and has the potential to misinform about CCDF programs and participating providers. The question does not include specific language concerning assessments that include the full range of developmental domains, and may lead to the misuse of child assessments.

ECEC suggests an expansion of the data collected on program quality (3.3.7). Currently, the Draft Preprint asks for "number of programs that move levels annually." We believe the information needed includes:

- How many programs are in the QRIS;
- Number/percentage of children receiving subsidy in programs at each level;
- How many programs move up levels;
- How many programs move down levels;
- How many programs stay at the same level; and
- *Why* programs moved down or stayed the same. Details about whether it was provider preference based on parent choices in the market, lack of monitoring resources, lack of incentives/rewards to move up to the next level and maintain that level, are all important pieces of data to help inform the process of improving and strengthening quality.

ECEC supports the focus on the workforce in the Draft Preprint at 3.4. "Professional Development", whether it is training or formal education, needs to be a part of a career pathway. References to training are throughout this section. States should have the opportunity to spell out a pathway, including who provides the training, what the requirements are for who participates, who pays, whether it is linguistically and culturally appropriate and accessible, and what it amounts to as a step in the individual's career and for her practice in the classroom or in the director's office. It is important to acknowledge the capacity in states and communities to offer training and education. We are glad to see questions about capacity of higher education (3.4.3), but this assumes a state has any programs to offer in this area at all, either in brick-and-mortar colleges or through online degree programs.

Regarding data and performance measures on the child care workforce (3.4.7), we recommend greater specificity about the type of program (center, home, etc.; licensed or not).

The Early Care and Education Consortium is a resource to you as you move toward a final CCDF State Plan. We appreciate the effort by the Office of Child Care in preparing this revision. Thank you for this opportunity to comment, and for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Eric J. Karolak". The signature is written in a cursive, flowing style.

Eric J. Karolak, Ph.D.  
*Executive Director*