## part Developing the Child Care 2 Program

States and Territories must develop their biennial Child Care and Development Fund (CCDF) Plans in consultation with multiple government and nongovernmental agencies. In Part 2, CCDF Lead Agencies indicate the types of entities involved in the development of the CCDF Plan and in the coordination of child care and other early childhood development services. Lead Agencies are asked to provide information about their coordination plan and activities to implement the Good Start, Grow Smart initiative, including coordinating funding streams, policies, service delivery, and other initiatives to improve quality and availability of child care and other early childhood services. ${ }^{1}$ States and Territories also are required to describe the public hearing process established to allow the public the opportunity to comment on the provision of CCDF-funded services. In addition, Lead Agencies are asked to describe activities, including planned activities, to encourage public-private partnerships for meeting child care needs.

## Section 2.1 - Consultation and Coordination

## Section 2.1.1 - Lead Agency Consultation and Coordination Activities

Lead Agencies are required to consult with appropriate agencies and coordinate with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (\$98.12, $\$ 98.14(\mathrm{a}),(\mathrm{b}), \$ 98.16(\mathrm{~d})$ ).

All Lead Agencies consult and coordinate with entities required by CCDF statute and Federal regulations, including Federal, State, Tribal, Territorial, and local agencies responsible for administering early childhood development, public health, and education services, the Temporary Assistance for Needy Families (TANF) program, and employment services. States and Territories also consult and/or coordinate with other entities specified in the CCDF Plan Preprint, such as Tribal organizations, State agencies responsible for administering Head Start, prekindergarten, early intervention and inclusion services, emergency preparedness services, and other public entities. In addition, Lead Agencies consult and/or coordinate with private entities, such as statewide associations, child care resource and referral (CCR\&R) agencies, and faith-based organizations.

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## Consultation

Consultation involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments.

CCDF requires States and Territories to consult with local government representatives on the development of their CCDF Plans ( $658 \mathrm{D}(\mathrm{b})(2), \$ 98.12(\mathrm{~b}), \$ 98.14(\mathrm{~b}))$. They also may consult with State/Territory agencies and other public and private organizations. As illustrated in Table 2.1-A, 35 States and Territory consult with other Federal, State/Territory, local, Tribal, or private agencies responsible for administering early childhood development services. More than 30 States and Territories consult with entities responsible for delivering health services and/or TANF services, public education, and Head Start programs. Lead Agencies in 28 States and Territories consult with programs that promote inclusion for children with special needs. States and Territories also consult with agencies administering employment services, public-funded prekindergarten, emergency preparedness services, and other organizations.

| TABLE 2.1-A Consultation in the Development of the CCDF Plan |  |  |
| :---: | :---: | :---: |
| Organization | Number of States/ Territories | State/Territory |
| Other Federal/State/local/ Tribal or private agencies | 35 | AL, AZ, CNMI, CO, CT, DC, DE, FL, GA, GU, IL, KS, KY, LA, MD, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OR, PA, PR, SC, SD, TN, VA, WA, WI, WV, WY |
| Public health | 34 | $A L, A Z, C N M I, C O, C T, D C, D E, F L, G A, G U, I L, K S, K Y, L A, M D$, MN, MT, ND, NE, NH, NV, OR, PA, PR, RI, SC, SD, TN, VA, VT, WA, WI, WV, WY |
| Employment services/workforce development | 23 | AZ, CNMI, CT, DC, DE, FL, GU, KS, MD, MT, NE, NH, NV, NY, OR, PA, SC, SD, TN, VA, WA, WI, WY |
| Public education | 31 | AL, AZ, CNMI, CO, CT, DC, DE, FL, GU, IL, KS, LA, MD, MI, MN, MT, NE, NH, NV, NY, PA, PR, RI, SC, SD, TN, VA, WA, WI, WV, WY |
| TANF* | 33 | $A K, A L, A Z, C O, C T, D C, D E, F L, G U, I N, K S, L A, M D, M I, M T, N D$, NE, NH, NV, NY, OR, PA, PR, RI, SC, SD, TN, VA, VT, WA, WI, WV, WY |
| Indian Tribes/ Tribal organizations | 21 | AL, AZ, FL, ID, KS, LA, ME, MI, MN, MT, ND, NE, NM, NV, SC, SD, TX, UT, WA, WI, WY |
| Representatives of local government | 56 | AK, AL, AR, AS, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| State/Territory/Tribal prekindergarten programs | 25 | $A L, A Z, C N M I, C O, C T, D C, D E, F L, I L, K S, L A, M D, M I, N E, N V, N Y$, OR, PA, PR, SC, TN, VT, WA, WI, WV |


| TABLE 2.1-A, con. <br> Consultation in the Development of the CCDF Plan |  |  |
| :---: | :---: | :---: |
| Organization | Number of States/ Territories | State/Territory |
| Head Start programs | 35 | $A K, A L, A Z, C N M I, C O, C T, D C, D E, F L, G U, I D, I L, I N, K S, L A, M D$, MI, MN, MT, ND, NE, NH, NM, NV, OR, PA, PR, SC, SD, VA, VT, WA, WI, WV, WY |
| Programs that promote inclusion for children with special needs | 28 | AK, AL, CNMI, CT, DC, DE, FL, GU, IL, KS, LA, MD, MT, NE, NH, NV, OK, OR, PA, PR, SC, SD, VA, VT, WA, WI, WV, WY |
| Emergency preparedness* | 17 | CNMI, CT, DE, FL, IL, LA, ME, NC, NE, NH, NV, NY, PR, SC, SD, WA, WI |
| Other organizations | 20 | $A Z, C T, D C, D E, F L, I L, K S, M I, M N, N C, N H, N M, P R, R I, S C, S D$, UT, WI, WV, WY |

*American Samoa and the Commonwealth of the Northern Mariana Islands do not have a TANF program. Data about consultation with entities responsible for emergency preparedness are not available for Arkansas, Kentucky, and Ohio.

## Coordination

Coordination involves the coordination of child care and early childhood development service delivery, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), andlor private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services/workforce development, (4) public education, (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds.

Lead Agencies are required to coordinate the delivery of child care and early childhood services with other Federal, State, Territory, Tribal, and local child care and early childhood development programs. They also must coordinate with State/Territory and Tribal agencies responsible for public health, employment services, public education, and TANF. Lead Agencies also are required to coordinate, to the maximum extent feasible, with any Indian Tribes receiving CCDF funds (\$98.12, §98.14(a),(b), $\$ 98.16(d))$. As illustrated in Table 2.1-B, all States and Territories report coordinating with entities required by the CCDF statute and Federal regulations.

In addition, States and Territories are encouraged to coordinate delivery of services with other government and nongovernmental entities. More than 50 States and Territories coordinate with State, Territory, and/or Tribal agencies responsible for programs that promote inclusion for children with special needs and/or with Head Start programs. Forty-three States and Territories coordinate with agencies responsible for administering publicly funded prekindergarten programs. Coordination with agencies responsible for emergency preparedness services is taking place in 30 States and Territories. Lead Agencies also coordinate with Tribal organizations, local governments, and other organizations.

| TABLE 2.1-B <br> Coordination in the Delivery of Services |  |  |
| :---: | :---: | :---: |
| Organization | Number of States/ Territories | State/Territory |
| Other Federal/State/local/ Tribal, or private agencies | 56 | AK, AL, AR , AS, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| Public health | 56 | AK, AL, AR , AS, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| Employment services//workforce development | 56 | AK, AL, AR , AS, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| Public education | 56 | AK, AL, AR , AS, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| TANF* | 54 | AK, AL, AR, AZ, CA, CO, CT, DC , DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| Indian Tribes/ Tribal organizations | 27 | AK, AL, AZ, CA, CO, HI, IA, ID, KS, LA, MI, MN, MS, MT, NC, ND, NE, NV, NY, OK, RI, SC, SD, UT, WA, WI, WY |
| Representatives of local government | 25 | AK, CO, CT, FL, GU, ID, KY, MD, MI, MN, MT, NC, NE, NH, NV, PA, PR, SC, SD, TN, VA, VI, WA, WI, WY |
| State/Territory/Tribal prekindergarten programs | 43 | AL, AR, AS, CA, CNMI, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, NE, NJ, NM, NV, NY, OH, OK, OR, PA, PR, SC, TN, TX, VA, VT, WA, WI, WV |
| Head S tart programs | 53 | AK, AL, AR, AS, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, IL, IN, KS , KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, VA, VI, VT, WA, WI, WV, WY |
| Programs that promote inclusion for children with special needs | 54 | AK, AL, AR , AS, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OR, PA, PR, RI, SC, SD, TN, TX, VA, VI, VT, WA, WI, WV, WY |
| Emergency preparedness* | 30 | AS, CNMI, CT, DE, FL, GU, HI, IA, IL, IN, MA, MD, MN, MO, MS, MT, NC, NE, NJ, NY, OR, PA, PR, SC, SD, TX, VI, VT, WA, WI |
| Other organizations | 25 | AZ, CA, CT, DC, DE, GA, IA, IL, IN, KY, MI, MO, MT, NH, NM, NY, OH, PR, RI, SC, SD, TX, WI, WV, WY |

*American Samoa and the Commonwealth of the Northern Mariana Islands do not have a TANF program. Data about coordination with entities responsible for emergency preparedness are not available for Arkansas, Kentucky, and Ohio.

## Consultation and Coordination With Other Government Entities

Table 2.1-C lists additional government entities that Lead Agencies consult and/or coordinate with to prepare the CCDF Plans and deliver child care and early childhood development services. Fortysix States and Territories indicate that State commissions, advisory councils, and task forces are responsible for coordinating the delivery of services and, in some cases, for the development of the CCDF Plans. Some Lead Agencies indicate that these entities are charged with implementing State initiatives funded by Federal agencies and national organizations to promote coordination and systems building. Lead Agencies report expanding the existing work of initiatives such as State Early Childhood Comprehensive Systems grants, the Build Initiative, and other multi-state initiatives to enhance the coordination and delivery of services. ${ }^{2}$

Thirty-seven States and Territories consult and/or coordinate with higher education institutions and programs. More than 20 States and Territories consult and/or coordinate with agencies responsible for State licensing and regulation, the governor's office, and the Child and Adult Care Food Program. In addition, Lead Agencies consult and/or coordinate with governmental entities such as child welfare agencies, school-age programs, local school districts, the State legislature, infant and toddler programs, Child Care Bureau Technical Assistance Network partners, child support enforcement agencies, and juvenile justice programs.

[^1]Consultation and/or Coordination With Other Federal, State, and Local Agencies

| Organization | Number of States/ Territories | State/Territory |
| :---: | :---: | :---: |
| State commissions, advisory councils, committees, task forces, or boards | 46 | AK, AL, AR , AZ, CT, DC, DE, GA, GU, HI, IA, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| Higher education programs and institutions | 37 | AL, AR, AS, CA, CO, CT, DC, FL, GA, GU, HI, IA, ID, IN, KS, LA, MA, MD, MI, MS, MT, NC, NE, NH, NM, NV, NY, OR, PR, RI, SC, TN, TX, UT, VA, VI, WV |
| Licensing and regulation | 26 | AK, AL, AZ, CA, CT, FL, ID, IN, KS, KY, MD, ME, MS, MT, ND, NE, NV, OK, PR, RI, SC, SD, TX, WA, WI, WV |
| Office of the governor | 23 | AZ, CT, DC, GA, GU, IA, ID, KS, KY, MA, MD, MN, MS, NM, OH, OR, PA, RI, SC, TN, UT, VA, WY |
| Child and Adult Care Food Program | 22 | AZ, FL, GA, HI, ID, IL, KS, LA, ME, MI, MT, NC, ND, NM, OK, OR, PR, RI, UT, VT, WV, WY |
| Child welfare (e.g., child protective service agencies) | 18 | AZ, CA, CO, DC, IN, KS, KY, MA, MO, MT, OH, OK, OR, PA, RI, TX, WA, WI |
| School-age programs | 14 | AL, CA, CNMI, GA, MA, ME, MT, NC, NE, OK, OR, SC, SD, VT |
| School districts | 13 | AR, CA, FL, GA, IL, IN, MS, NE, NV, NY, OK, SD, TX |
| State legislature | 12 | CT, GU, HI, IA, KY, ME, MN, MT, ND, NE, NH, WV |
| Infant and toddler programs | 6 | OH, OK, PR, SC, WA, WV |
| Child Care Bureau Technical Assistance Network partners | 5 | KS, NE, TN, UT, WV |
| Child support enforcement agencies | 4 | AZ, KS, KY, TX |
| J uvenile justice programs | 2 | KS, LA |

## Consultation and Coordination With Nongovernmental Entities

The types of nongovernmental entities that Lead Agencies consult and/or coordinate with are presented in Table 2.1-D. Forty States and Territories consult and/or coordinate with early childhood statewide associations, and 39 States and Territories consult and/or coordinate with CCR\&R agencies. More than 20 Lead Agencies consult and/or coordinate with advocacy organizations, providers and parents, and/or professional development agencies. States and Territories also consult and/or coordinate with local private organizations, foundations and trusts, businesses and economic development entities, faith-based organizations, and national organizations.

| TABLE 2.1-D <br> Coordination and/or Consultation With Nongovernmental Entities |  |  |
| :---: | :---: | :---: |
| Organization | Number of States/ Territories | State/Territory |
| Statewide associations | 40 | AL, AR, AZ, CA, CO, CT, DE, FL, GA, GU, HI, IA, ID, IN, KS, LA, MA, ME, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OR, PA, PR, SC, SD, TN, UT, VT, WA, WI, WV |
| CCR\&R agencies | 39 | $A R, A Z, C A, C O, C T, D C, D E, G A, H I, I A, I L, I N, K S, K Y, L A, M A$, MD, MI, MN, MT, NC, ND, NE, NH, NJ, NY, OH, OK, OR, RI, SC, SD, TN, UT, VA, WA, WI, WV, WY |
| Advocacy organizations/other private nonprofit community organizations | 29 | $A L, A R, A Z, C A, C O, C T, G A, I A, I D, I L, K S, K Y, L A, M A, M I, N H$, NJ, NM, OR, PA, PR, RI, SC, TN, UT, VT, WA, WI, WV |
| Providers and/or parents | 24 | AL, AZ, CA, CO, DC, FL, GU, IA, ID, KS, MA, ME, MT, NE, NJ, NM, NY, SC, SD, UT, VI, WI, WV, WY |
| Professional development agencies | 21 | AK, AZ, FL, HI, IA, ID, IL, LA, ME, MI, MO, MT, NE, NH, NM, OR, SC, TN, UT, VT, WV |
| Local private organizations | 14 | AZ, DC, IN, KS, MI, MN, MS, NV, PR, RI, SC, TN, UT, VA |
| Foundations or trusts | 11 | GA, KS, LA, MN, NE, NH, OR, SC, WA, WI, WV |
| Businesses, chambers of commerce, or economic development agencies | 9 | AZ, ID, IL, KS, MT, ND, NE, NH, NY |
| Faith-based organizations | 7 | AL, AZ, IL, KS, MA, RI, VA |
| National organizations | 5 | NJ, OH, PR, SC, SD |

## Emergency Preparedness Plans for Child Care and Early Childhood Services

If you have prepared an emergency preparedness plan related to your child care and early childhood development services, attach it as Attachment 2.1.1.

States and Territories are asked to provide information about their emergency preparedness plan and activities to support child care and early childhood development services in case of emergencies. Thirty-one States and Territories (CNMI, CO, CT, DC, DE, FL, IA, IL, IN, KS, LA, MA, MD, ME, MN, MT, NC, NE, NJ, NV, NY, OK, PA, PR, RI, SC, SD, TX, UT, VT, WV) report they
have developed or are developing State/Territory emergency preparedness plans and/or policies and procedures. Some have plans that are statewide/territory-wide interagency plans that include the Lead Agency. Lead Agencies in these States and Territories indicate the plans establish a comprehensive framework for State and local disaster preparedness, including response, recovery, and mitigation.

Lead Agencies in other States and Territories have agency-wide plans and procedures that address child care specifically. Lead Agencies that contract for services, such as eligibility determination and provider payment, indicate that contractors must have policies in place that establish how services will be provided in case of emergency evacuations or other types of occurrences that may remove or prohibit the staff from providing services in their current locations. Lead Agencies also report that contractors are required to establish policies and procedures to ensure that caseload records are not destroyed or lost. Some States and Territories coordinate with CCR\&R agencies to develop emergency preparedness curricula and offer training classes on emergency planning to child care centers and family child care providers.

In addition, some States and Territories report that licensed providers are required to develop emergency preparedness plans. Lead Agencies indicate that templates and training are available to assist child care providers with these efforts. States and Territories indicate that provider plans include procedures relating to communication with children and staff about emergencies, routes and methods of evacuation (including where children and adults will meet after evacuating), how attendance will be taken, and parent and authority notifications.

## Section 2.1.2 - Plan for Early Childhood Program Coordination

Good Start, Grow Smart encourages States to develop a plan for coordination across early childhood programs. Indicate which of the following best describes the current status of the State's efforts in this area.

- Planning. Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- Developing. A plan is being drafted.
- Developed. A plan has been written but has not yet been implemented.
- Implementing. A plan has been written and is now in the process of being implemented.
- Other (describe).

Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2006-2007 State Plan.

Coordination across early childhood programs is a component of the President's Good Start, Grow Smart initiative. Lead Agencies are asked to describe their plans for coordination across early childhood programs (if any), including how such plans will continue to support coordination across early childhood programs and the results or expected results of their coordination efforts. Lead Agencies describe their progress toward developing plans for coordination, from preliminary planning to full development and implementation, and in particular, the progress made since the submission of the for CCDF Plans Fiscal Years 2006-2007.

States and Territories report extensive coordination across different program types, funding streams, and government agencies regarding professional development, program content standards (i.e., early learning guidelines), child and family outcomes, child or program assessment, and program evaluation and curricula. Some Lead Agency coordination efforts include braiding resources to maximize program budgets and facilitate smooth program operation; sharing information to facilitate more effective delivery of services; helping bring together various programs at one location and facilitating communication between programs; forming interagency councils or workgroups to design strategies for improving the quality, availability, and affordability of care; and enabling staff of different agencies to receive training together to build a common base of knowledge across programs.

Figure 2.1-A identifies the status of States and Territories in creating a plan for coordination across early childhood programs. States and Territories report they are either planning to develop a plan, are drafting a plan, have a written plan that has not been implemented, or are in the process of implementing a written plan. Twelve States are coordinating with other entities but do not have a formal written coordination plan.

FIGURE 2.1-A
Status of Plan for Early Childhood Program Coordination*


| Category | State/Territory | Total |
| :---: | :--- | :---: |
| A | AL, AS, FL, HI, NM, NV, UT, VI, WA, WI, WY | 11 |
| B | NH, NY, VA | 3 |
| C | CT, ND, OR | 3 |
| D | AK, AR, AZ, CNMI, CO, DC, DE, GA, GU, IA, ID, IL, KS, KY, LA, MD, ME , MI, MN, <br> MT, NE, PA, PR, RI, SD, TX, VT | 27 |
| E | CA, IN, MA, MO, MS, NC, NJ, OH, OK, SC, TN, WV | 12 |

*This figure represents data from all 56 States and Territories; categories are mutually exclusive.

## Entity Responsible for Coordination

## Indicate whether there is an entity that is responsible for ensuring that such coordination occurs.

Fifty-two States and Territories (AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, VA, VI, VT, WA, WI, WV) indicate that there is an entity responsible for ensuring early education program coordination occurs. As illustrated in Figure 2.1-B, 24 States and Territories report that an interagency coordinating body is responsible for coordination. The CCDF Lead Agency alone is responsible for coordination in 11 States and Territories. Ten States and Territories indicate that the Lead Agency in partnership with one or more State agencies is responsible for coordination. Seven States and Territories report that another State agency or private agency is responsible for ensuring coordination.


## Programs/Funding Streams Coordinated

Indicate the four or more early childhood programs andlor funding streams that are coordinated and describe the nature of the coordination.

The Good Start, Grow Smart initiative asks each State and Territory to coordinate at least four early childhood programs and/or funding streams. Coordination partners can include CCDF, TANF, Head Start, prekindergarten, public school programs, and/or early intervention services. Lead Agencies are encouraged to coordinate the development and implementation of the State's early learning guidelines, plans for professional development, and the assessment and evaluation of programs and children.

Coordination efforts include combining and braiding resources to maximize program budgets and facilitate smooth program operation. In addition to CCDF, coordinated Federal funding streams include TANF, Head Start, Title V Maternal and Child Health Bureau (State Early Childhood Comprehensive Systems grants), the Child and Adult Care Food Programs, Even Start, the Individuals with Disabilities Education Act (IDEA) of 2004 (Part C programs and IDEA Part B programs), Medicaid, and others. Coordinated funding streams and programs can include education funds (including higher education funds and state-funded prekindergarten), child welfare, health, early intervention, child care licensing, and other programs. Private funding streams include foundations and multi-state initiatives funded by national organizations. Additional funding streams and programs that are coordinated include local and Tribal funds. Table 2.1-E lists the most common programs and/or funding streams that are coordinated.

| TABLE 2.1-E <br> Most Common Program Coordination Partners |  |  |
| :---: | :---: | :---: |
| Program/ Funding Stream | Number of States/ Territories | State/Territory |
| TANF | 40 | $A K, A L, A R, A Z, C A, C N M I, C T, D C, D E, F L, G A, I A, I D, I L, K Y$, LA, MA, ME, MN, MS, MT, NC, ND, NE, NH, NV, NY, OH, OK, PA, PR, RI, SD, UT, VA, VI, VT, WA, WV, WY |
| Head Start | 40 | AK, AR, AS, AZ, CNMI, CO, DC, DE, FL, GA, GU, IA, ID, IL, IN, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NM, NV, OH, OK, PA, RI, SC, SD, UT, VA, VI, VT, WV, WY |
| Other State funding | 30 | $A K, A L, A R, A Z, C A, C O, C T, D E, H I, I A, I D, I N, K Y, M A, M O$, MS, MT, NC, ND, NE, NJ, NM, OK, PA, SD, TN, TX, VI, VT, WA |
| Private funding | 26 | AK, AL, AR , AZ, DE, GA, ID, IL, IN, LA, MN, MT, ND, NE, NJ, NM, NV, OR, PA, SD, TN, UT, VT, WA, WI, WV |
| State prekindergarten | 25 | AR, CA, CO, DC, DE, FL, GA, IA, IL, KS, LA, MA, ME, MI, MN, NC, NE, NJ, NY, OH, OK, PA, SC, TX, WV |
| Title V Maternal and Child Health Bureau | 25 | $A L, A R, A Z, C O, D E, G U, H I, I A, M T, N C, N D, N E, N H, N J, N M$, NV, NY, OH, RI, TN, VA, VT, WA, WI, WV |
| IDEA Part C | 20 | AR, AZ, CNMI, CO, CT, DC, FL, IA, IN, KY, MA, ND, NE, NM, PA, RI, UT, VI, VT, WV |


| TABLE 2.1-E, con. <br> Most Common Program Coordination Partners |  |  |
| :---: | :---: | :---: |
| Program/ <br> Funding Stream | Number of States/ Territories | State/Territory |
| IDEA Part B | 17 | AK, CNMI, DE, FL, GU, IA, ID, MA, ME, MS, NC, NE, NM, NY, RI, WV, WY |
| Higher education | 17 | AR, CT, DE, ID, IN, LA, MN, MO, MT, ND, NE, NV, NY, SC, TX, VI, WV |
| Child and Adult Care Food Program | 9 | AK, AR, DC, GA, ID, ME, MT, ND, NE |
| Other Federal funding | 8 | CA, DC, GU, NE, TN, TX, UT, WA |
| Local funding | 7 | DE, FL, MI, TN, TX, WA, WY |
| Tribal programs | 6 | AK, MN, ND, NE, NM, RI |
| Medicaid | 5 | AK, AZ, NC, PA, RI |
| Other | 20 | $A K, A R, A Z, C A, C T, D C, F L, G A, I A, I D, K Y, M E, N E, N M, N Y$, OK, PA, SD, TN, VA |

## Program Coordination Expected Results

Describe the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

As a result of coordination, States and Territories report that they expect to see continued system building, more efficient program budgets, and coordinated data systems and application processes for early childhood development services. At the program level, they expect implementation and strategic use of early learning guidelines, development or improvement of assessment tools and strategies, improved professional development, program improvement, and improved family, friend, and neighbor care. Coordination also is expected to increase the availability and accessibility of care and reduce barriers to services for families through coordinated early childhood development service delivery. States and Territories also report coordination will result in education about quality care, improved health services for children, and increased services for children with special needs.

As illustrated in Table 2.1-F, 50 States and Territories coordinate professional development activities, including identification and provision of training and technical assistance for providers. Nearly 40 States and Territories indicate that expected results include the implementation of early learning guidelines and/or continued work on early and school-age care systems building. Twentyfive States and Territories indicate that initiatives to reduce barriers to access are expected to increase availability and affordability of care, and 20 States expect that coordination will enhance efforts to promote inclusive child care.

| TABLE 2.1-F <br> Expected Results From Program Coordination |  |  |
| :---: | :---: | :---: |
| Result | Number of States/ Territories | State/Territory |
| Professional development enhancement | 50 | $A K, A L, A R, A S, A Z, C A, C O, C T, D C, D E, F L, G A, G U, I A$, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, VA, VI, VT, WA, WI, WV, WY |
| Early learning guidelines development and implementation | 38 | AS, CA, CNMI, CO, DC, DE, FL, GA, GU, ID, IL, IN, KS, KY, LA, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, PA, RI, SC, TN, VA, VI, WI, WV |
| Systems building | 37 | AK, AL, AR, CNMI, CO, CT, DC, DE, GU, HI, IA, ID, IL, IN, KS, LA, MA, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, PA, UT, VA, VI, VT, WA, WI, WV |
| Initiatives to reduce barriers to access | 25 | $A L, A S, A Z, C N M I, C O, D C, G A, I A, I D, I L, I N, M A, M I$, MN, MT, NC, NE, NH, NM, NY, PA, OR, SD, WA, WY |
| Promotion of inclusive child care | 20 | AK, AL, AR , CA, CT, DC, DE, FL, GA, HI, ID, MA, ME, NJ, NM, NY, OR, PA, TN, WA |
| Increased use of assessment | 19 | AR, AS, CA, CO, CT, DC, IN, KS, MD, MO, NC, NE, NV, OH, OK, PA, RI, TN, TX |
| Early learning initiative implementation | 18 | AR, CT, HI, IL, MD, ME, MI, MN, MS, NC, NE, NJ, NM, NY, OH, PA, TN, WA |
| Child health services improvement | 14 | AL, AZ, CT, DC, DE, IA, IN, KY, MA, NC, NE, NJ, OR, SD |
| Program improvement | 9 | AK, AL, AR, NE, OK, TN, TX, VT, WV |
| Braided resources to maximize program budgets | 9 | AR, CO, DC, IA, ME, MT, NC, NE, NJ |
| Consumer education activities | 7 | DC, MI, NE, PA, TN, TX, WY |
| Family, friend, and neighbor care improvement | 3 | MI, MN, NE |
| TANF recipient self-sufficiency | 2 | GA, ID |

## Section 2.2 - Public Hearing Process

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), $\$ 98.14(\mathrm{c}))$ At a minimum, the description must provide:

- Date(s) of statewide notice of public hearing;
- Manner of notifying the public about the statewide hearing;
- Date(s) of public hearing(s);
- Hearing site(s);
- How the content of the plan was made available to the public in advance of the public hearing(s).

Before submitting CCDF Plans, Lead Agencies must hold at least one public hearing to allow the public to comment on the provision of CCDF-funded services. The content of the proposed CCDF Plan must be available to the public in advance of the hearing, and the Lead Agency must provide at least 20 days of statewide/territory-wide public notice. The hearing must be held no earlier than 9 months before the effective date of the CCDF Plan, i.e., no earlier than January 1, 2007.

States and Territories report informing the public of upcoming hearings by using newspaper notices, Web site postings, announcements at conferences, and mailings. Drafts of the CCDF Plan typically are posted on the Lead Agency Web site, available at the Lead Agency, mailed or emailed to organizations and stakeholders, and made available through other agencies and at conferences. The number of hearings States and Territories held ranges from 1 to 13, with States and Territories typically conducting 3 or fewer hearings. Other States and Territories use video conferencing to provide additional access to public hearings.

## Section 2.3 - Public-Private Partnerships

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs? If yes, describe these activities or planned activities, including the results or expected results.

Lead Agencies are asked to describe activities to encourage public-private partnerships in meeting child care needs, including initiatives focused on public awareness, professional development, quality improvement, literacy initiatives, inclusion of children with disabilities, and increased self-sufficiency for TANF families. Lead Agencies report that they participate in public-private partnerships, which occur between two or more entities, both at the State/Territory and local levels, and sometimes are mandated legislatively or initiated by the private sector. Partners include businesses, private CCR\&R agencies, faith-based organizations, foundations, higher education institutions, private child care providers, and statewide professional and advocacy organizations.

As illustrated in Table 2.3, more than 30 States and Territories indicate that public-private partnerships focus on financing strategies, such as tax credits, grants, and economic impact studies, and/or professional development activities, such as training and technical assistance. Twenty-six States indicate that public-private partnerships focus on increasing the involvement of businesses and/or employers and increasing public awareness about child care and early childhood development issues. Lead Agencies in 21 States and Territories report that partnerships focus on building collaborative systems and/or supporting school readiness and literacy initiatives. In addition, Lead Agencies participate in public-private partnerships designed to increase accessibility and affordability and support initiatives and activities such as quality rating systems, after-school activities, infant and toddler services, family support activities, health activities, inclusion initiatives, and family, friend, and neighbor initiatives.

| TABLE 2.3 <br> State and Territory Public-Private Partnership Activities |  |  |
| :---: | :---: | :---: |
| Activity/Initiative | Number of States/ Territories | State/Territory |
| Financing strategies | 35 | $A R, A Z, C O, C T, D C, D E, F L, G A, G U, I A, I L, K S, L A$, MA, MD, ME, MI, MO, MS, MT, NC, NE, NJ, NM, NV, NY, OR, PA, RI, SC, TX, VT, WA, WI, WV |
| Professional development | 32 | $A L, A R, A S, A Z, C A, C N M I, C O, D C, D E, F L, G U, I D, I L$, IN, MA, MI, MO, NC, NE, NH, NM, NV, OH, OR, PA, SC, SD, TN, UT, VI, WA, WI |
| Business and employer involvement | 26 | AK, AL, AR , CT, DC, FL, GA, ID, IL, IN, KY, MD, ME, MI, MO, MS, MT, NE, NJ, NY, OH, PA, TN, UT, VA, WV |
| Public awareness initiatives | 26 | $A L, A R, A Z, C A, D C, D E, I A, I D, I L, M E, M I, M O, M T$, NC, NE, OK, OR, PA, RI, TN, UT, VA, VI, WA, WI, WV |
| Systems building | 21 | CO, DC, DE, IL, MI, MN, MO, MT, ND, NE, NJ, OH, OK, OR, PA, RI, UT, VT, WA, WI, WV |
| Early learning initiatives | 21 | AK, AR, AS, CO, DC, DE, GA, IL, KS, MA, ME, MI, NE, NJ, OH, OR, TN, VA, WA, WI, WV |
| Accessibility and affordability | 13 | $\begin{aligned} & \text { AK, AL, CA, CNMI, CO, HI, KY, MT, NJ, NV, OH, SD, } \\ & \text { WV } \end{aligned}$ |
| Quality rating systems | 11 | AZ, FL, LA, MI, MN, OH, PA, RI, VT, WA, WV |
| School-age initiatives | 10 | AZ, IL, MA, MI, NE, OH, RI, SC, SD, UT |
| Infant-toddler initiatives | 9 | CA, CO, MN, OH, OR, SC, SD, TN, UT |
| Family support | 8 | AR, FL, GA, ID, MO, OK, SC, VA |
| Health activities | 7 | DC, DE, ID, IL, NE, OR, VI |
| Disabilities and inclusion | 6 | AL, DC, IL, NV, OR, SC |
| Family, friend, and neighbor initiatives | 4 | AL, MN, NE, OH |


[^0]:    ${ }^{1}$ The President's Good Start, Grow Smart initiative helps States, Territories, and local communities strengthen early learning for young children. Additional information about this initiative is available at www.acf.hhs.gov/programs/ccb/initiatives/gsgs/gsgs_guide/guide.htm.

[^1]:    ${ }^{2}$ State Early Childhood Comprehensive Systems Planning Grants are funded by the U.S. Department of Health and Human Services Maternal and Child Health Bureau to support State maternal and child health agencies and partner organizations in strengthening State early childhood systems of services for young children and their families. A list of project contacts for State Early Childhood Comprehensive Systems grants is at
    http://nccic.acf.hhs.gov/statedata/dirs/plangrant.html. The Build Initiative, created by the Early Childhood Funders' Collaborative, is a multi-state partnership that helps States construct a coordinated system of programs, policies, and services to ensure children are safe, healthy, and ready for school. More information about Build is available at www.buildinitiative.org.

