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CHILD CARE AND DEVELOPMENT FUND

PROGRAM INSTRUCTION

TO: State and Territorial Lead Agencies administering child care programs under the Child Care and Development Block Grant (CCDBG) Act of 1990 as amended, and other interested parties.

REFERENCES: The Child Care and Development Block Grant Act of 1990 as amended (CCDBG Act); section 418 of the Social Security Act; Omnibus Consolidated and Emergency Appropriations Bill for FY 1999 (PL 105-277) and ACYF-IM-CC-99-01 (dated January 22, 1999).

PURPOSE: This Program Instruction (PI) conveys for the FY 2000 Discretion Fund:

- guidance on non-supplantation with earmarked funds
- examples of activities for a new additional quality expansion earmark

BACKGROUND: earmarks created in PL 105-277

In PL 105-277 Congress specifically earmarked FY 2000 Discretionary Fund amounts for:

- child care resource and referral and school-aged child care activities
- improving the quality of infant and toddler child care
- additional quality expansion activities

The amount of each of these earmarks is above the amounts required to be spent on quality and availability activities by section 658G of the CCDBG Act (i.e., "not less than 4%"). Information Memorandum ACYF-IM-CC-99-01, issued January 22, 1999, conveyed the estimated amount of each earmark.

Earmark for R&R and school aged child care

PL 105-277 provides $19,120,000 for child care resource and referral and school-aged child care activities. This is the fourth year that Congress earmarked CCDF Discretionary funds for these purposes. As with all the earmarks, these funds are to be used in addition to the "not less than 4%" required to be spent on activities that improve the quality and availability of child care.

Non-supplant Requirement for R&R and school Aged child care

Senate Report 105-300 states that the Committee "expects that these funds will not supplant current funding dedicated to resources and referral and school age activities provided by the child care and development block grant." This language continues the expectation expressed by the Committee throughout the history of this earmark.

In using these earmarked funds, therefore, the State must assure that the funds will supplement, not supplant those Federal, State and local funds that are currently being used or planned to be used for resource and referral and school-age child care activities. The "Terms and Conditions" of the grant will reflect this.

Earmark for Infant and Toddler quality Improvements

The Conference Agreement continues the $50,000,000 earmark for improving the quality of infant and toddler child care. As with all the earmarks, these funds are to be used in addition to the "not less than 4%" required to be spent on activities that improve the quality and availability of child care.

On March 20, 1998, we sent child care Lead Agency administrators a list of suggested activities for the infant and toddler child care quality improvement earmark for FY 1998. We continue to encourage those suggested activities.

Guidance on the Additional quality Expansion earmark

PL 105-277 provides a new earmark of $172,672,000 for additional quality activities. This earmark represents new, additional funding that Congress appropriated above the basic $1,000,000,000 authorized in the CCDBG Act. As this is new funding, we believe that this earmark represents an opportunity for Lead Agencies to expand into quality improvement activities that they may not have been able to address in the past. The attachment to this PI is a compilation of examples of quality improvement activities as undertaken by some Lead Agencies. You may wish to consider them when planning activities for the funds being made available through the new additional quality expansion earmark.

As with all the earmarks, the additional quality expansion earmarked funds are to be used in addition to the "not less than 4%" required to be spent on activities that improve the quality and availability of child care.

This earmark is also above the quality requirement of the CCDBG Act, and the new earmark is created with new funds. Expenditures of this new earmark of additional quality expansion funds cannot be counted towards meeting the "not less that 4%" quality expenditure requirement. We encourage States to use these additional dollars to enhance, not supplant, previous CCDF expenditures for quality that exceeded the four percent minimum, and expenditures for quality from other Federal, State and local funds.

Describing and Reporting earmarks

Activities undertaken using earmarked funds should be included in the CCDF State Plan due to ACF in July. It is not necessary to separately identify activities in the Plan as being funded with earmarked funds. However, it should be noted that the ACF 696 requires the separate reporting of earmarked funds.

Questions:

Questions should be directed to your ACF Regional Office.

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Patricia Montoya
Commissioner
Administration on Children, Youth and Families

GUIDANCE: EXAMPLES OF QUALITY EXPANSION ACTIVITIES

Background:

States are faced with many challenges in making sure families have access to child care that is affordable and of high quality. The new quality earmark under the Child Care and Development Fund provides a real valuable opportunity for States to develop strategies that meet the increasing need for quality child care. This new earmark for FY 2000 of $172 million is above in addition to the CCDF required 4% quality expenditure requirement. In addition, Congress has also continued the earmarks for improving the quality of infant and toddler care and for school-age and child care resource and referral activities.

In order to achieve and maintain self-sufficiency, parents must be able to access safe, reliable child care programs. Coordination and collaboration with other agencies and programs is extremely important to meet the needs of children and families, to maximize resources and avoid duplication. Linking child care programs with the health community, including the Healthy Child Care America grantees, Head Start programs, education and supportive services within the State and community will help build a delivery system that provides high quality child care for all children. An important part of the delivery system also includes activities that support professional development, training, and compensation for child care providers.

Purpose of Guidance:

The purpose of this document is to continue to disseminate provide examples of state initiatives activities to enhance the quality of child care services to children and families. This guidance does not contain new rules or policies; rather, it is intended to be as a reference tool to that offers examples of services, supports, and activities quality initiatives that States may wish to consider in addition to activities currently funded. activities. This guidance highlights some does not attempt to identify all possible appropriate uses of the FY 2000 quality earmark funds, but provides a list of State representative illustrative examples of quality improvement activities in the following areas:

- Professional Development and Compensation;
- Grants to Providers/Local Communities;
- Healthy Child Care America and Other Health Activities;
- Special Needs/Inclusive Child Care;
- Monitoring and On-Site Visits;
- Infant and Toddler Programs; and
- Quality Activities that Support Cultural Diversity

We encourage States to consult this guidance as they develop similar efforts or other innovative approaches to provide quality initiatives for children and families.

Professional Development and Compensation:

One of the best indicators of quality in early childhood programs is a high level of provider training, education and professional development. of providers. Research also shows that consistent care -- where the child is able to build a relationship with the provider over time -- is key to quality. Investments in professional development and increased compensation help to promote employee retention and reduce turnover. Recruiting new providers, in partnership with resource and referral agencies or other organizations, is also necessary to developing an expanded supply. A variety of approaches have included: the development of professional publications; a director's credential, scholarships for educators; distance learning opportunities, and incentives for providers to attain accreditation through appropriate recognized bodies.

Montana:
Montana's Merit Pay program is a training incentive program available to owners, operators and employees of registered or licensed child care facilities. Providers may choose to participate in either a 60 or 30 hour track of pre-approved training in early childhood education, child development or child related business practices during the year. Once their training plan is completed and verified, they receive either a $400 (60 hours) or $200 (30 hours) Merit Pay award. This popular program has proven to be highly successful in encouraging providers to better their education and skills in the early child care field.

New York:
The New York State Office of Children and Family Services and the State University of New York (SUNY) Early Childhood Education & Training Program offer video conference training for child care providers. These trainings consist of live broadcasts of experts and child care providers and offer opportunities for interaction and activities to apply what participants have learned. The video conferences are free to child care providers and are designed for child care providers in

a variety of settings. Through a number of statewide downlink sites approximately 5,000 people participate in each video conference training. The video conference series won the 1998 award for excellence and innovation from the National Association for Training and Professional Development.

The video conference allows the State to reach some 5,000 individuals through each training via the numerous downlink sites across the State.

North Carolina:
North Carolina has developed a pilot program (to go statewide July 1, 1999) which offers health insurance benefits to child care staff through the T.E.A.C.H. Early Childhood Health Insurance Program. Drawing on Using CCDF quality improvement funding, the State pays one third of the cost of individual health insurance for child care staff in eligible programs. In order for a center or home to be eligible, either: 1)all teaching and administrative staff must have a two or four year degree in early childhood education or child development, or 2) the center or home must have at least one staff member (depending on the size of the child care facility) participating in the T.E.A.C.H. Early Childhood Associate, Bachelor, or Model/Mentor Teacher Program.

The program allows each center to choose its own health insurance coverage. The center or home must agree to cover one third of the cost of an individual health insurance plan for each eligible employee.

Texas:
The Texas Workforce Commission has committed $250,000 in CCDF funds for the continued publication of the *Texas Child Care Quarterly.* Since 1977 the journal has been mailed free of charge to all state regulated child care programs and family day homes in the state. Staff in these programs can use it to earn self-study training credit to meet state licensing requirements. Standard features include articles on child growth and development, hands-on activities for children, book and product reviews, regulatory information, and a four-page pullout parenting newsletter. The journal is also available to the general public by subscription.

Grants to Providers/Local Communities:

Grants and loan programs offer a variety of educational and quality incentive opportunities for child care, early education and school age staff. Grants also provide funding to expand and improve services to low income families. Some states have provided grants to local communities to reinforce their commitment to quality improvement. The amounts and uses of these grants vary according to the needs of each local community.

Florida:
Through Florida's Caring for Kids Program, a mini-grant and loan program is assisting providers with expenses related to facility start-up and meeting licensing and accreditation standards. Mini-grants of up to $500 are awarded to licensed and registered child care providers and up to $250 to informal providers. Loans range from $1,000 to $10,000.

Kansas:
Kansas offers grant funds to local communities to be used for eight different components: (1) Center-based establishment or expansion; (2) School-Age establishment or expansion; (3) Employer sponsored establishment or support -- $50,000 maximum available with 50% cash match required; (4) Center-based quality enhancement; (5) Family Resource Center establishment or expansion; (6) Provider training, recruitment and/or retention; (7) Head Start wrap around; and (8) Local Child Care Advisory Group Grants.

Maine:
The Office of Child Care and Head Start has developed and awarded two health pilot grants to determine the feasibility of incorporating Head Start Health Performance Standards into child care centers. This program was established to encourage collaboration between local Head Start Programs and child care centers, and to increase access to health screenings in child care centers. The goals of the pilot are: 1) to develop a health assessment, screening and evaluation process; 2) to work with parents to develop a plan to enhance their children's health; 3) to provide information to families about the importance of a medical home and health care resources; 4) to assist families in obtaining health insurance; 5) to connect child care programs with local resources; and 6) to use health information and resources to meet the individual needs of children.

South Carolina:

South Carolina implemented three pilot grants to assess the status of the self-arranged (informal) care in the State's Advocates for Better Care (ABC) Child Care Program and to provide technical assistance to these providers. The purpose of the technical assistance grants is to enhance the quality of child care services by providing a voluntary on-site contact with non regulated providers participating in the ABC Child Care Program. Those Providers serving children from birth to 3 years of age receive top priority for assistance. In addition, the State announced a new cash bonus for caregivers who that complete South Carolina's ABC Child Care Credential. A $200 bonus is awarded to caregivers earning a 60-hour credential and a $100 bonus is awarded to caregivers earning a 30-hour credential.

Healthy Child Care America and Other Health Activities:

To date, 51 States and/Territories have successfully implemented Healthy Child Care Activities at the State and local level targeting activities to improve the health and safety of children in child care. The Maternal and Child Health Bureau provided the initial funding to States and Territories in the amount of $50,000 per year for three years, ending in May 1999. In many States, CCDF Child Care and Development Fund quality dollars are being used to support healthy child care collaborative initiatives. Healthy Child Care America provides an ideal opportunity for child care and health to collaboratively support safe, nurturing child care environments for children; promote access to medical services; and conduct outreach activities to enroll eligible children in Medicaid and other health insurance programs under the State Children's Health Insurance Program (CHIP). Many States make health consultants available to child care programs as a way to ensure health and safety, as well as to support health promotion. The Healthy Child Care America programs have made outstanding progress and include activities such as immunizations, health consultation, injury prevention, health screening, nutrition and safety education. Some specific state initiatives include:

Alabama:
Healthy Child Care Alabama (HCCA) is focusing on decreasing the incidence of injury, illness, and death that occur in child care programs and improving the integration of health in out-of-home child care programs through direct consultation with child care providers. An automated system has been developed to track and analyze child care injury reports submitted to the Department of Human Resources. The automation of the injury reports will allows staff to analyze the data on a statewide or county basis and implement outreach prevention strategies for child care programs. This collaborative initiative is being supported by the Healthy Child Care America grants and the CCDF Child Care and Development Fund.

Iowa:
Healthy Child Care Iowa (HI) links child health and child care programs and services within the context of the family support service system through state systems development activities. Through an Interagency Agreement between the Department of Human Services and the Department of Public Health, CCDF Child Care and Development Funds supports are used to place child care health consultants in each of the State's five (5) resource and referral agencies to provide technical assistance to child care programs. In addition, funds from the Social Security Disability Insurance support a community health consultant to work with the program activities.

Missouri:
Healthy Child Care Missouri (HCCMO), a program of the Missouri Department of Health, funded by CCDF, Maternal and Child Health grants, and Health Systems Development grants, contracts with more than 100 local health departments to provide consultation and technical assistance to home and center-based child care providers. In a six-month period, nurse consultants provided approximately 1,000 hours of free child care consultation and training services for 1,560 child care facilities and 4,000 staff who care for approximately 26,000 young children.

Pennsylvania:
Healthy Child Care Pennsylvania (HCCPA), and the Early Childhood Education Linkage System (ECELS), provide health professional consultation, training, and technical assistance to improve early childhood programs in Pennsylvania. These programs include child care centers, Head Start, family child care homes, group homes and nursery schools. Services include linkages between health professionals and child care programs for young children, telephone advice on health and safety issues, a video lending library, a quarterly newsletter *Health Link*, and health and safety training. CCDF Child Care and Development Funds and other funding sources are used to support the activities. of the Pennsylvania Healthy Child Care activities.

Mental Health:

Child care programs can promote healthy emotional development of young children by informing and guiding child care providers and families in ways that encourage sensitive and age-appropriate care. Training and technical assistance of providers

in the area of mental health supports the early identification and intervention with children that have been exposed who reflect the ill effects of exposure to violence, substance abuse, child abuse and neglect, or other emotional and behavioral problems. Linkages between child care and mental health can play a key role in linking families to mental health services.

California:
California's Mental Health Consultant Services Project proposal proposal focuses on the promotion of, inclusion of, and elimination of barriers for children with special behavioral and social needs. The Project will work to establish services to meet the identified mental health needs of the children and families served in child care programs by . Their objectives are to developing three mental health service models to address the special needs of children with challenging behaviors in child care settings. They will provide training on managing difficult behaviors, when and how to access mental health services child care providers; and training of mental health providers to work with children zero to five years of age within the child care setting. Strategies will be designed and facilitated to promote communication and collaboration between child care and mental health professionals and families; and assist low-income families to locate and utilize available funding for mental health and social services and promote mental health in child care setting by developing and coordinating services.

Michigan:
Michigan has identified the need to strengthen links between child care settings and mental health services in two areas: 1) Child care consultation and 2) access to mental health direct services. To address these issues, funding through an Interagency agreement between the Michigan Family Independence Agency and the Michigan Department of Community Health, funding has been provided to create a regional child care consultation service. This direct service component will be staffed with a mental Health and a public health consultant. The public health consultant will provide or assure consultation, technical assistance and training for all child care providers, as well as build and maintain linkages between the child care and health communities. The mental health consultant will provide consultation services to child care providers, including appropriate screenings, recognizing behavioral symptoms, discussing child behavior, supporting parents, and training child care providers on how to deal with these symptoms.

Special Needs/Inclusive Child Care:

Access to resources, professional development activities, and technical assistance is key to providing appropriate care for all children, including children with special needs. States are developing several strategies to offer this support to providers. Kansas, for example, is examining the establishment of a one-time grant program to encourage and enable child care providers to care for children with disabilities. Other State initiatives that address the importance of inclusive child care include:

California:
In California, Project Exceptional was developed, produced and disseminated through with CCDF funds. This curriculum is specifically designed to increase the opportunities for children with disabilities to participate in typical child care and development programs. In addition, The Child Care Health Program Healthily has been expanded to include developmental disabilities and behavioral specialists. Through an in-state taller phone line, child care providers and parents receive information on health, safety, developmental, nutritional and behavioral concerns.

Oregon:
The State of Oregon's Child Care Division (CCD) has committed CCDF funds to develop a strategic plan and a pilot project to improve access to child care for children with disabilities. This effort is also taking place between CCD and the local tribal communities. Oregon CCDF funds also support child care resource and referral services across the state to help families locate successful child care placements for children with special needs.

Monitoring and On-Site Visits*:*

Monitoring, particularly through unannounced inspections, is an effective strategy for ensuring quality care in child care settings. States are using on-site visits not only to enforce standards but to provide technical assistance to providers, as well. The standards that are enforced are also important, for example, state requirements that allow fewer infants and toddlers per provider can be key to improving quality.

Illinois:
Illinois hired 75 additional licensing staff, . This representing a 40% increase in total licensers. This and will allow the state to meet the requirement of one annual inspection visit per facility. In addition, at the end of three years, all licensers hired from outside the state government must have early childhood education or relevant experience. Within the Department of

Social Services, if an individual wants to transfer internally from the Department of Social Services to the licensing unit, he/she must have 18 hours of training in early education.

Maryland:
In Maryland, full day training workshops were provided for all monitoring staff on topics of infant/toddler development and behavior management to enhance their ability to provide technical assistance to family child care providers and center staff.

Nebraska:
Beginning May 1, 1998, the State of Nebraska's Child Care Licensing Program began requiring annual/semi-annual unannounced inspection visits to all licensed child care programs. Centers and preschools licensed for 30 or more children receive two unannounced visits per year. Family child care homes, including those licensed through a self certification process, centers and preschools licensed for fewer than 30 children receive one unannounced visit each year. Aggregate information is available regarding the frequency of non-compliances noted at visits. Such data enables organizations delivering training to address actual deficiencies cited seen in child care settings. Conducting more frequent and unannounced visits to all child care programs provides a more accurate picture of the compliance history of programs and enables the specialists to provide more consultation and technical assistance to assist programs in meeting and exceeding licensing regulations.

Infant and Toddler Programs:

Recent brain research studies tells us reveal that warm, responsive child care is critical to the development of young children. We know that the quality of young children's experiences in the first three years of life has a decisive, long lasting impact on their well-being and ability to learn. In response to this information and with the additional funding available to States to increase the supply of quality care for infants and toddlers, States have targeted specific activities for infants and toddlers. Activities include: training of child care providers, program linkages with Head Start and Early Head Start Programs, utilizing health consultants in child care programs, providing start-up grants to providers for equipment and supplies, and hiring infant- toddler specialists who are outstationed in the child care resource and referral agencies to help parents make informed choices of care. State examples include:

Wisconsin:
The Wisconsin Office of Child Care, Department of Workforce Development has contracted with the Wisconsin Early Childhood Association to be the fiscal agent and coordinate a new Infant Toddler Initiative (ITI). The purpose of ITI is to develop and sustain an infant toddler teacher training, scholarship and enhanced compensation system. Funded with CCDF Infant /Toddler Quality Supply Building funds, it is designed to fit into or be the first stage of a larger initiative for all Wisconsin teachers and providers. The Wisconsin Head Start Association will be involved in the development of the ITI to ensure linkages with Early Head Start. It includes the development of an Infant-Toddler Credential which will be awarded upon completion of a required number of academic credits in infant toddler teacher core knowledge areas from a college or university in Wisconsin.

Washington:
The State Department of Social and Health Services developed an interagency agreement with the Department of Health (DOH) to administer conduct outreach on infant and toddles activities through local public health jurisdiction pilot sites. DOH-sponsored will provide training and technical assistance will enable to the local jurisdictions that will to provide observation, consultation and technical assistance to local infant/toddler caregivers. This project will begin with 9 pilot sites, and will expand by at least 9 more sites in Fall 1999.

Quality Activities That Support Cultural Diversity:

The changing demographics of communities has led to a heightened awareness and commitment by on the part of states to ensure culturally competent child care systems. A culturally diverse child care setting enriches the quality and educational experience for all children enrolled.

Minnesota:
The Minnesota Department of Children, Families & and Learning, were have solicited Requests for Proposals to improve the affordability and availability of a high quality and culturally responsive child care system in the State. Proposals may address provider recruitment in specific cultural communities; staff training in the area of cultural differences and anti-bias approaches; multicultural curriculum development; purchase of multicultural materials; outreach to specific cultural

communities; technical assistance; parental outreach in cultural communities; training of trainers in the area of cultural competence; and mentoring programs.

Washington:

The King County Diversity Inclusion Project was developed to improve the access to childhood services for families traditionally underserved. families. Two major accomplishments of the project have been to improve access of underserved families to child care services, and improve the cultural relevancy of child care programs. The project is administered through the child care resource and referral agency. An expanded database provides information on subsidy programs, Head Start, special needs, and related family services. Translation service is available to families where English is not the primary language. Training (197 hours) of training is provided to child care programs serving geographically and culturally diverse families. Special services, including mental health consultation and physical therapy services are provided on site. Materials are purchased to help programs in their delivery of care with respect to anti-bias, culturally relevant or multicultural programs and environments. The project is administered through the child care resource and referral agency.

FACT SHEET: P.L. 105-73

ADDITIONAL FUNDS FOR RESOURCE AND REFERRAL, SCHOOL-AGE ACTIVITIES AND ACTIVITIES TO INCREASE THE SUPPLY OF QUALITY CARE FOR INFANTS & TODDLERS

BACKGROUND: AMOUNTS

Column 1 of the table "FY 1998 CCDF Discretionary Allocation Table" shows the revised amount of the Discretionary Funds -- including the additional funds appropriated by P.L. 105-78 -- available to each State and territory. In addition to appropriating these additional funds Congress earmarked specific amounts for specific activities shown under the column headed "Earmarks".

Lead Agencies must spend at least the amount shown in column 2 of the allocation table on activities to increase the supply of quality child care for infants and toddlers. Lead Agencies must spend at least the amount in column 3 on planning, establishing, operating, expanding, developing, and improving resource and referral activities and child care services for school-age children. In the last FY Congress also mandated the expenditure of funds for resource and referral and school-age child care activities. However, the earmark for activities to increase the supply of quality child care for infants and toddlers are new this FY.

The amount of the additional appropriated funds is less than the amounts Congress earmarked (i.e., requires) to be spent on the specified activities. The earmarked amounts, however, apply against the total of the Discretionary fund, not just the additionally appropriated amount. Therefore, it may be necessary to reassess the funding of current activities in order to meet the required level of spending for the specified activities.

SUGGESTED ACTIVITIES: INCREASING THE SUPPLY OF QUALITY INFANT/TODDLER CARE

Because activities to increase the supply of quality child care for infant and toddlers are required for the first time this FY, we have included two attachments which list suggested activities. The first list represents suggestions from representatives of CCDF Lead Agencies for possible activities. The second list summarizes some innovative programs already underway. Lead Agencies have the flexibility to undertake other activities to increase the supply of quality care for infant and toddlers and are not limited to the activities suggested on either list.

ACCESSING THESE ADDITIONAL FUNDS

There is no separate "application" for the additional funds. These funds are now included in the Discretionary Fund of your CCDF allotment for FY `98. To immediately access these funds submit an ACF 696 marked "**REVISED**", enter **4/1/98** as the quarter beginning date and complete only block (c) of line 8, "Estimates for Next Quarter" to indicate how much of the additional funds you want in the 3rd quarter. Revised ACF-696s for the 3rd quarter must be received by May 30, 1998.

The regular 4th quarter submission of the ACF-696 should reflect the balance of these funds in the amount requested in the "Estimates for Next Quarter" line. (Requests for the new funds can be filed at any time during FY 98 and will be processed timely.)

APPLICABLE RULES

All existing statutory and regulatory provisions apply to the total of FY `98 Discretionary funding, including the new additional funds. For example, all funding is included in the amounts against which the "not less than 4% quality" requirement and 5% administrative caps apply. Expenditures for the earmark to increase the supply of quality child care for infants and toddlers are <u>in addition</u> to any expenditures to meet the "not less than 4%" quality requirement.

AMENDING THE CCDF PLAN

The Lead Agency must amend Part 5 of the State CCDF Plan to reflect the activities it will undertake to increase the supply of quality infant and toddler care in accordance with PL 105-78. It may also be necessary to amend Part 5 to describe the resource and referral and school-age activities required if the Plan does not currently reflect them. The public hearing requirement does not apply to the amendment(s).

The amended Part 5 is to submitted to the ACF Regional Administrator using the "Amendments log" as described in Program instruction **ACYF-CC-PI-97-02.** A copy of amended Part 5 also should be submitted to:

Child Care Bureau,
HHH Building - Room 320F
200 Independence Ave, S.W.
Washington, D.C. 20201

The amended Part 5 must be received and approved by the ACF Regional Office by May 30, 1998 in order to ensure that the additional funds will be available in the 4th quarter.

NON SUPPLANTATION

Acceptance of funding indicates the Lead Agency's agreement that expenditures for the two earmarks will not supplant current funding dedicated to resource and referral activities, school-age activities or activities to increase the supply of child care for infants and toddlers provided by the CCDF. Further, such acceptance indicates that expenditures for the earmark to increase the supply of quality child care for infants and toddlers are in addition to any expenditures to meet the "not less than 4%" quality requirement.

REPORTING EXPENDITURES TO MEET THE EARMARK REQUIREMENT

In order to ascertain that Lead Agencies have complied with the statutory requirement to expend the earmarked amounts on the specified activities, it will be necessary for Lead Agencies to separately report amounts expended on resource and referral, school-age child care activities and activities to increase the supply of quality infant and toddler child care.

Amounts will be reported on the ACF 696 submitted for the last quarter of each FY, beginning with the ACF 696 due no later than October 31, 1998 for the 4th quarter of FY `98. Additional information on how to report these expenditures will be contained in the "Terms and Conditions" issued for these funds.

QUESTIONS
Any questions should be directed to your ACF Regional Office.

FY 1998 CCDF DISCRETIONARY ALLOCATION TABLE

	Revised Total Appropriation	Infant And Toddler Quality Activities	School Age Resource And Referral	Remaining Disc. Funds: Not Earmarked
Earmarks	1,002,139,697	50,000,000	18,587,697	
Training And Technical Asst.	2,505,349			
Territorial Allocation	5,010,698	250,000	92,938	4,667,760
Tribal Allocation	20,042,794		371,764	
Hawaii Disc. Award	999,945			
Net Tribal Allocation	19,042,849	*	371,764	
State Allocation	974,580,855	49,750,000	18,122,995	906,707,861
State Breakouts				
Alabama	20,594,870	1,051,318	382,976	19,160,576
Alaska	2,024,844	103,364	37,654	1,883,827
Arizona	19,542,807	997,613	363,412	18,181,782
Arkansas	11,955,572	610,303	222,322	11,122,948
California	122,775,634	6,267,400	2,283,098	114,225,137
Colorado	10,988,700	560,946	204,343	10,223,411
Connecticut	7,261,582	370,686	135,034	6,755,862
Delaware	1,950,245	99,556	36,266	1,814,424
Dist. Of Col.	1,879,892	95,964	34,958	1,748,971
Florida	50,746,419	2,590,482	943,665	47,212,271
Georgia	32,546,659	1,661,428	605,227	30,280,002
Hawaii	3,877,452	197,934	72,104	3,607,413
Idaho	5,191,433	265,011	96,539	4,829,885
Illinois	37,776,630	1,928,406	702,483	35,145,743
Indiana	18,206,102	929,377	338,555	16,938,169
Iowa	9,046,211	461,787	168,220	8,416,202
Kansas	8,889,607	453,793	165,309	8,270,506
Kentucky	17,962,405	916,937	334,023	16,711,445
Louisiana	26,091,557	1,331,911	485,191	24,274,456
Maine	3,962,682	202,285	73,689	3,686,708
Maryland	13,421,046	685,112	249,574	12,486,359
Massachusetts	13,720,397	700,393	255,140	12,764,863
Michigan	27,890,368	1,423,736	518,640	25,947,992
Minnesota	13,097,575	668,599	243,558	12,185,418
Mississippi	17,065,791	871,167	317,350	15,877,273
Missouri	18,328,618	935,631	340,834	17,052,153
Montana	3,214,624	164,099	59,778	2,990,747
Nebraska	5,607,574	286,253	104,277	5,217,044
Nevada	4,580,285	233,812	85,173	4,261,299
New Hampshire	2,543,360	129,832	47,295	2,366,232
New Jersey	18,833,346	961,397	350,219	17,521,730
New Mexico	9,444,810	482,135	175,633	8,787,042
New York	57,467,173	2,933,561	1,068,642	53,464,970
North Carolina	28,162,506	1,437,628	523,701	26,201,177
North Dakota	2,341,380	119,522	43,539	2,178,319
Ohio	33,691,390	1,719,864	626,515	31,345,011
Oklahoma	15,145,426	773,138	281,639	14,090,649
Oregon	10,169,550	519,131	189,110	9,461,309

FY 1998 CCDF DISCRETIONARY ALLOCATION TABLE

	Revised Total	Infant And Toddler	School Age	Remaining Disc.

	Appropriation	Quality Activities	Resource And Referral	Funds: Not Earmarked
Puerto Rico	23,355,033	1,192,218	434,303	21,728,512
Rhode Island	2,616,559	133,569	48,656	2,434,332
South Carolina	17,849,366	911,167	331,921	16,606,278
South Dakota	3,134,418	160,005	58,287	2,916,127
Tennessee	20,623,594	1,052,785	383,510	19,187,300
Texas	94,725,938	4,835,530	1,761,494	88,128,913
Utah	9,482,112	484,039	176,326	8,821,747
Vermont	1,717,064	87,652	31,931	1,597,484
Virginia	19,523,227	996,613	363,048	18,163,565
Washington	16,579,925	846,366	308,315	15,425,245
West Virginia	7,609,261	388,435	141,500	7,079,326
Wisconsin	14,841,288	757,612	275,984	13,807,692
Wyoming	1,694,928	86,523	31,519	1,576,887
Sub Total States	**974,580,855**	**49,750,000**	**18,123,005**	**906,707,851**
Territorial Breakout				
American Samoa	983,522	49,071	18,242	916,208
Guam	2,135,820	106,563	39,615	1,989,643
N. Mariana	585,558	29,216	10,861	545,482
Virgin Islands	1,305,798	65,150	24,220	1,216,427
Sub Total Territories	**5,010,698**	**250,000**	**92,938**	**4,667,760**
Total States and Territories	**979,591,553**	**50,000,000**	**18,215,943**	**911,375,611**

* Tribes not subject to this earmark

LIST OF SUGGESTIONS:
ACTIVITIES TO INCREASE THE SUPPLY OF QUALITY CARE FOR INFANTS/TODDLERS

Ensuring that families have access to safe, affordable and high quality child care appropriate for infants and toddlers is a top priority for the Child Care Bureau and the Department. We know that many of States, Tribes and communities have implemented innovative and promising practices for infants and toddlers. We offer these suggestions for your consideration as you explore options for increasing the supply of quality care for infants and toddlers. This list is not intended to be a complete list of possible activities.

HEALTH CONSULTATION IN CHILD CARE & OTHER HEALTHY CHILD CARE AMERICA CAMPAIGN ACTIVITIES

Rationale: The vulnerability of infants and toddlers to injuries and infections as well as their rapid change in behavior makes regular and frequent visits and contacts by health consultation extremely important to the quality of their care. However, many child care providers caring for infants have little or no access to health consultation.

Suggestions:

- Outstation health consultants in child care resource and referral agencies to provide health consultation to child care programs caring for infants and toddlers.
- Establish a "warm line" with a toll-free number where health consultants respond to inquiries from infant and toddler care providers.
- Develop a network of health consultants to provide technical assistance, training, and disseminate information to infant and toddler providers on a regular basis.
- Support collaborative activities underway in the 48 States, the District of Columbia, Republic of Palau and Puerto Rico to improve the health and safety of children in child care. Linking the child care and health community can help ensure that infants and toddlers are cared for in a safe environment and receive the health services they need.

MONITORING OF CHILD CARE PROGRAMS

Rationale: Frequent visits to child care programs caring for infants and toddlers can help ensure that programs are meeting state and local requirements as well as implementing appropriate child care practices for infants and toddlers.

Suggestions:

- Utilize state licensing or monitoring specialist to provide technical assistance during or as a follow-up to the licensing inspections.
- Increase monitoring and unannounced inspections of child care settings.

FAMILY CHILD CARE NETWORKS:

Rationale: Infants and toddlers are more likely to be cared for in family child care homes for a variety of reasons: home-like environment, close proximity to the child's home, flexibility in the hours of operation, meeting the needs of parents working nontraditional hours.

Suggestion:

- Develop networks to provide outreach, technical assistance and ongoing support to family child care providers.

TRAINING CURRICULUM

Rationale: Pre-service and continuous training of providers will provide the knowledge and skills needed to appropriately care for infants and toddlers.

Suggestions:

- Invest in pre-service and ongoing training that includes the care and development of infants and toddlers, and the identification of children exposed to violence or who are victims of child abuse and neglect.
- Partner with mental health services to provide support and training to providers caring for infants with psychological, emotional or behavioral problems.

- Partner with accredited institutions, health centers, nursing schools as a resource to educate and provide on-going training to providers.
- Recruit and train providers caring for infants and toddlers with disabilities.
- Provide to support to providers for integrating infants with special needs into child care.

SCHOLARSHIPS/GRANTS

Rationale: Financial assistance can enable providers to obtain on-going training and education.

Suggestion:
- Provide grants and scholarships to assist providers with meeting accreditation standards or health and safety requirements.

MENTOR PROGRAMS

Rationale: Mentoring programs can help build an infrastructure to support and promote the healthy development of infants and toddlers.

Suggestions:
- Develop mentoring programs for infant and toddler providers using accredited centers or organizations, Head Start Programs, licensing staff and the Department of Defense (DoD) program.
- Provide opportunities and resources to train providers to interact with teen parents as part of the child care experience to promote parent involvement.

STAFF-TO-CHILD RATIO

Rationale: Lower ratios make infant and toddler care more costly than care provided for older children.

Suggestion:
- Set higher reimbursement rates for providers caring for infants and toddlers.

CONTINUITY OF CARE FOR INFANTS/TODDLERS

Rationale: Continuity of care is important to the emotional and physical development of infants and toddlers.

Suggestions:
- Fund demonstration projects that promote practices to allow infants to remain with the same provider throughout the first three years.
- Increase wages for providers caring for infants and toddlers to reduce the high turnover rates.

CHILD CARE RESOURCE AND REFERRAL AGENCIES

Rationale: There are over 600 CCR&R programs in 49 States. They maintain databases on all legally operating child care and have on-going access to parents and providers. Each year CCR&Rs train nearly 350,000 individuals who work in child care programs.

Suggestion:
- Partner with Child Care Resource and Referral Agencies to: train providers, conduct Medicaid outreach to ensure that infants and toddlers receive preventive care, and to expand the recruitment of infant and toddler providers.

KITH AND KIN CHILD CARE

Rationale: According to a report released by the Commerce Department's Census Bureau, families with working mothers most often rely on fathers, grandparents and other relatives for primary care of children under the age of 5.

Suggestion:
- Partner with child care resource and referral or other child care organizations to develop and implement a project to provide information, training, outreach to informal care providers.

LINKAGES WTIH DEPARTMENT OF DEFENSE (DOD) CHILD CARE PROGRAMS

Rationale: In an executive memorandum dated April 17, 1997 the President directed the Department of Defense to share the military child care expertise with the civilian child care programs. In response to the directive DoD has established a 1-800 number (1-888-CDP-3040) for programs to order DoD training materials and to receive information on local DoD installation programs.

Suggestion:

- Partner with the Department of Defense for staff training and monitoring of child programs

LINKAGES WITH EARLY HEAD START PROGRAMS

Rationale: Early Head Start (EHS) programs provide comprehensive child development and family support services to low-income families with children under age three. EHS will provide training to new and existing grantees through a national Infant/Toddler Training and Technical Assistance Network.

Suggestions:

- Partner with EHS to train child care providers caring for infants and toddlers.
- Partner with EHS to increase the supply of high quality child care for infants and toddlers.
- Partner with EHS to enhance program services to child care programs caring for infants and toddlers.

PURCHASE EQUIPMENT/MATERIALS

Rationale: New recruits or current providers may need start-up or set-up materials to provide a safe and nurturing setting for infants and toddlers.

Suggestions:

- Provide mini-grants to providers for the purchase of equipment and materials such as cribs, toys and developmental supplies.
- Provide mini-grants to help providers meet health and safety standards.

CHILD CARE SUBSTITUTES

Rationale: Program funding and working long hours to meet the demands of working parents, does not allow providers time to participate in training and education.

Suggestions:

- Provide financial assistance to programs caring for infants and toddlers. The funding will allow the programs to hire substitutes to care for children while staff participate in training and education.
- Train substitutes to care for infants and toddlers.

INNOVATIVE PROGRAMS IN INFANT/TODDLER CHILD CARE

CALIFORNIA:
In 1985, the California Child Care Resource and Referral Network (network) and the BankAmerica Foundation developed the Child Care Initiative Project (CCIP) to address the shortage of licensed high quality child care in California communities. CCIP successfully developed infant/toddler caregiver recruitment and training projects throughout the state. In an effort to expand these infant/toddler care projects in the state, California's FY 97-98 budget targeted $500,000 of CCDBG funds to increase the supply of licensed family child care homes to provide infant/toddler care and child care during non-traditional hours. Nine new project sites will be developed to recruit child care providers, with an estimated average of 20-35 new providers recruited at each site and more than 60 providers given training and support. West/Ed will provide the training and consultation to these new projects on infant/toddler care.

Additionally, California is using a portion of its CCDBG funds to train TANF recipients as child care providers. The California Department of Education will begin these two year pilot training projects in three different areas of the state. The educational component will include instruction on how to provide infant care, mildly sick child care, and child care during non-traditional hours. Requirements for participation include a minimum age of 18 years old, a demonstration of intentionality of becoming a child care provider, and assessment of the candidates' suitability in the profession and training needs. The goal is for TANF recipients to complete 24 units in early childhood education and 16 units in general education, in order for the participant to qualify for a Child Development Teacher Permit at the end of the program.

HAWAII:
Hawaii developed a collaborative system of statewide services for the inclusion of infants and toddlers with developmental disabilities and other special needs into natural settings of child care and preschool services in their communities. The target group is all infants and toddlers in Hawaii eligible under Part H of the Individuals With Disabilities Education Act, who met the eligibility criteria under the CCDBG, and whose parents were in school or working and desired child care for their children. Hawaii's Department of Human Services and Department of Health are collaborating on this effort. The project is funded from October 15, 1996 - May 31, 1998.

MICHIGAN:
To encourage the expansion of infant care, the Michigan Family Independence Agency funded a pilot project in Jackson County in January, 1997. Child care providers were recruited in areas accessible to low-income families to care for infants (under 12 months). Child Care Network, a resource and referral agency serving Jackson County, was the lead agency for this pilot. Their initial goal was to recruit 40 individuals in low-income areas and provide them with equipment and training to become providers. The equipment includes one high chair, one playpen, one crib (including mattress and bedding), and one set of infant toys. Training includes CPR/First Aid training; basic child care training (15 hours focused on child development, safety, health/nutrition and professionalism in child care); and advanced child care training (10 hours focused on infant and toddler development, stress management, and special needs child care).

Statewide recruitment efforts for increasing infant care providers was funded by Michigan's Family Independence Agency in October, 1997. The Michigan 4C Association, the state resource and referral organization, coordinates this project. The goal is to recruit 510 new providers who have created at least one space for an infant from a low-income family. Recruitment strategies include conducting outreach information sessions to inform potential providers about the need for more infant care and what is involved in becoming a regulated care provider; conducting a media outreach campaign, inviting potential providers in the community to care for infants; providing assistance in obtaining the appropriate certificate for regulation; recruiting providers who are already licensed or registered and encouraging them to care for at least one additional infant; and attending provider orientation sessions conducted by the Michigan Department of Consumer and Industry Services, Division of Child Day Care Licensing, speaking about the need for more infant care providers.

The Michigan 4C Association also administers the Enhanced Quality Improvement Program (EQUIP) for the Family Independence Agency. This statewide program awards grants ranging from $500 to $4,999 to child care centers, family homes, group homes, and local 4C agencies to improve the quality of child care to low-income families, increase parental choice, provide consumer education, and increase capacity and availability of child care. Special consideration is given to those proposals that increase the number of infant care slots, odd-hour care, and care for children with special needs.

OREGON:
Using CCDGB money, Oregon developed a collaborative pilot project between the Oregon Child Care Division, Adult and Family Services and the State Commission on Children and Families to increase the supply of quality infant/toddler care in group child care homes. Local partnerships were created to develop local strategies, including funding for training, equipment, and licensing fees. Two licensing staff from the Child Care Division provided technical assistance and support to participants, facilitated provider and community networking, and familiarized communities with licensing standards and goals. The State Commission on Children and Families provided project oversight. The pilot began in early 1997 and ended on December 31, 1997. It is estimated that an additional 20-30 group child care homes have opened or are now serving infants and toddlers as a result of the pilot projects, increasing the number of infant/toddler slots in the state by 40-60.

SOUTH DAKOTA:
In late 1996, South Dakota received a planning grant to develop a state infant-toddler training initiative. Regional and tribal public information meetings were held to determine needs as well as strengths and weaknesses in their current system and to provide input to the planning of the project from a grassroots approach. After 9 months of planning, the Bush Foundation awarded the state $2.1 million for a three year project, the South Dakota Infant/Toddler Training Initiative. The state Office of Child Care Services is managing the project, and the five regional Early Childhood Enrichment Programs (CCR&R's) have contracts to coordinate the training in the regions.

Through the Initiative, up to 75 individuals will be trained to use the West/Ed Infant-Toddler curriculum. The first "train the trainer" event will be held in early May, 1998, and the final training will be held in June, 1999. Each trainer is expected to complete West/Ed's four training modules and become certified as a West/Ed trainer. Once trained, these individuals must provide a minimum of 10 actual hours of training per module to caregivers in their communities. With the addition of these 75 trainers, South Dakota will have at least 100 infant/toddler trainers serving the regions by 1999.
South Dakota is supplementing the Bush Foundation grant with CCDF funds for administration and coordination of the project; infant/toddler resources for providers; and the purchase of West/Ed video sets for at least 30 areas in the State for easy access by the trainers.