



CHILD CARE AND DEVELOPMENT FUND PLAN
FOR
CONNECTICUT
FFY 2008-2009

This Plan describes the CCDF program to be conducted by the State for the period 10/1/07 – 9/30/09. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 165 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118 Approved OMB Number: 0970-0114 expires 06/30/2009)

TABLE OF CONTENTS

AMENDMENTS LOG

PART 1	ADMINISTRATION	PAGE
1.1	Lead Agency Information	5
1.2	State Child Care (CCDF) Contact Information	5
1.3	Estimated Funding	6
1.4	Estimated Administration Cost	6
1.5	Administration of the Program	6
1.6	Use of Private Donated Funds	8
1.7	Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children	8
1.8	Improper Payments	9
PART 2	DEVELOPING THE CHILD CARE PROGRAM	
2.1	Consultation and Coordination	13
2.2	Public Hearing Process	22
2.3	Public-Private Partnerships	23
PART 3	CHILD CARE SERVICES OFFERED	
3.1	Description of Child Care Services	25
3.2	Payment Rates for the Provision of Child Care	27
3.3	Eligibility Criteria for Child Care	28
3.4	Priorities for Serving Children and Families	31
3.5	Sliding Fee Scale for Child Care Services	32
PART 4	PARENTAL RIGHTS AND RESPONSIBILITIES	
4.1	Application Process / Parental Choice	34
4.2	Records of Parental Complaints	36
4.3	Unlimited Access to Children in Child Care Settings	36
4.4	Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care	37
PART 5	ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE	
5.1	Quality Earmarks and Set-Asides	38
5.2	<i>Good Start, Grow Smart</i> Planning and Development	43

PART 6	HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS (50 States & District of Columbia only)	
6.1	Health and Safety Requirements for Center-based Providers	53
6.2	Health and Safety Requirements for Group Home Providers	54
6.3	Health and Safety Requirements for Family Child Care Providers	55
6.4	Health and Safety Requirements for In-Home Providers	56
6.5	Exemptions to Health and Safety Requirements	57
6.6	Enforcement of Health and Safety Requirements	58
6.7	Exemptions from Immunization Requirements	60
PART 7	HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES	
7.1	Health and Safety Requirements for Center-based Providers in the Territories	N/A
7.2	Health and Safety Requirements for Group Home Providers in the Territories	N/A
7.3	Health and Safety Requirements for Family Child Care Providers in the Territories	N/A
7.4	Health and Safety Requirements for In-Home Providers in the Territories	N/A
7.5	Exemptions to Territorial Health and Safety Requirements	N/A
7.6	Enforcement of Territorial Health and Safety Requirements	N/A
7.7	Exemptions from Territorial Immunization Requirements	N/A
APPENDIX 1 --	PROGRAM ASSURANCES AND CERTIFICATIONS	64
APPENDIX 2 --	ELIGIBILITY AND PRIORITY TERMINOLOGY	64
APPENDIX 3 --	ADDITIONAL CERTIFICATIONS (on file - not included here)	
REQUIRED ATTACHMENTS		

PART 1
ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency: **State of Connecticut**
Address of Lead Agency: **Department of Social Services**
25 Sigourney Street
Hartford, Connecticut 06106

Name and Title of the Lead Agency's Chief Executive Officer: **Michael P. Starkowski, Commissioner**
Phone Number: **(860) 424-5008**
Fax Number: **(860) 424-5129**
E-Mail Address: **Michael.Starkowski@ct.gov**
Web Address for Lead Agency (if any): **www.ct.gov/dss**

1.2 State Child Care (CCDF) Contact Information (day-to-day contact)

Name of the State Child Care Contact (CCDF): **Peter Palermino**
Title of State Child Care Contact: **Program Manager**
Address: **DSS Family Services Unit**
25 Sigourney Street
Hartford, Connecticut 06106

Phone Number: **(860) 424-5006**
Fax Number: **(860) 424-5335**
E-Mail Address: **peter.palermino@ct.gov**
Phone Number for child care subsidy program information (for the public) (if any): **1 (888) 214-5437**
Web Address for child care subsidy program information (for the public) (if any): **www.ctcare4kids.com**

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2007 through September 30, 2008. (§98.13(a))

CCDF:	\$ 51,584,914
Federal TANF Transfer to CCDF:	\$ 0
Direct Federal TANF Spending on Child Care:	\$ 0
State CCDF Maintenance of Effort Funds:	\$ 18,738,358
State Matching Funds:	\$ 18,682,227
Total Funds Available:	\$ 70,267,141

1.4 Estimated Administration Cost

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$ **1,031,698** (**1.47** %). (658E(c) (3), §§98.13(a), 98.52)

1.5 Administration of the Program

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

- Yes.
- No. If no, use the table below to **identify** the name and type of agency that delivers services and activities. (If the Lead Agency performs the task, mark “n/a” in the box under “Agency.” If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.)

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families	United Way of CT	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Non-TANF families	United Way of CT	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Assists parents in locating care	United Way of CT	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Makes the provider payment	DSS	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Quality activities	See Section 5.1.3 and 5.1.4	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the Lead Agency uses outside agencies to deliver services and activities, **describe** how the Lead Agency maintains overall control.

The Lead Agency implements various services in conjunction with contracted governmental, private and not-for-profit community based organizations. The Lead Agency monitors all contracted entities for compliance with state and federal regulations.

Determining Eligibility

For child care services funded under §98.50 (e.g., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

- Determine individual eligibility of non-TANF families?

The Lead Agency contracts with United Way of Connecticut, Inc., a private non-profit organization, to administer the state's certificate/voucher program titled the Care 4 Kids Program. The Lead Agency also contracts with numerous private and not-for-profit child care centers to administer the contracted program.

- Determine individual eligibility of TANF families?

The Lead Agency contracts with United Way of Connecticut, Inc., a private non-profit organization, to administer the state's certificate/voucher program titled the Care 4 Kids Program.

- Assist parents in locating child care?

The Lead Agency contracts with the United Way of Connecticut's statewide 211-Child Care project, which is the statewide resource and referral agency. The 211-Child Care project operates a statewide telephone service with office sites and community liaisons in each of the five state human services regions.

- Make payments to providers and/or parents?

The Lead Agency provides payments to child care centers and school-age programs funded through its contracted child care component. However, the Lead Agency contracts with United Way of Connecticut, Inc., a private non-profit organization, which prepares a payment file for providers enrolled in the state's Care 4 Kids certificate/voucher program. The Lead Agency receives the payment file, prepares the checks and mails the payment on state issued check stock.

1.6 Use of Private Donated Funds

Will the Lead Agency use private funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

- Yes. If yes, are those funds:
 Donated directly to the State?
 Donated to a separate entity or entities designated to receive private donated funds?

How many entities are designated to receive private donated fund? _____

Provide information below for each entity:

Name:
Address:
Contact:
Type:

- No.

1.7 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

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

- Yes, and:

(Yes) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

(30 %) Estimated percentage of the MOE requirement that will be met with pre-K expenditures.(Not to exceed 30%.)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

The Lead Agency partners with the State Department of Education to manage the state's School Readiness preschool state funded component. Program standards are guided by state legislation and agency polices and procedures. Access to funds managed by the Lead Agency, including facilities expansion funds, are allowable as part of this partnership.

- No.

1.7.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

Yes, and

(__%) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

1.7.3 If the State answered yes to 1.7.1 or 1.7.2, the following **describes** State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

The Lead Agency is also the TANF agency and responsible for coordinating the state's welfare to work program with its partners, the Connecticut Department of Labor and community based employment agencies. Access to the child care subsidy program funds, which primarily targets TANF and low-income working families, is allowable as part of the partnership between the Lead Agency and the State Department of Education in the joint management for the state's School Readiness preschool state funded component.

1.8 Improper Payments

1.8.1 How does the Lead Agency define improper payments?

Connecticut uses the phrase "benefit error" to describe improper payments that are either overpayments or underpayments.

Underpayments occur when the parent does not receive all the benefits to which entitled due to an administrative error. Errors caused by the family and/or child care provider not reporting correct information are not considered underpayments, except for provider billing errors where the agency is notified within thirty days of the payment date. Underpayments are corrected regardless of when the error occurred or whether the case is active or closed.

Overpayments occur when the amount paid exceeds the benefit that would have been issued if the payment were calculated correctly based on accurate information that was reported, verified and acted on in a timely manner. Overpayments are classified as administrative, parent or provider caused. Overpayments caused by parents or providers are further classified as intentional or unintentional. No overpayment exists if the amount is less than ten dollars in any month.

The starting date of the error varies depending on whether the error is intentional (fraud) or due to a change in circumstances vs. circumstances that existed at the time of application or redetermination. If the error was intentional or existed at application or redetermination, the error begins in the first service month paid.

Errors that occur following a change in circumstances generally start in the month following the change. This policy avoids errors when a change is reported and acted upon timely, and accounts for adverse action and other due process requirements.

An error is considered intentional if the parent or provider knowingly withheld or provided false information on matters affecting eligibility, benefits or services provided. Only a court of law or an administrative hearing official can determine if fraud occurred.

The error is considered unintentional if there was clearly no intent to commit fraud or to obtain benefits or payments under false pretenses; or the parent or provider did not purposefully withhold or provide erroneous information (for example, the parent waited to report a change until the redetermination instead of reporting the change immediately); or illness, a family emergency or other good cause reasons exist for not reporting information timely or accurately; or the error was due to a delay in taking action as the result of an administrative hearing request.

1.8.2 Has your State implemented strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)

Yes, and these strategies are:

No. If no, are there plans underway to determine and implement such strategies?

Yes, and these planned strategies are:

No.

Connecticut has developed the following strategies:

Measurement and Prevention

- **Targeted Verification - Provider Photo ID, Second/Third Shift Verification, Employer contacts**
- **Targeted training in error prone areas**
- **6 month redetermination cycles**
- **A dedicated quality assurance unit**
- **Corrective action planning**
- **Clear instructions on forms and notices**
- **800 Fraud Hotline**
- **Formal quality control case reviews performed quarterly**
- **Regulatory provisions to conduct site visits and audits**
- **Coordination between eligibility/payment and agency fraud investigations staff**
- **All Child Care Management Information System (CCMIS) transactions are time and date stamped by user ID**
- **Data imaging of incoming and outgoing documents**

Error Detection

- **Inquiry Access to Other State Databases:**
 - **Department of Labor (DOL) wage and UCB files**
 - **DOL employment and training records for TANF recipients**
 - **Department of Corrections**
 - **Motor Vehicle records**
 - **Medicaid, Food Stamps, State Supplement and TANF records via DSS' Eligibility Management System (EMS)**

Error Detection (in Eligibility)

- **dedicated quality assurance and monitoring unit at the vendor site**
- **procedure manuals, processing guides, worker alerts and targeted training**
- **separation of eligibility and payment functions**
- **system security levels by function**
- **tracking of system transactions**
- **system edits and audit trails**
- **ad hoc reporting and monitoring to measure error prone circumstances**
- **period management evaluation of operations processes**

Reports and Data Matching

- Assign all household members a unique agency client identifier
- Match unlicensed providers against the state child abuse/neglect registry
- Department of Public Health day care licensing
- Criminal Background checks
- Various CCMIS/ EMS data matches
- Fleeing Felon Match
- Extensive Use of ad hoc reporting tools monitor error prone circumstances

Collections and Penalties

- Mandatory recoupment policies
- Closed case collections
- Criminal Prosecution
- Administrative Disqualification Hearings
- Progressive parent disqualification penalties
- Lifetime provider fraud disqualification and state licenses forfeiture

In 2006, the Lead Agency implemented a statewide fraud early detection (FRED) program to comply with requirements of Public Act 05-280. The purpose of this program is to identify, investigate and determine if an application is fraudulent prior to granting assistance. The FRED project began operating in February 2005. The four field investigators assigned to the project regularly make site visits to the parent's home or the child care location as part of their investigations. During the first partial year of operation, 580 cases were found ineligible and a total of \$2,764,692 in overpayments was avoided. In addition, twenty-four Care 4 Kids recipients and child care providers received criminal convictions and were order to reimburse the state for \$165,000 in improper payments. Due to the overwhelming success of the FRED project, the Lead Agency is expanding its fraud detection efforts to cover active cases. In June 2007, the Lead Agency will implement the Active Case Assessment Program (ACAP).

The Lead Agency and the United Way of CT conduct numerous activities that are designed to assure quality and reduce the number and amount of administrative and client-caused errors. Some of these activities include the following:

- case reviews of actions taken on active and closed cases;
- worker performance assessments;
- electronic data matches with several state databases;
- state and federal criminal background checks for day care providers;
- matching providers to the state's child abuse and neglect registry;
- ongoing worker training;
- data integrity reporting; and matching provider Social Security Numbers with the IRS.

PART 2
DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 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(a),(b), §98.16(d)). **Indicate** the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

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 (noted by the asterisk in the chart below).

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), and/or 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 (noted by the asterisks in the chart below).

STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/07 – 9/30/09

	Consultation in Development of the Plan	Coordination with Service Delivery
Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input type="checkbox"/>	<input type="checkbox"/>
Representatives of local government	<input checked="" type="checkbox"/> *	<input checked="" type="checkbox"/>
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency preparedness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (See guidance):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

** Required.*

For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

The Lead Agency completed a series of activities to develop the Plan. The Lead Agency partnered with the Connecticut Department of Education, Connecticut Department of Public Health, five community organizations and the Connecticut Child Day Care Council to schedule five public hearings to review the CCDF federal law/regulations, Connecticut child care laws/regulations, and the draft Connecticut Strategic Direction for Supporting Families, Children and Caregivers plan. The Lead Agency notified various advocacy, state/local governmental and community based organizations such as the Early Childhood Education Alliance, the Connecticut Head Start State Collaboration Office (Connecticut-HSSCO), the Connecticut Head Start Association, the Connecticut Child Care Center Directors Forum and the School Readiness Councils.

The Lead Agency is responsible for coordinating child care services and other programs, which affect families and children in Connecticut. As such, the Lead Agency works in consort with other partners (federal, state and local, public and private, government and community-based) to administer services and foster linkages between agencies, organizations, advocates, clients and community groups in an effort to coordinate services and to develop a comprehensive and integrated child care/children's health and development network.

The Lead Agency ensures that the federal funding streams are integrated within the Connecticut child care/early childhood system and acts as a conduit for information flowing to and from the community. The Lead Agency published its strategic direction for supporting families, children and caregivers as part of its draft CCDF Plan. The guiding principles, service objectives, and service strategies are attached (see Attachment 2.1.1.A).

The first two entities described below are new statewide initiatives that will contribute to future CCDF Plan submissions and are included to reference their potential for further consultation, coordination and collaboration activities. Following them are key organizations that the Lead Agency has consulted, coordinated and developed collaborative arrangements. We have attached documents (see Attachment 2.1.B) that describe specific collaboration activities.

Early Childhood Education Cabinet and Governor Early Childhood Research and Policy Council

Legislation passed in June 2005 by the General Assembly established the Governor’s Early Childhood Education Cabinet. The Cabinet is comprised of Commissioners from state departments and agencies with primary responsibility for early childhood issues, child care providers, business and community representatives. The purpose of the Cabinet is to set policy guidelines and integrate strategies across state and local services. The work of the Lead Agency and the information as set forth in Attachment 2.1.1.A will serve as a general guide to the Cabinet. The Governor’s Senior Advisor for Early Childhood Education co-chairs the Cabinet with the state’s commissioner for Education. The Cabinet and the Governor appointed Early Childhood Research and Policy Council have developed Connecticut’s Early Childhood Investment Framework, which is further described in Attachment 2.1.1.A. The Early Childhood Research and Policy Council to create a “point of common accountability” for state-level strategic planning, service coordination and integration. The Early Childhood Research and Policy Council serves as the research and development arm of the Early Childhood Education Cabinet and guide us in key areas of policy-relevant early childhood research and evaluation, strategic data management, performance measurement, best practices identification and knowledge dissemination.

Early Childhood Partners Project

The Early Childhood Partners (ECP) project is the Connecticut name for the federal Early Childhood Comprehensive Systems Initiative (CECCS). ECP has created a performance-based, outcome-driven strategic plan to support all Connecticut families so their children arrive at school healthy and ready to succeed. ECP is the successor to the Healthy Child Care Connecticut project that had been developed by the federal Maternal and Child Health (MCH) and Child Care bureaus. The Connecticut Department of Public Health (DPH) is the lead agency for maternal and child health services in Connecticut and is coordinating the development of the strategic plan. The Plan has provided guidance for the leadership structure of the new Early Childhood Education Cabinet. The ECP has adopted the following policy goals for children:

- A. All children and families have access to resources that promote comprehensive health
- B. All children have access to quality early care and education
- C. All families have the support and resources to nurture healthy children

United Way of Connecticut - Care 4 Kids Program

United Way of Connecticut has been selected by the Lead Agency to manage the daily operations of the Care 4 Kids child care subsidy program. Services provided by the contractor include: application, eligibility and redetermination processing, tracking of provider information, invoice processing, and fraud detection. Lead Agency staff provides program oversight and are collocated with the Care4Kids program staff and the Child Care INFOLINE resource and referral service.

United Way of Connecticut 211-Child Care

211-Child Care is the statewide resource and referral service operated by the United Way of Connecticut that links parents to child care resources. 211-Child Care maintains a statewide database, which contains information on, fees, capacity, hours of operations, etc. They also operate a statewide recruitment project to expand the number of child care facilities in Connecticut.

Child Day Care Council

The Child Day Care Council is a legislatively mandated body that serves as a forum for Connecticut citizens interested in child care and as an advisory committee to the Lead Agency on child care issues and the development of the CCDF Plan. The CCDF Administrator is the Lead Agency commissioner designee to the Council. The Lead Agency provides administrative support to the Council.

Commission on Children

The Commission on Children is a legislative agency and charged with recommending public policy on behalf of children. The Lead Agency has partnered with the Commission to develop various consumer education materials such as the *Are You Ready*, *Watch Me Grow*, and *Healthy Expectations* brochures and is currently co-chairing the development of a strategic plan for infant-toddlers.

Connecticut Department of Public Health (DPH)

DPH is the state agency responsible for the licensing, regulation and inspection of child day care centers, group homes and family day care homes. DPH is also the state lead agency for immunization and maternal and health issues. The Lead Agency funds licensing enforcement personnel at DPH and has developed a formal working protocol with DPH regarding the Lead Agency's child care subsidy program.

Connecticut Department of Education (SDE)

SDE is the agency responsible for public and special education. In addition, SDE provides oversight for state Head Start funds, the federal Child Care and Adult Nutrition program, the state funded family resource programs and pre-school programs. SDE staff provides technical assistance to licensed child care facilities. The Lead Agency partners with SDE to manage the state's School Readiness preschool initiative.

Connecticut Department of Children and Families (DCF)

DCF is the agency responsible for child welfare, including protective services and the foster parents program. DCF conducts child abuse/neglect investigations for licensed and informal child care providers. The Lead Agency partners with DCF to implement background abuse/neglect checks for certain informal child care providers enrolled in the state's certificate program, educate parents about abuse/neglect situations, and coordinate various family support initiatives implemented by both agencies.

Connecticut Department of Public Safety (DPS)

DPS is the agency responsible for criminal background checks and all communications with the Federal Bureau of Investigation. DPS conducts criminal investigations for licensed and informal child care providers. The Lead Agency partners with DPS to provide background criminal checks for certain informal child care providers enrolled in the state's certificate program.

Head Start

There are several Head Start and Early Head Start grantees and delegate agencies in Connecticut, primarily funded with federal funds and supplemented by state funds administered by SDE. The Lead Agency participates on the SDE Head Start Advisory Committee that advises SDE on matters related to state Head Start funds.

Connecticut Statewide Head Start Collaboration Office (CSHTCO)

The Director of the CSHTCO is housed in the Lead Agency and works with the CCDF Administrator on a variety of related topics that cross the early childhood services network. In addition the Director works with nearly all of the organizations listed in this section to integrate and or conform Head Start and early childhood program standards and best practices.

Board of Trustees for State Community and Technical Colleges

This institution provides early childhood academic instruction, operates early childhood child care centers that serve as training laboratories and provides scholarships for early caregivers to attend training required for licensure or to expand their academic and/or professional development. The Board of Trustees for State Community and Technical Colleges has been designated by the Lead Agency to coordinate the state's voluntary career development system for early care professionals entitled *Connecticut Charts A Course*. This project also coordinates the *Statewide Accreditation Facilitation Project* that provides opportunities for child care facilities to receive training and support as they strive to attain their national accreditation status.

Connecticut Department of Mental Retardation (DMR)

DMR is the state's lead agency for serving families and children with special needs and specifically intervention services for children, birth to three. The Lead Agency is a member of the Connecticut Birth to Three Coordinating Council. The Lead Agency and DMR have partnered to coordinate issues pertaining to children with special needs.

Connecticut Department of Labor (DOL)

DOL is the state's lead agency for providing employment and training services. DOL is the state's welfare-to-work agency and has developed a partnership with the Lead Agency to assist TANF clients attain employment or training opportunities. The Lead Agency's contractor for the child care subsidy program has developed an operations protocol to insure TANF clients receive child care financial assistance. The Lead Agency has partnered with DOL to implement a Child Care Apprenticeship program.

Connecticut Department of Emergency Management & Homeland Security (DEMHS)

DEMHS is a new state agency that evolved since the 911 tragedy. The Lead Agency has been working with several agencies and organizations to develop an emergency preparedness plan for child care facilities, their enrolled children and personnel.

School Readiness Councils

There are approximately 70 school readiness councils that are established by state law to received state school readiness funds. Each council is required to have the lead municipal official and school superintendent as decision-makers for funds distribution and local policy setting. The Lead Agency participates in monthly meetings with school readiness council liaisons in order to solicit ongoing information regarding early childhood concerns and program/services recommendations.

Statewide Child Care Advocacy Organizations

The Lead Agency consults with and provides technical assistance to various statewide advocacy organizations including, but not limited to: the Connecticut School-Age Child Care Alliance, the Connecticut Association for Education of Young Children, Connecticut Family Day Care Association Network, Connecticut Early Childhood Education Council, Connecticut Association for Human Services, Connecticut Child Care Centers Directors Forum, Connecticut Voices for Children.

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.C**

We are currently working on a comprehensive Emergency Preparedness Plan and expect its completion in the Fall 2007.

- 2.1.2 State 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. **Note: Check only ONE.**

- 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.
The draft is included as _____.
- Developed.** A plan has been written but has not yet been implemented.

There are two reports that can be accessed by visiting the following web sites:

Ready by 5 Fine by 9 – www.ecpolicycouncil.org/docs/ready5_fine9.pdf

Early Childhood Investment Plan Recommendations –

www.ecpolicycouncil.org/docs/Summary_report_w_apps.pdf

Implementing. A plan has been written and is now in the process of being implemented. The plan is included as .

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.

The Early Childhood Education Cabinet and the Early Childhood Policy and Research Council began its work in 2006 and issued both reports as described above.

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

The Early Childhood Education Cabinet

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

Work has begun to coordinate the following programs and funding streams:

1. **Care 4 Kids subsidy program (state and federal CCDF)**
2. **Lead Agency Child Care Center Contract Program (state and federal CCDF/TANF/SSBG funds)**
3. **CT Charts a Course professional development program (state and federal CCDF funds)**
4. **Statewide Resource and Referral program (state and federal CCDF)**
5. **School Readiness pre-K program (state and federal TANF/CCDF)**

The Plan recommends that consistent policies be adopted to insure that the funds support similar services and outcomes for children and/or professional staff.

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.

There are two reports that can be accessed by visiting the following web sites:

Ready by 5 Fine by 9

www.ecpolicycouncil.org/docs/ready5_fine9.pdf

Early Childhood Investment Plan Recommendations

www.ecpolicycouncil.org/docs/Summary_report_w_apps.pdf

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

The Early Childhood Education Cabinet is responsible for designing an accountability process using the nationally know Results Based Accountability (RBA) system to review the ongoing work as set forth in the Investment Plan. We would expect changes to the Plan based on state and federal funding decisions and or assessments/evaluations to certain programs and services.

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(c)) At a minimum, the description must provide:

Please see Attachment 2.2.A for details regarding Connecticut's public hearing process.

- **Date(s)** of statewide **notice** of public hearing: See **Attachment 2.2.A**
- Manner of **notifying the public** about the statewide hearing:

December 2006 to April 2007- Announced at monthly Child Day Care Council Meetings

April 2007 - Sent via e-mail to various Connecticut early childhood Listservs. Added to Lead Agency Web site.

May 2007 - Lead Agency targeted Press Releases prior to every hearing

- **Date(s)** of public hearing(s):

May 3, 2007, 4:00 – 7:00 PM

May 16, 2007, 4:00 – 7:00 PM

May 23, 2007, 12:00 – 2:00 PM

May 24, 2007, 4:00 – 7:00 PM

June 18, 2007, 4:00 – 7:00 PM

- **Hearing site(s): See Attachment 2.2.A**

Waterford, Hamden, Hartford, Waterbury, Norwalk

- How the **content of the plan was made available** to the public in advance of the public hearing(s):

The CCDF Plan was available through the DSS Website and other early childhood websites. Printed copies were available upon request and at all public hearings.

- A brief summary of the **public comments** from this process is described below:

Five (5) Public Hearings were held across the state in May and June of 2007. The public hearings were hosted by representatives from the Child Day Care Council, and state officials from the Departments of Public Health and Social Services. Representatives from child care settings, child and family advocacy organizations, public health and nurses associations, and parents gave written and verbal testimony and comments. These comments and recommendations have been incorporated into the Child Care and Development Fund Plan where appropriate.

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?

- Yes. If yes, **describe** these activities or planned activities, including the results or expected results.
- No.

The Lead Agency is committed to the continued expansion and development of cooperative public-private ventures. To this end, the Lead Agency encourages employer groups and business associations to promote family support policies such as, flex-time and flexible work hours, promote child care tax credit programs, collaborate with the State Departments of Labor, and Economic and Community Development to integrate family and child care policies with economic policies and inform employers about family needs and work force trends, collaborate with the Connecticut General Assembly to develop model child care policies and financing strategies which promote public-private partnerships.

A few examples of public-private partnerships follow:

Child Care Facilities Loan Fund – the Lead Agency has partnered with the Connecticut Health and Educational Facilities Authority (CHEFA), the major commercial banks doing business in the state and a community investment corporation to provide loan opportunities to child care providers. The Lead Agency is also collaborating with a community development organization, the Local Initiatives Support Corporation (LISC) to provide technical assistance to child care providers participating in financing projects.

Early Childhood DataCONNECTIONS Program – the Lead Agency is working with the Child Health and Development Institute, a component of the private Children’s Fund foundation, to provide research opportunities for state agencies.

Care for Kids Program – The Lead Agency contracts with United Way of Connecticut, Inc. a private non-profit organization to manage the state’s child care subsidy program.

Representatives include business leaders, the Connecticut Office of Workforce Competitiveness, Department of Labor, higher education and others.

The results of these activities are included in the annual Lead Agency reports to the Connecticut General Assembly. Copies have been forward to ACF child care staff in Boston and are available on the Lead Agency web site.

PART 3
CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System

Describe the overall child care certificate process, including, at a minimum:
(1) a description of the form of the certificate (98.16(k));

The child care certificate is a document authorizing monthly payments for specific child care services. It names the parent(s), the child(ren) to receive child care and the child care provider. The certificate also states the amount of the state and parent share. The Lead Agency maintains the original certificate with copies to the parent and the provider.

(2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and

Parents are informed that the certificate can be used at any appropriate (as defined in state regulations) child care setting they choose as long as the parent remains eligible for child care assistance. The certificate can be used at multiple child care settings. Parents are provided information on the certificate program by, but not limited to, the Lead Agency staff, Child Care Assistance Program, and the 211-Child Care project, the statewide resource and referral service funded by the Lead Agency that assists parents with choosing child care.

(3) if the Lead Agency is also providing child care services through grants and contracts, estimate the proportion of \$98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.

Expenditures (state and federal) for state fiscal year 2007 indicate that Connecticut spent 75% of expenditures on certificates and 25% on contracted slots. All Lead Agency Contractors are required, as a condition of funding, to advise all parents with whom the programs have contact, about the availability of the child care certificates.

Attach a copy of your eligibility worker's manual, policy handbook, or other printed guidelines for administering the child care subsidy program. If these materials are available on the web, the State may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

Please visit the following website to access the Connecticut child care subsidy program regulations that serve as the worker manual/policy handbook: <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305180>

Note: Eligibility worker's manuals, policy handbooks, or other printed guidelines for administering a child care subsidy program will be used for reference purposes only. Documents provided by Lead Agencies pursuant to this section will not be uniformly or comprehensively reviewed and will not be considered part of the Plan. All information required to be part of the Plan must continue to be set forth in the Plan.

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

Yes, and the following **describes** the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

No.

The Lead Agency will establish contracts directly with early childhood/child care facilities that meet licensing requirements established by the CT Department of Public Health for the provision of infant/toddler, preschool and/or school-age child care slots.

3.1.3 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))

No.

3.1.4 Are child care services provided through certificates, grants and/or contracts offered throughout the State? (658E(a), §98.16(g)(3))

Yes.

No, and the following are the localities (political subdivisions) and the services that are not offered:

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

These rates are provided as **Attachment 3.2A**.

The attached payment rates were or will be effective as of **January 1, 2002**.

Provide a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

Please see Attachment 3.2.D

- The month and year when the local market rate survey(s) was completed: **May 2007**. (§98.43(b)(2))
- A copy of the **Market Rate Survey instrument** and a **summary of the results** of the survey are provided as **Attachment 3.2.B**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings (**See Guidance for additional information.**)
- Does the Lead Agency use its **current** Market Rate Survey (a survey completed within the allowable time period –10/1/05 -9/30/07) to set payment rates?

- Yes.
 No.

At what percentile of the current Market Rate Survey is the State rate ceiling set? If you do not use your current Market Rate Survey to set your rate ceilings or your percentile varies across categories of care (e.g., type of setting, region, age of children), describe and provide the range of variation in relation to your current survey. (**See Guidance for additional information.**)

The payment rates in Attachment 3.2.A are set at the 60th percentile range per the rate methodology derived from a survey conducted by the University of CT Center for Research and Analysis in May 2001.

The payment rates for "providers exempt from licensing", including relatives and in-home providers, are set as a percentage of the state minimum wage as of January 2002. Those rates as follows:

**One-third of the minimum wage - one child
Two-thirds of the minimum - two children
Full Minimum Wage - three children**

- How the payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey (i.e., describe the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

See Attachment 3.2.D

- Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

- Yes. If, yes, **describe**.
 No.

See Attachment 3.2.D

- Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?

- Yes. If yes, **describe**:
 No.

Connecticut provides a 5% bonus per child for licensed facilities achieving and maintaining national accreditation standards and enroll children from the Lead Agency's child care subsidy program.

3.3 Eligibility Criteria for Child Care

3.3.1 Age Eligibility

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

- Yes, and the upper age is 19.
 No.

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

- Yes, and the upper age is 19.
 No.

3.3.2 Income Eligibility

Complete columns (a) and (b) in the matrix below. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			(c) Income Level, lower than 85% SMI, if used to limit eligibility	
			(d) \$/month	(e) % of SMI [Divide (d) by (a), multiply by 100]
1	\$ 3,995	\$3,296	\$1,998	50%
2	\$ 5,225	\$4,421	\$2,612	50%
3	\$ 6,454	\$5,486	\$3,227	50%
4	\$ 7,684	\$6,531	\$3,842	50%
5	\$ 8,913	\$7,576	\$4,457	50%

The Lead Agency uses the State Median Income (SMI) for each year as published by the Federal Register. These numbers represent the Connecticut numbers based on the April , 2007 Federal Register and are effective July 1, 2007 for CCDF and state funded programs.

If the Lead Agency does not use the SMI from the most current year, **indicate** the year used:

If applicable, indicate the date on which the eligibility limits detailed in column (c) became or will become effective:

July 1, 2007

How does the Lead Agency define “income” for the purposes of eligibility? Describe and/or include information as **Attachment 3.3.2.A.** (§§98.16(g)(5), 98.20(b))

- Is any income deducted or excluded from total family income (for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

Yes. If yes, **describe** what type of income is deducted or excluded from total family income. **Attachment 3.3.2.A.**

No.

- Is the income of all family members included?

Yes.

No. If no, **describe** whose income is excluded for purposes of eligibility determination.

3.3.3 Eligibility Based Upon Receiving or Needing to Receive Protective Services

Does the State choose to provide child care to children in protective services, as defined in Appendix 2? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

Yes.

No.

Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.

No.

Not applicable. **CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.**

Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)

No.

3.3.4 Additional Eligibility Conditions

Has the Lead Agency established additional eligibility conditions? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Yes, and the additional eligibility conditions are: (Terms must be defined in Appendix 2)

No.

3.4 Priorities for Serving Children and Families

3.4.1 Complete the table below regarding eligibility conditions and priority rules. For columns (a) through (d), check box if reply is “Yes”. Leave blank if “No”. Complete column (e) if you check column (d).

See Attachment 3.4.1A

Eligibility Category	(a) Guarantee subsidy eligibility	(b) Give priority over other CCDF- eligible families	(c) Same priority as other CCDF- eligible families	(d) Is there a time limit on guarantee or priority?	(e) How long is time limit?
Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families receiving Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3.4.2 **Describe** how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs and (b) children in families with very low incomes. Terms must be defined in Appendix 2. (658E(c)(3)(B))

See Attachment 3.4.1A

3.4.3 **Describe** how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

See Attachment 3.4.1A

3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- Yes, and the additional priority rules are: (Terms must be defined in Appendix 2)
- No.

3.4.5 Does the Lead Agency serve all eligible families that apply?

Yes.

No.

3.4.6 Does the Lead Agency maintain a waiting list?

Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?

No.

The Lead Agency maintains a Wait List only for the child care subsidy program and only if projected expenditures will exceed the approved annual state fiscal year budget allocation. See Attachment 3.4.3A for the Wait List regulations.

3.5 Sliding Fee Scale for Child Care Services

3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as **Attachment 3.5.1.A**

The attached fee scale was or will be effective as of **July 1, 2007**.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

Yes, and the following **describes** any additional factors that will be used:

The family contribution is determined for the family regardless of the number of children in care.

No.

3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

Yes.

No, and other scale(s) and their effective date(s) are provided as

- 3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$ **see below**.

The Lead Agency must **select ONE** of these options:

- ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.
- ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:

Connecticut uses the State Median Income level for eligibility and fee determinations. Only families receiving cash assistance and participating in an approved training program are exempt from a family contribution.

- 3.5.4 Does the State allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

- Yes.
- No.

- 3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) were determined to be affordable: (§98.43(b)(3))

All families with earnings are required to pay a range from 2% to 10% of their annual/monthly gross income. If there is more than one child, the family is not required to pay any additional fee. The required Connecticut copayment follows national studies indicating the level families can pay at various income levels.

PART 4
PARENTAL RIGHTS AND RESPONSIBILITIES

4.1 Application Process / Parental Choice

4.1.1 **Describe** the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). At minimum, the description should include:

- How parents are informed of the availability of child care services and about child care options
- Where/how applications are made
- What documentation parents must provide
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies

Parents (TANF and non-TANF) are informed about child care financial assistance by the Lead Agency regional office staff and other contracted entities. Informational brochures, direct conversation, phone discussion and strategies developed by community-based organizations serving similar clients, serve as the basic communication strategies. Families are informed about the 211-Child Care service to discuss child care options and what constitutes good child care. All of the organizations identified in Section 2.1 inform their respective constituents, as appropriate.

Applications are provided at various community and municipal settings and mailed to potential eligible families. Families are required to submit their applications, which include necessary verifications, by mail or schedule appointments when necessary. The Lead Agency's contractor for the child care subsidy program completes eligibility determination. Child care subsidy staff can travel to meet with families if necessary. Bilingual and bicultural staff assists where possible. Eligibility is primarily granted for six months or on a month-to-month basis, if warranted.

Attach a copy of your parent application for the child care subsidy program. If the application is available on the web, provide the appropriate Web site address (application must still be attached to Plan):

Please visit the following web site: *www.ctcare4kids.com*

4.1.2 Is the application process different for families receiving TANF?

Yes. If yes, **describe** how the process is different:

No.

Families who receive TANF are notified by the Lead Agency regional staff about the exceptions for individual penalties via the good cause provisions established in TANF policy as included in Attachment 4.4. Staff work with clients to explore the reason provided by the TANF client if a barrier is identified and work with the state's TANF employment contractor case management staff to address client participation, if possible. TANF clients are provided with a copy of their rights and responsibilities, which include reference to this also. The Lead Agency has worked closely with the new child care subsidy vendor, the states' TANF employment contractors, and the state Department of Labor to convene meetings at local sites to address client enrollment and continued enrollment for child care. The Lead Agency has appointed a staff person to address specific complaints and prioritize child care access for TANF clients. New work protocols have been reissued and shared among partnering agencies.

4.1.3 The following is a detailed description of how the State ensures parental choice by making sure that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.

The Lead Agency contracts with United Way of Connecticut, which is also the statewide resource and referral agency, to inform and counsel parents about choosing child care and provide community forums to parents and providers; development and distribution of educational brochures, videos, public service announcements; collaboration with other agencies identified in Section 2.1 and organizations that have similar target populations; coordination with statewide and local media; distribution of child care informational packets at the Lead Agency regional offices and the Connecticut Department of Labor, which is coordinating the state's welfare-to-work project. 211-Child Care maintains a statewide data base, which contains information on, fees, capacity, hours of operations, etc. of child care centers, group home child care and family day care home providers.

4.1.4 Does the State conduct activities aimed at families with limited English proficiency to promote access to child care subsidies and reduce barriers to receiving subsidies and accessing child care services?

Yes. If yes, **describe** these activities, including how the State overcomes language barriers with families and providers.

No.

All form and notices are available in Spanish and other languages, if necessary. Bilingual staff are available to answer the Call Center and discuss individual case needs.

4.2 Records of Parental Complaints

The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

The Lead Agency's Office of Legal Counsel, Regulations and Administrative Hearings handles parental complaints concerning due process in the Child Care Assistance Program. The Lead Agency's contractor for the Child Care Assistance Program has designed a grievance/mediation process for parents and child care providers as a first step before a formal administrative hearing by the Lead Agency.

Complaints concerning other components of the CCDF program are filed directly with the Lead Agency. The Lead Agency requires all contracted program components to maintain a file of complaints and report as necessary.

Complaints concerning licensed child care providers are reported to the either the state Department of Public Health (licensing issues such as staff ratios or illegal operation) or the state Department of Children and Families (abuse and neglect issues). Parents and providers are advised to contact those agencies for appropriate information.

4.3 Unlimited Access to Children in Child Care Settings

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

Connecticut state laws guarantee unlimited access for parents at all licensed child care settings, including those parents eligible for CCDF financial assistance. Child care settings that are exempt from licensing requirements are also informed that they must allow parents unlimited access to their children.

4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: **Connecticut Department of Social Services.**

- "appropriate child care":
- "reasonable distance":
- "unsuitability of informal child care":
- "affordable child care arrangements":

See Attachment 4.4.A

PART 5
ACTIVITIES & SERVICES TO IMPROVE THE
QUALITY AND AVAILABILITY OF CHILD CARE

5.1 Quality Earmarks and Set-Asides

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; describes the expected results of the activities and, if the activities have been ongoing, the actual results of the activities. For the infant and toddler earmark, the State must note in its description of the activities, what is the maximum age of a child who may be served with such earmarked funds (not to exceed 36 months).

Infants and toddlers:

The Lead Agency will contract with state supported child care centers to provide comprehensive services to eligible families with infant/toddlers (age 0-under 3). The state supported centers work with the Lead Agency to meet the community child care needs for all children, including infant/toddlers.

Resource and referral services:

The Lead Agency will contract with the United Way of Connecticut's 211-Child Care project, which provides statewide resource and referral services. This project provides consumer education, community seminars, direct counseling and education service for parents seeking child care assistance and also maintains a provider data base that includes information concerning fees, openings, etc. Staff develops and distributes relevant brochures and work with the Lead Agency to increase the child care capacity.

School-age child care:

The Lead Agency will contract with state supported school-age child care programs to provide comprehensive services as recommended by the National After School Association. The state supported school-age programs work with the Lead Agency to meet the community child care needs for all children, including school-age children.

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds) during the 1-year period: October 1, 2007 through September 30, 2008: **\$2,063,400 (4%)**

STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/07 – 9/30/09

5.1.3. Check each activity the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

Activity	Check if undertaking/will undertake	Name and type of entity providing activity	Check if this entity is a non-governmental entity?
a. Comprehensive consumer education	<input checked="" type="checkbox"/>	See below	<input checked="" type="checkbox"/>
b. Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
c. Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>		<input type="checkbox"/>
d. Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>		<input type="checkbox"/>
e. Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>		<input type="checkbox"/>
f. Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>		<input type="checkbox"/>
g. Activities to promote inclusive child care	<input checked="" type="checkbox"/>		<input type="checkbox"/>
h. Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>		<input type="checkbox"/>
i. Activities that increase parental choice	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
i. Other activities that improve the quality of child care (describe below).	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
i. Other activities that improve the availability of child care (describe below).	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
(§98.51(a)(1) and (2))			

Non Governmental:

**Connecticut Child Health and Development Institute,
United Way of Connecticut,
Connecticut Community College System,
Numerous non-profit child care and school-age centers,
Connecticut Health and Educational Facilities Authority**

5.1.3 For each activity checked, **describe** the expected results of the activity. If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

a. *comprehensive consumer education –*

includes a variety of strategies such as: funding the United Way of Connecticut 211-Child Care project which is the statewide resource and referral agency to counsel parents about choosing child care and provide community forums to parents and providers; development and distribution of educational brochures, videos, public service announcements; collaboration with other agencies identified in Section 2.1 and organizations that have similar target populations; coordination with statewide and local media; distribution of child care informational packets at the Lead Agency regional offices and the Connecticut Department of Labor, which is coordinating the state's welfare-to-work project. Annual reports are submitted that document activities negotiated to assess of service is utilized. Annual monitoring is also completed.

b. *grants or loans to providers to assist in meeting State and local standards –*

The Lead Agency coordinates the Child Care Facilities Loan Fund (CCFLF) that provides financing opportunities for child care facilities. The Lead Agency has delegated the administration for CCFLF to the Connecticut Health and Educational Facilities Authority (CHEFA). CHEFA administers three loan programs: 1. a tax-exempt bonding program for municipal and non-profit child care facilities for construction, renovation or expansion costs; 2. a loan guarantee program for capital and non-capital loans; and 3. a small revolving loan program for non-capital loans. There is a process to assess if loan applicants are eligible and meet eligibility criteria. Subsequent to that, the loan is monitored annually to insure compliance.

c. *monitoring of compliance with licensing and regulatory requirements –*

The Lead Agency funds child care licensing and enforcement personnel at the state Department of Public Health (DPH). This is a personnel function. Staff are supervised by state managers.

d. *professional development, training and technical assistance –*

The Lead Agency supports a variety of activities such as: the Connecticut Community-Technical Colleges Systems' *Connecticut Charts a Course* project,

a comprehensive early caregiver career development system which includes a scholarship program for income eligible providers; a program targeted to kith and kin providers; a statewide Accreditation Facilitation Project; the University of Connecticut Cooperative Extension Systems' newsletter entitled, *All Children Considered*, which is distributed to all licensed and informal child care providers; the training program in child development to caregivers on basic child health and development issues; technical assistance to child care advocacy and member organizations. Annual reports are collected to measure compliance with negotiated activities and an annual monitoring is completed.

e. compensation for child care providers –

The Lead Agency provides compensation through scholarship assistance offered by the *Connecticut Charts a Course project* and supports compensation through its contracted child care center programs and its Child Care Assistance Program. The Lead Agency and the Connecticut Department of Labor support a child care apprenticeship program. Annual reports are collected to measure compliance with negotiated activities and an annual monitoring is completed.

*f. early language, literacy and numeracy development -
see Section 5.2*

g. inclusive child care –

The Lead Agency was co-facilitator of the former Map to Inclusion project with the Connecticut Department of Mental Retardation. Curriculum was developed and integrated into of the Connecticut Charts a Course professional development system and is offered via the Training Program in Child Development. The subsidy program was also reviewed and special reimbursements are now offered for children with special needs.

h. Healthy Child Care America and other health activities –

The Lead Agency has participated as a member of the Healthy Child Care Connecticut (HCCCT) initiative, which has now been replaced by the Early Childhood Partners project. This project is the Connecticut's response to the federal Maternal and Child Health's Early Childhood Comprehensive Systems Plan. Program activities are assessed by the CT Department of Public Health.

i. other quality activities that increase parental choice, and improve the quality and availability of child care –

the Lead Agency contracts with the United Way of Connecticut 211-Child Care project to conduct a recruitment program to expand the number of licensed family child care providers. The Lead Agency is a partner with the State Department of Education to implement the state’s School Readiness initiative that expands opportunities for three and four year olds in selected communities throughout Connecticut. The school readiness project also assists child care providers to enhance program services such as nutrition, health care, parent education, literacy, etc. The Lead Agency is facilitating a review of child care opportunities for homeless children and has begun to discuss the potential of designing a pilot program to analyze and address the issues of providing child care services to children between six weeks and 12 years of age, who reside in shelters for the homeless. Some sheltered children may have additional mental health needs resulting from being homeless and family situations, including family violence that they may have witnessed. The establishment of a mental health support system for both the child/family and child care staff is an integral part of the design discussion. The intent of the pilot program and its associated research is to demonstrate best practices for providing care to sheltered children. Program components will permit sufficient flexibility in funding and programmatic requirements to allow for attendance fluctuations, transportation needs and substitution of housing search and other shelter-related activities that assist families in establishing themselves in the community, for job search and work requirements. All activities if funded require annual activity reports based on negotiations to certain tasks/activities.

5.2 **Good Start, Grow Smart Planning and Development**

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.

5.2.1 **Status of Voluntary Early Learning Guidelines.** Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three to five year-olds. **NOTE: Check only one box to best describe the status of your State's three-to-five-year-old guidelines.**

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan.
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are available via the following web site http://www.state.ct.us/sde/deps/Early/Preschool_framework.pdf
- Revising.** The State has previously developed early learning guidelines and is now revising those guidelines.
- Other (describe):**

Describe the progress made by the State in developing, implementing, or revising early learning guidelines since the date of submission of the 2006-2007 State Plan.

The Lead Agency has coordinated the work of early childhood providers, parents, researchers and field experts to develop a Early Learning Guidelines for infants and toddlers. This work will complement the work and guidance presented in the Preschool Curriculum and Assessment Frameworks for Children in Preschool Programs. We have developed draft guidelines and recently completed pilot programs with various child care settings.

This process was designed to and succeeded in coordinating review and analysis of literature and expert testimony on the needs for caring for and

educating children from birth to age three. This information is being consolidated into a document appropriate for its intended audience, and draft versions were critiqued by focus groups of early childhood educators, parents, child advocates, public and independent school staff, community child-care and education programs, professional associations, regional educational service centers and other state agencies.

Information on recent training and activities on the pre-k framework and assessment is available on the following website: www.ecpolicycouncil.org

If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

Yes. If yes, **name standards.**

No.

The State Department of Education has incorporated the Preschool Curriculum Framework into the K-12 content standards. See

http://www.state.ct.us/sde/deps/Early/Preschool_framework.pdf for a copy of Connecticut's Preschool Curriculum Framework, its guidelines for early learning.

See: http://www.state.ct.us/sde/dtl/curriculum/language_arts/framework/LatestLanguageArtsFramework2005.doc for evidence of the preschool curriculum guidelines incorporated into the K-12 content standards of language arts.

If developed, are the guidelines aligned with early childhood curricula?

Yes. If yes, **describe.**

No.

Have guidelines been developed for children in the following age groups (check if guidelines have been developed):

Birth to three.

Draft guidelines available via the following website

<http://www.ct.gov/dss/lib/dss/pdfs/elgdraft2forweb.pdf>

Birth to five.

Five years or older.

Efforts to develop early learning guidelines for children that may differ from those addressed in *Good Start, Grow Smart* (i.e., children birth to three or older than five) may be described here.

See response to 5.2.1 concerning recent work by the Lead Agency with infant-toddler learning guidelines.

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

5.2.2 **Domains of Voluntary Early Learning Guidelines.** Do the guidelines for children three-to-five-years-old address language, literacy, pre-reading, and early math concepts?

Yes.

No.

The CT Preschool Curriculum Framework includes the domains of: Personal and Social Development (pages 1-8), Physical Development (pages 9-14) and Creative Expression/Aesthetic Development (pages 27-33).

Do the guidelines for children three-to-five-years-old address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

Yes. If yes, **describe**.

No.

5.2.3 **Implementation of Voluntary Early Learning Guidelines.** Indicate the strategies the State used or expects to use in **implementing** its early learning guidelines.

Check all that apply:

Disseminating materials to practitioners and families

Developing training curricula

Partnering with other training entities to deliver training

Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems

Other. Describe:

Indicate the stakeholders that are (or expect to be) actively supporting the implementation of early learning guidelines.	Indicate the programs that mandate or require the use of early learning guidelines.
<input checked="" type="checkbox"/> Publicly funded (or subsidized) child care	<input checked="" type="checkbox"/> Publicly funded (or subsidized) child care
<input checked="" type="checkbox"/> Head Start	<input checked="" type="checkbox"/> Head Start
<input checked="" type="checkbox"/> Education/Public pre-k	<input checked="" type="checkbox"/> Education/Public pre-k
<input checked="" type="checkbox"/> Early Intervention	<input checked="" type="checkbox"/> Early Intervention
<input checked="" type="checkbox"/> Child Care Resource and Referral	<input checked="" type="checkbox"/> Child Care Resource and Referral
<input checked="" type="checkbox"/> Higher Education	<input checked="" type="checkbox"/> Higher Education
<input checked="" type="checkbox"/> Parent Associations	<input type="checkbox"/> Parent Associations
<input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Other. Describe:

How are (or will) cultural, linguistic and individual variations (be) acknowledged in implementation?

How are (or will) the diversity of child care settings (be) acknowledged in implementation?

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address:

See the “Early Childhood Education Initiative” at <http://www.ctserc.org/calendar/EarlyChildhoodEd.shtml>, which provides the early childhood professional development schedule. Each preschool professional development session is aligned with the Preschool Curriculum Framework and it is anticipated that there will be similarity in future years. The Preschool Curriculum Framework is embedded into the training series sessions that address topics such as cultural, linguistic and individual variations.

5.2.4 Assessment of Voluntary Early Learning Guidelines. As applicable, **describe** the State's plan for:

- (a) Validating the content of the early learning guidelines
- (b) Assessing the effectiveness and/or implementation of the guidelines
- (c) Assessing the progress of children using measures aligned with the guidelines
- (d) Aligning the guidelines with accountability initiatives

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, provide the appropriate Web site address (reports must still be attached to Plan):

Connecticut’s plan to assess the effectiveness and implementation of the “*Connecticut Preschool Curriculum Framework*”, involves assessments from several perspectives as reported below:

- **On-site monitoring of the School Readiness Programs by staff from the Connecticut Department of Education and the Lead Agency. Staff will review documentation, conduct staff interviews and observe classrooms using the established School Readiness Monitoring Instrument.**
 - **Review of staff training in the standards**
 - **Review and classroom observation of the implementation of the curriculum as aligned with the standards**
 - **Review of monitoring and assessment processes and their alignment with the standards**
 - **Monitoring reports that require action plans when programs are found to be in non-compliance**

- **The annual guidelines required by participating School Readiness programs includes a section in which the programs report on their staff’s training in the “*Connecticut Preschool Curriculum Framework*” and their implementation in the classroom. Each classroom submits sample copies of their lesson plans that demonstrate their curriculum’s alignment with the standards and programs report on the ongoing monitoring and assessment process for children and how it is aligned to the standards.**

Annual self evaluation and report “*Connecticut School Readiness Preschool Program Evaluation System*” (CSRPPES), includes specific indicators under Section 10 of the Quality Components, Annual Evaluation, that requires a review of the program’s process, policies and implementation of the state standards including the monitoring system, assessment system and components of the required Individual Professional Development Plan. The documentation for the Quality Components are reviewed and rated by the School Readiness Liaison, who is the community’s coordinator, and a parent for that program. Programs must complete action plans for any area that does not achieve a majority of the requirements.

Development of a Kindergarten Assessment - The State Department of Education is in the planning stages of implementing a Kindergarten Assessment to comply with state legislation that was passed in 2005. Public Act 05-245 requires the Commissioner of Education to develop and implement a statewide developmentally appropriate assessment tool that measures a child’s level of preparedness for kindergarten by October 2009. This act was then amended by Public Act 06-135 and requires the

Commissioner to report on (1) student experiences in preschool by program type and by numbers of months in each such program, and (2) the readiness of students entering kindergarten and student progress in kindergarten. Such reporting shall be done by October 1, 2007, and annually thereafter. To satisfy part (2) of this amendment, the Department implemented the Kindergarten Classroom Survey in the fall of 2006 and will follow-up with the Kindergarten Classroom Survey in the spring of 2007. The Connecticut State Board of Education's Comprehensive Plan emphasizes high-quality preschool education for all students as a priority area. The Board selected this area as one way to address the unacceptable achievement gaps that continue to persist in reading and mathematics among students who differ in gender, race, ethnicity, and socioeconomic status. The Board has stated that quality preschool education plays a significant role in the development of competent learners by providing the foundation essential for future school success. Preliminary results from a fall 2006 survey are in Attachment 5.2.4.

5.2.5 State Plans for Professional Development. Indicate which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box to best describe the status of your State's professional development plan.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the entities involved in the planning process, 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. The draft or planning documents are included as **Attachment 5.2.5.**
- Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5.**
- Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5.**
- Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 06-07 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5.**
- Other (describe):**

Describe the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2006-2007 State Plan.

Currently the state has adopted an Early Childhood Education Investment Plan, which calls for the development of a multi –year workforce professional development plan to assure compliance with state law and selected national program standards and accreditation around staff qualifications. CT Charts-a-Course (CCAC) continues to receive funding through the Department of Social Services as the state’s professional development and program improvement system for early care and education.

CT Charts- A-Course, the state’s professional development system began planning in 1990 as a result of the CCDF. The system has been in various stages of planning, implementation and expansion since that time. The current system houses the following components:

- **Career Ladder – Recognizes the training and educational achievements of individuals who work with young children in all settings.**
- **Scholarships – Funds income eligible child care providers working the field and wishing to pursue to training in early care and education.**
- **Career Counseling – assists child care providers in the development of Individual Professional Development Plans**
- **Training Approval Board – sets standards for and approves all CCAC trainers and training content.**
- **Training Articulation – assures seamless articulation from entry level – training to baccalaureate degrees in early childhood education.**
- **Accreditation Facilitation Projects – supports quality improvement and the acquisition of national accreditation standards in center –based, school-age and family child care, through 5 regional accreditation facilitation support projects and director training initiatives.**

If your State has developed a plan for professional development, does the plan include (Check EITHER yes or no for each item):

	Yes	No
Specific goals or desired outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners’ training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Credentials – State for which roles (e.g. infant and toddler credential, directors’ credential, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.

For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

Are the professional development opportunities described in the plan available:

There is no formal written plan. The Lead Agency delegates the professional career development for caregivers to the Connecticut Community Colleges' CT Charts a Course project.

Note: Check either yes or no for each item):

	Yes	No
Statewide	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

Describe how the plan addresses early language, literacy, pre-reading, and early math concepts development.

CT Charts-a- Course has developed 45 hours of standardized research-based workshops in early language and literacy, which are delivered through the Training Program in Child Development. (TPCD). Early math concepts' workshops are currently under development and will be incorporated in the training beginning September 2007.

Are program or provider-level incentives offered to encourage provider training and education?

- Yes. If yes, **describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

CT Charts-a-Course has developed a system of educational bonuses \$TART (Supports, Training and Retention for Teachers), based on training and advancement on the CCAC career ladder. Caregivers can acquire 15 hours of early language and literacy training at no cost.

- No. If no, **describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- Yes. If yes, **describe** how the professional development plan's effectiveness/goal is assessed.

CT Charts-A-Course prepared and submitted a Results-Based Accountability (RBA) template to the Connecticut Legislative Appropriations Committee to document targeted results for caregivers.

- No. If no, **describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

Does the State assess the effectiveness of specific professional development initiatives or components?

- Yes. If yes, **describe** how specific professional development initiatives or components' effectiveness is assessed.

Five performance measures that were assessed in the CCAC RBA template:

- 1. Number of CCAC Scholarship Assistance clients who complete a Child Development Associate Credential.**
- 2. Number of CCAC clients who entered the TPCD and completed the entire training program.**
- 3. Percentage of CCAC clients who entered the TRCD and received a START bonus as a result of completing the training.**
- 4. Number of CT programs who became NAEYC accredited with the assistance of the CCAC Accreditation Facilitation Project.**
- 5. Number of CCAC clients who participate in director training and obtained the CT Director's Credential.**

- No. If no, **describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

- Yes. If yes, **describe** how assessment informs the professional development plan.

This information is included in the RBA templates. There are action steps in each of the performance measures as to how CCAC would continue to improve its performance over the next 3-5 years.

- No. If no, **describe** any plans to include assessment to inform the professional development plan.

PART 6
HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

6.1 Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

- Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.
- No. If no, **describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

Programs administered by a public school system or administered by a municipal agency and located in a public school building; programs administered by a private school that is in compliance with the State Board of Education; drop-in programs administered by a nationally chartered boys'/girls' club; recreation operations and religious educational activities administered by a religious institution exclusively for children whose parents or legal guardians are members of such religious institution.

6.1.2 Have center licensing requirements as they relate to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2)&(3))

- Yes. If yes, **describe** the changes.
- No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

In the Child Care Assistance Program (CCAP), the parent furnishes the child care center with information on forms (Provider/Parent Agreement) received from the Lead Agency's contractor to administer CCAP. The provider completes and signs the Provider/Parent Agreement attesting to the following: local town code enforcement and minimum health and safety standards will be met, including the availability of a working telephone, fire extinguisher, and smoke alarm; the absence of a conviction for a felony, violent crime and/or a protective services record for staff; proof that all children in care are age appropriately immunized against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenza type B, hepatitis and varicella (chicken pox). The provider assures that their staff meet similar staff training requirements for licensed child care centers.

6.2 Health and Safety Requirements for Group Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.
- No. If no, **describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- Yes. If yes, **describe** the changes.
- No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

Not applicable.

- Building and physical premises safety

Not applicable.

- Health and safety training

Not applicable.

6.3 Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

No. If no, **describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes. If yes, **describe** the changes.

No.

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

Not applicable.

- Building and physical premises safety

Not applicable.

- Health and safety training

Not applicable.

6.4 Health and Safety Requirements for In-Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

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

Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

No. If no, **describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

1. **neighbors or relatives who provide care in the home of the child**
2. **relatives (i.e. grand parent, aunt, uncle) of the child who provide care at the relatives' home**

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes. If yes, **describe** the changes.

No.

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

In the Child Care Assistance Program (CCAP), the eligible parent must provide the in-home provider with information on the Provider/Parent Agreement form. Such provider must complete and sign the Provider/Parent Agreement attesting to the following:

- **the provider is 18 years of age or older;**
- **local town code enforcement and minimum health and safety standards will be met, including the availability of a working telephone, fire extinguisher, and smoke alarm;**
- **the total number of children in care during;**
- **the absence of a conviction for a felony, violent crime and/or a protective services record for staff;**
- **all instances of suspected child abuse or neglect will be reported to the state child welfare agency;**
- **all children in care are age-appropriately immunized;**
- **the provider is not working another job during the hours the child is in care;**
- **changes in the site or location of care will be reported promptly to DSS;**

In addition, DSS has an agreement with the CT Department of Children and Families to conduct child abuse and neglect background checks for all unlicensed providers at the time of initial application and at least one time per year thereafter. State and federal criminal background checks are mandated for all non-relative providers and for any provider suspected of having committed a sex crime or crime against persons in Connecticut or any other state. Information concerning criminal and child abuse/neglect background checks can be released to the parent to the extent necessary to provide the parent with the ability to make an informed choice about continuing care with the provider.

6.5 Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A)) Indicate the Lead Agency's policy regarding these relative providers:

- All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

6.6 Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:
 - No.

The Department of Public Health is the agency with statutory authority to enforce licensing requirements applicable to child day care centers, group day care homes and family day care homes in Connecticut.

At least every two years, unannounced site visits, inspections or investigations of licensed child day care centers or group day care homes are conducted by licensing enforcement specialists. New programs are inspected prior to initial licensure. Site visits are required prior to licensure for all family day care home applicants. Thereafter, the Department is required to make unannounced visits to "at least thirty three and one third percent" (33 1/3%) of the licensed family day care homes each year.

Any inspection conducted by the Department shall include an inspection for evident sources of lead poisoning. The Department investigates all complaints received on licensed child day care facilities and facilities alleged to be operating illegally without a license. The Department has statutory authority to refuse to license, suspend or revoke an existing license or take any other action against a license as set forth in regulations.

DPH provides information to parents and shares information concerning the results of enforcement visits when requested.

- Are child care providers subject to background checks?
 - Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:
 - No.

The Department of Public Health is the agency with statutory authority to assure that all licensed child care providers (child day centers, group day care homes and family day care homes) and appropriate staff receive appropriate background checks. Such providers must report any criminal conviction of the owner, conductor, operator, or maintainer of the facility or any person residing in the household or employed within.

The Lead Agency assures that providers exempt from licensing, specifically those providers who are not relatives and provide care in the child's home, receive appropriate background checks. In addition, the Lead Agency can require background checks to those providers exempt from licensing if there is a reason to believe that a conviction has occurred.

- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes. If yes, **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

Yes - Family Day Care Homes must notify, within 24 hours, the Department of Public Health of: (1) the death of any enrolled child, if the child died while at the facility or if a child death occurs due to a contagious disease and, (2) when any injury to a child that occurs while the child is at the facility which results in the child being admitted to a hospital or the child's death.

No

No - Child Day Centers and Group Day Care Homes do not have specific reporting requirement unless it is deemed a report of abuse, neglect, or reportable disease and laboratory finding.

Other methods used to ensure that health and safety requirements are effectively enforced:

Child day care centers and group day care homes must notify the department of public health, no later than the next business day, of (1) the death of a child enrolled at the facility, if the child dies while at the facility or at a facility sponsored event and (2) any injury of a child that occurs while the child is at the facility, or at a facility sponsored event, that results in the child's admission to a hospital.

6.7 Exemptions from Immunization Requirements

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

The State exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

PART 7
HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

PART 7 is Not Applicable to the State of Connecticut
(Only the Territories complete Part 7)

7.1 Health and Safety Requirements for Center-Based Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.2 Health and Safety Requirements for Group Home Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.3 Health and Safety Requirements for Family Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.4 Health and Safety Requirements for In-Home Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.5 Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- All** relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to different health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced: Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:
- No.

Are child care providers subject to background checks?

- Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:
- No.

Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

- Yes. If yes, **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):
- No.

Other methods used to ensure that health and safety requirements are effectively enforced:

7.7 Exemptions from Territorial Immunization Requirements

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

The Territory exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

APPENDIX 1
PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

**APPENDIX 2
ELIGIBILITY AND PRIORITY TERMINOLOGY**

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

- (1) *attending* (a job training or educational program; include minimum hours if applicable)

Enrollment in and regularly attending classes or compliance with the mandatory employment services requirements of the TANF program, including being available for work, reporting from interviews, attending group or individual orientation sessions and satisfactory participation in employment service activities.

- (2) *in loco parentis* –

A person with whom the child lives who is responsible for the day-to-day care and custody of the child when the child’s parent by blood, marriage, adoption or court order is not performing such duties.

- (3) *job training and educational program* -

(a) **A state day program accredited by the State Department of Education or the New England Association of Schools and Colleges, a general equivalency diploma program, or an adult education, technical high school or vocational secondary school program which shall lead to a high school level diploma or certificate; and**

(b) **An employment services activity approved by the Department of Social Services, the Department of Labor or the designee of either agency in accordance with the State Plan requirements for the TANF program, including but not limited to education activities below the post-secondary level, job skills training, job readiness activities, job development and placement activities, job search, work experience, drug or alcohol rehabilitation.**

- (4) *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) –

See definition #7 – Special Needs Child.

- (5) *protective services* –

a family service plan for safeguarding children who are considered by the state’s child welfare service agency to be at risk of abuse or neglect.

- (6) *residing with* –

living with on a regular basis, including taking meals together and sleeping in the same home.

(7) *special needs child* –

A child shall be considered to have special needs if the child's independence, self-sufficiency and safety is dependent on others and the child requires extra supervision, care, or assistance in the child care setting due to the following physical, mental, behavioral or emotional conditions, including but not limited to:

- (a) **a physical handicap or health impairment that causes chronic or acute health problems, such as a heart condition, orthopedic impairment, tuberculosis, asthma, epilepsy, cerebral palsy, leukemia or congenital abnormality that has been diagnosed by a physician;**
- (b) **mental retardation or autism spectrum disorder as diagnosed by a physician, pediatrician or psychologist;**
- (c) **a behavioral or emotional disturbance, maladjustment or developmental delay that causes the child to exhibit marked and inappropriate behaviors or characteristics over extended periods that has been diagnosed by a psychologist, psychiatrist or other clinically trained and state-certified mental health professional acting within his or her scope of practice;**
- (d) **a speech, language, vision or hearing impairment that has been diagnosed by a physician or state certified health care professional acting within his or her scope of practice; or**
- (e) **multiple handicaps that cause problems or interfere with the child's ability to function in the child care setting without extra care or supervision.**

(8) *very low income* –

Under 25 percent of the state's median income level.

(9) *working* (include minimum hours if applicable) –

employment in one or more jobs as an employee of another individual, a partnership, corporation or self-employment, for which compensation is paid in the form of earned income.

(10) Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

(a) *Actual charge* –

The fee charged by the provider for all children attending the same program as determined in subsection (a) of section 17b-749-13 of the Regulations of Connecticut State Agencies;

(b) *Accredited provider* –

A child care provider whose program has earned national accreditation or who has completed approved course or degree work pursuant to subsection (d) of section 17b-749-13 of the Regulations of Connecticut State Agencies;

(c) *Certificate of payment* –

The document issued by the CCAP administrator authorizing payment of CCAP assistance for a specific child to a specified child care provider;

(d) *Child care* –

The care and supervision of an eligible child for not more than twelve hours in a twenty-four hour day, excluding therapy, medical treatment and public or private school or academic programs;

(e) *Child care agreement* –

The form prescribed by the department used to collect and document information concerning provider eligibility and the agreement between the parent and the provider for the provision of child care services;

(f) *CCAP administrator* –

The unit designated by the department or an organization acting under contract with the department and acting under its direction that is responsible for the day-to-day administration of the CCAP program;

(g) *Countable income* –

Gross income less allowable deductions and excluded income;

(h) *Earned income* –

Compensation for personal services, including but not limited to wages, salaries, commissions, bonuses and earnings from self-employment or contractual agreements;

(i) *Eligible child* –

A child residing with the applicant who is under the age of thirteen or under the age of nineteen with special needs, who needs child care during the hours the parent is participating in employment or an approved employment services activity;

(j) *Eligible provider* –

a licensed child care provider or child care provider who is exempt from licensing that meets the requirements specified in section 17b-749-12 of the Regulations of Connecticut State Agencies;

(k) *Employment services activity* –

(l) **Education, training, job search or other activity pursued by a parent receiving TANF cash assistance which is designed to eliminate barriers to employment or increase earnings and which has been approved by the Department of Social Services, the state Department of Labor or the designee of either agency in accordance with the requirements of the TANF State Plan submitted by the Department pursuant to section 402 (a) of Public Law 104-193;**

(m) *Family* –

The group of individuals who live together in the same household whose circumstances are taken into consideration when determining eligibility for the CCAP program pursuant to section 17b-749-03 of the Regulations of Connecticut State Agencies;

(n) *Foster child* –

A child placed in a foster home by the Connecticut Department of Children and Families for whom the parent receives foster care payments;

(o) *Licensed provider* –

A day care center, group or family day care home licensed by the Department of Public Health to provide child day care services pursuant to section 19a-77 of the Connecticut General Statutes;

(p) *Parent* –

A person with whom the child resides who is either the child's parent by blood, marriage, adoption or a spouse or former spouse of such individuals, a legal guardian, a caretaker relative under the cash assistance program or other person standing in loco parentis;

(q) *Self-employed* –

Working for pay either full or part-time where the individual is not considered an employee of another entity for purposes of reporting social security tax or unemployment compensation;

(r) *Teenage parent* –

A parent under the age of twenty;

(s) *Unlicensed child care provider* –

Any provider operating legally in Connecticut that is exempt from licensing as a child day care services provider pursuant to subsection (b) of section 19a-77 of the Connecticut General Statutes.

**STATE PLAN FOR CONNECTICUT
CHILD CARE AND DEVELOPMENT FUND
ATTACHMENTS**

STATE PLAN FOR CONNECTICUT
CHILD CARE AND DEVELOPMENT FUND
ATTACHMENTS

Attachment Pages

PART 2	DEVELOPING THE CHILD CARE PROGRAM	
	Section 2.1.A - Principles, Objectives and Strategies	3
	Section 2.1.B - Collaboration Efforts	15
	Section 2.2.A - Public Hearing Notice	27
PART 3	CHILD CARE SERVICES OFFERED	
	Section 3.2.A - Payment Rates	28
	Section 3.2.B - Rate Survey	30
	Section 3.2.C - Rate Survey Methodology Summary	31
	Section 3.2.D - Equal Access Rate Rationale	33
	Section 3.3.2A - Income Guidelines	35
	Section 3.4.1A - Priority Eligibility Guidelines	38
	Section 3.4.3A - Wait List Guidelines	39
	Section 3.5.1A - Sliding Fee Schedule	42
PART 4	PROCESSES WITH PARENTS	
	Section 4.4.A - TANF Definitions and Criteria	44
PART 5	QUALITY AND AVAILABILITY SERVICES	
	Section 5.2.4 – Assessment Evaluations	48

SECTION 2.1.A

PRINCIPLES, OBJECTIVES, STRATEGIES

A. GUIDING PRINCIPLES

The guiding principles were adopted in 1990 when DSS completed the first CCDF federal plan. Numerous child care providers, advocates and other constituents participated in that process. While not a requirement for federal plan approval, we have always included this information in each submission. We added a principle that addressed workforce issues in our plan submitted in 2001, added a principle to support President Bush's *Good Start, Grow Smart* initiative in 2003, added a principle that addresses fraud and improper payments in 2005, and this year we continue to work on fraud and improper payments, further develop the Early Learning Guidelines for Infants and Toddlers for distribution, begin to develop emergency preparedness activities for child care settings, and emphasize the principles identified by the Early Childhood Education Cabinet and Governor Rell's Early Childhood Investment Plan (Attachment 1). The Governor's Early Childhood initiatives were included in the 2005 plan.

The Connecticut Child Care and Early Education system will:

- offer families a broad range of accessible, affordable, comprehensive and quality child care services.
- allow families to choose the most appropriate child care service and be informed about how to locate and evaluate child care opportunities.
- allow for a smooth transition when families change child care services.
- provide appropriate services and training opportunities for caregivers, including caregivers exempt from licensing.
- ensure that caregivers maintain basic health and safety standards.
- ensure that all available federal funds are maximized and combined into one universal child care program to support targeted families and children.
- establish eligibility guidelines which address income and child care need.
- establish a payment system, which addresses family co-payments, provider payments differentiated by licensed and unlicensed caregivers, and age of child.
- ensure the coordination and on-going planning for all local, state and federal early childhood services and programs.
- establish various incentives and cost models to address teacher turnover and compensation levels that will expand and retain the number of early education professionals.
- establish guidelines and content standards to promote early learning skills that will help children be ready for school.

- ❑ establish guidelines to assure that all state and federal funds are properly paid to those clients and child care providers, which meet the eligibility and payment requirements, and to establish preventive mechanisms to avoid improper payments from being made at all.
- ❑ establish coordinated emergency planning and crisis response training opportunities for center based and family/home child care providers, to address safety issues that impact children in child care, after-school, recreational and summer-camp settings.
- ❑ establish a conceptual framework for Early Readiness for Children from Birth to Age Three that would support and complement the work of the Connecticut Early Childhood and Education Cabinet.
- ❑ continue to refine the Early Learning Guidelines for Infants and Toddlers draft and seek to reach, inform, and support infants and toddlers' primary caregivers—whether parents or child care providers— aligned Early Learning Guidelines for Infants and Toddlers with SDE's Preschool Curriculum Framework.
- ❑ establish pilot programs to test the early learning guidelines for infants and toddlers document content, format and application at various child care settings serving infants and toddlers, including child care centers, family day care providers, and kith and kin settings.

B. OBJECTIVES

DSS proposes the following objectives that support the federal CCDF goals, the Connecticut Guiding Principles and Governor Rell's Early Childhood Investment Plan. The objectives remain essentially the same as included in the prior two-year federal plan except as they pertain to Governor Rell's Early Childhood Investment Plan and the new federal initiative to address improper payments, Homeland Security and Infant/Toddler Early Learning Guidelines.

- ❑ increase child care capacity - the establishment, expansion or recruitment of new child care facilities/providers and support for existing child care providers in order to expand the number of child care "arrangements" available to families seeking child care assistance. Governor Rell has proposed additional debt service financing to expand the Child Care Facilities Loan Fund which would potentially leverage \$40 million in construction costs to renovate or build new child care facilities.
- ❑ increase financial assistance to families in order to make child care affordable - the efficient provision of affordable child care subsidies (certificates or vouchers) and/or contracts to early childhood programs in order to assist low income working families and families transitioning off public assistance.
- ❑ enhance quality and school readiness services - the establishment of critical support services to enhance developmentally appropriate educational opportunities for children and professional opportunities for caregivers.

- ❑ provide opportunities for children in the state to 1) reach appropriate developmental milestones from birth to age 5; 2) begin kindergarten with the knowledge, skills and behaviors needed for success in school; and 3) have K-3 education experiences that extend children's birth-to-5 learning and ensure consistent progress in achieving reading mastery.
- ❑ enhance health and safety provisions - the establishment of policies and support services to assure children have access to healthy and safe child care settings
- ❑ identify and address the safety, crisis response and emergency preparedness issues affecting children in schools, child care providers, after school programs, youth camps and other settings and to inventory emergency preparedness activities, address the communication, training and practice/exercise needs of the providers
- ❑ expand linkages and leveraging of available funds - the coordination of child care and early childhood education services among state agencies, state and local community organizations, businesses and child care providers.
- ❑ increase number of early care and education professionals and promote

- ❑ retention - the establishment of incentive and cost models to increase and retain early education teachers in order to address the high turnover rate. Governor Rell proposes to “train early care and education center staff in the state’s preschool framework, investing in workforce scholarships, and piloting several strategies to promote early care and education workforce retention.”
- ❑ reach, inform, and support primary care givers of infants and toddlers’ in Early Learning Guidelines for Infants and Toddlers. The statewide Accreditation Facilitation Project (AFP) will administer dissemination, training and other implementation tasks.
- ❑ establish guidelines and standards that support early learning for children ages 0-5 - the development, implementation and evaluation of standards on early literacy, language, pre-reading and numeracy skills that help children to succeed in preschool, kindergarten and beyond. The Early Childhood Education Cabinet has supported DSS’ recent work on early learning guidelines for infants and toddlers.
- ❑ establish preventive mechanisms to avoid improper payments and establish guidelines to assure that all state and federal funds are properly paid to those clients and child care providers, which meet the eligibility and payment requirements.
- ❑ ensure the coordination and on-going planning for all local, state and federal early childhood services and programs. Governor Rell has established the Early Childhood Research and Policy Council to create a “point of common accountability” for state-level strategic planning, service coordination and integration. The Early Childhood Research and Policy Council serves as the research and development arm of the Early Childhood Education Cabinet and guide us in key areas of policy-relevant early childhood research and evaluation, strategic data management, performance measurement, best practices identification and knowledge dissemination.

C. STRATEGIES

DSS proposes the following strategies to address the service objectives:

Increase Child Care Capacity

The state and federal welfare reform initiative will continue to require families with children to find employment or participate in employment activities. The supply of child care providers and/or child care spaces must continue to expand in order to meet this demand.

Proposed strategies include:

- ❑ continue to educate the business community about tax credits that can be accessed for establishing new child care facilities and subsidizing employee child care needs.
- ❑ continue to coordinate the Child Care Facilities Loan Fund program to assist with the new construction, acquisition or expansion of child care facilities.
- ❑ continue to convene caregiver recruitment sessions throughout the state to increase the number of family day care home providers.
- ❑ coordinate with local community, public housing and economic development projects to include child care as a community development project and explore micro-enterprise and small business funding opportunities.
- ❑ educate cash assistance recipients about child care as a career opportunity and expand child care occupational training programs.
- ❑ expand linkages with Head Start and other early care and education programs to coordinate various funding streams that can finance full-day, full-year programs.
- ❑ expand programs and spaces for children under age 13 through the state's State Child Day Care Center Program and School Readiness programs.
- ❑ support kith and kin providers with necessary educational and training opportunities and link them with the formal child care community.
- ❑ expand linkages with Schools of the 21st Century programs that provide services for school-age children.

Increase Financial Assistance to Families

The ability for families to afford the fees charged by caregivers is a major factor that continues to determine the families' participation and selection of certain caregivers.

Proposed strategies include:

- ❑ expand child care financial assistance opportunities for low-income working families with earnings up to 75% of the state median income level and with children under the age of 13 (under 19 if they have special needs).

- ❑ increase the number of families transitioning from cash assistance to work who use public funded child care including the Care 4 Kids Program, state-supported centers and school readiness programs.
- ❑ continue to administer a school-age child care contract program targeting available state and federal funds to eligible organizations that provide before and after school child care at school and community settings for working families earning less than 75% of the state median income level.
- ❑ continue to administer a child care center contract program directing available state and federal funds to eligible child care centers that provide infant / toddler, preschool and school-age services. Activities funded by this initiative are designed to provide high quality, safe, age-appropriate environments and a full range of social, educational, recreational and nutritional services to children and support services to their families. Enrollment will be targeted to families earning less than 75% of the state median income level.
- ❑ encourage families to pursue child support.
- ❑ continue to partner with the Connecticut Department of Education in the administration of the state's School Readiness program to selected communities.
- ❑ promote the Ready By 5 & Fine By 9 - Connecticut's Early Childhood Investment Framework - Appendix A Action Item Updates and Appendix B 40 Additional Action Plan Items (Attachments 5, 6 & 7)

Enhance Quality and School Readiness Services

CCDF funds have supported quality initiatives since its inception in 1990 and currently supports several thousand Connecticut children (ages 13 and under) in comprehensive, quality early learning and school readiness programs.

Proposed strategies include:

- ❑ continue to provide consumer education and information materials that educate current and potential child care consumers
- ❑ continue to support the state's child care resource and referral program to provide the following services:
 - ◆ counseling and consumer information
 - ◆ data on the types of child care opportunities, fees, special service considerations, etc
 - ◆ technical assistance and information for child care providers
 - ◆ community education and collaboration activities
- ❑ continue to provide technical support and training opportunities for new and existing child care providers with an emphasis on infant/toddler and school-age child care providers
- ❑ continue to establish strategies effectively to use the media to provide information and education to parents and child care professionals.

- ❑ continue to support a voluntary professional development system for early care-givers.
- ❑ continue to support to the statewide program to assist caregivers to achieve accreditation status by appropriate national organizations.
- ❑ continue to support quality enhancements for the priority school communities as defined in the state's school readiness legislation in collaboration with the State Department of Education.
- ❑ continue to support a newsletter that is distributed to all child care providers, libraries, legislators, schools, etc.
- ❑ continue to implement background checks for informal child care providers seeking approval to participate in the Care 4 Kids program in collaboration with the Departments of Public Safety and Children and Families.
- ❑ continue to implement training and educational opportunities for relative and other license-exempt providers.
- ❑ promote the development of all of the state's young children by providing opportunities for children in the state to 1) reach appropriate developmental milestones from birth to age 5; 2) begin kindergarten with the knowledge, skills and behaviors needed for success in school; and 3) have K-3 education experiences that extend children's birth-to-5 learning and ensure consistent progress in achieving reading mastery.
- ❑ promote the development and implementation of the 50 actions agreed on by the Early Childhood Education Cabinet as necessary to support the development of Connecticut's young children, with initial focus on the 10 issues that were ranked as high priorities requiring the immediate attention of those who care for children directly and those who make public policy, design and operate programs, and provide funding for services and supports. Ready By 5 & Fine By 9 - Connecticut's Early Childhood Investment Framework - Appendix A Action Item Updates and Appendix B 40 Additional Action Plan Items (Attachments 5, 6 & 7)

Additional details may be found at the following websites:

Early Childhood Cabinet: <http://www.ecpolicycouncil.org/cabinet.php>

Governor's Early Childhood Research and Policy Council:
<http://www.ecpolicycouncil.org>

Ready By 5 & Fine By 9 - Connecticut's Early Childhood Investment Framework: http://www.ecpolicycouncil.org/docs/ready5_fine9.pdf

FY08/FY09 Early Childhood Investment Plan Recommendations Summary:
http://www.ecpolicycouncil.org/docs/Summary_report_w_apps.pdf

Full Report:
http://www.ecpolicycouncil.org/docs/Summary_report_w_apps.pdf

Enhance Health and Safety Provisions

DSS must assure that procedures are in effect to ensure that child care providers that provide services for which assistance is provided under the CCDF comply with all applicable state or local health and safety requirements.

Proposed strategies include:

- ❑ continue to fund child care licensing personnel at the Connecticut Department of Public Health (DPH) to monitor child care facilities. Please access the web sites (Attachment 3) for DPH and the National Resource Center for Health and Safety in Child Care to review the Connecticut licensing and regulatory requirements.
- ❑ strengthen Connecticut's regulations with regard to children's health and safety in childcare. The Department of Public Health is proposing changes to the regulations that govern child day care centers and group day care homes. These proposed changes include revisions and technical corrections, an expansion of the list of acceptable providers for cardiopulmonary resuscitation (CPR) training, and the addition of requirements that facilities accommodate children that have a prescription of glucagon, a diagnosis of asthma, or a prescription for an inhalant medication to treat asthma.
- ❑ continue to work with the Departments of Public Safety (coordinate criminal background checks) and Children and Families (coordinate child abuse and neglect checks) for child care providers exempt from licensing requirements.
- ❑ continue to implement health and safety provisions for child care providers exempt from licensing requirements who apply for assistance from the Care 4 Kids Program and coordinate resources and consultation on caregiver administration of medications, tracking of immunizations, and caregiver knowledge in providing safe and health care including children with special health care needs.
- ❑ continue to participate in discussions with the Connecticut Department of Public Health's maternal and child health professional staff concerning the state development of the Early Childhood Comprehensive Systems plan.
- ❑ continue to develop the plans to coordinate emergency planning and crisis response training opportunities for center based and family/home child care providers, to address safety issues that impact children in child care, after-school, recreational and summer-camp settings.
- ❑ continue to develop a system of child health care consultation, embedded within a statewide system of interdisciplinary consultation to all early care and education settings, that would 1) establish a clear leadership and coordination structure for consistent communication and practice in compliance with state regulations and national standards; 2) ensure maintenance of a centralized consultant data base; 3) offer annual foundational training aligned with national best practice and ongoing professional development, networking opportunities, and expert health and safety resources; and 4) maintain a financial plan for supporting the statewide consultation system

Expand Linkages and Leveraging of Available Funds

As the child care services lead agency, DSS is responsible for many coordination and planning activities.

Proposed strategies include:

- ❑ participate in the Early Childhood Education Cabinet.
- ❑ continue to coordinate efforts with sister state agencies, the Connecticut Head Start State Collaboration office, Head Start Directors Association, State Directors Forum, Connecticut After School Network, Connecticut Child Day Care Council, Birth to Three Interagency Coordinating Council, Medicaid Managed Care Council, child care provider memberships groups, Early Childhood Alliance, Connecticut Voices for Children, Connecticut Association for Human Services, etc.
- ❑ continue strategic discussions on infant-toddler issues.
- ❑ continue the work of the Early Childhood DataCONNECTIONS project, and the Child Health and Development Institute of Connecticut. This project is exploring the data collection and research capacity needs for Connecticut, developing school readiness indicators and examining child care workforce issues.
- ❑ continue to review the economic impact of the child care industry.
- ❑ continue to coordinate recruitment efforts with the United Way of Connecticut 211 Child Care INFOLINE and the Department of Public Health child care licensing staff and with several state and local organizations to increase the supply of child care providers.
- ❑ continue to work with the Department of Labor and the Job First Employment Services program to enhance opportunities for parents through job opportunities training, transportation, and child care.
- ❑ continue to establish linkages with employment and training organizations and businesses to provide necessary supports for their employees seeking child care assistance.
- ❑ continue to coordinate efforts with the DSS Fraud Recovery Division to mitigate client fraud and improper payments through Quality Control - review of payment and eligibility accuracy.
- ❑ continue to develop strategies to link state and local agencies with early childhood programs for children with special needs, in collaboration with the Connecticut Department of Mental Retardation, Connecticut Department of Public Health and the Connecticut Department of Education Special Education Bureau.
- ❑ continue to coordinate with the Department of Children and Families and other appropriate state and local agencies to create strategies around family support initiatives.
- ❑ continue to coordinate efforts with the various DSS units: Family Support (services to TANF eligible families), Child Support (encourage single mothers to seek financial assistance from the absent parent), Housing (services for homeless families with children), Community Services (build links between child care services and Domestic

Violence programs), Elderly Services (coordinate intergenerational programs and educate and train grandparents who are child care providers), Client Fraud (improper payments pilot review), Quality Control (review of payment and eligibility accuracy) and Medical Care Administration (coordinate activities that assure all children in child care have access to health care)

Increase the Number of Early Care Workforce

From anecdotal and some limited study data, it is clear that Connecticut, like the nation as a whole, is experiencing significant turnover in child care staffing. We know that turnover results both from "program hopping" and from "staff flight" from the field altogether, but the extent of this phenomenon and the pattern of it are not so clear. Likewise, the causes may include depressed levels of compensation and benefits, working conditions, advancement opportunities and inadequate recruitment, along with many competing opportunities available in the larger economy, but the magnitude of those factors is unknown. We do know that the child care market cannot remedy the low wage scale for staff merely through family fees, but rather requires targeted, multiple funding mechanisms. Additional research and statewide conversations have been supported by the Governor's Early Childhood Research and Policy Council which supports and delves further into the strategies identified below.

Proposed strategies include:

- ❑ continue to study the extent and nature of the turnover of child care staff in the state
- ❑ continue to research the credentials and pattern of compensation of caregivers.
- ❑ continue to examine mechanisms to supplement compensation and benefits for caregivers in connection with levels of professional development
- ❑ continue to examine apprenticeship opportunities as they apply to the child care workforce.
- ❑ continue to develop the Early Childhood Workforce Plan and create opportunities for highly-skilled early childhood education staff as proposed by the Early Childhood Research and Policy Council. Details shown in the ECE Attachments.
- ❑ continue to strengthen and expand the cadre of skilled consultants to the early care and education workforce in the areas of health, mental health, nutrition and education and their capacity for interdisciplinary practice to best meet the varied needs of young children families, teachers and caregivers.

Establish Early Learning Guidelines

The Good Start, Grow Smart initiative, as proposed by President Bush, is intended to create a state-federal partnership that creates linkages and coordinates services and funding levels among CCDF, other federal early care and education programs and state early care initiatives in order to promote early learning principles and school readiness. There is sufficient research underway throughout the United States to support this objective and Connecticut has already addressed much of this as a result of past state legislation and work completed by the Connecticut Department of Education.

Proposed strategies include:

- ❑ continue to disseminate the Preschool Curriculum Framework for Children in Preschool Programs document and present workshops, as necessary, to discuss the content
- ❑ continue to require the use of the Preschool Curriculum Framework for Children in Preschool Programs document in Connecticut funded school readiness programs and encourage other early care programs to adopt it
- ❑ continue to disseminate the Connecticut Preschool Assessment Framework document for assessing preschool children and present workshops to early care programs in order to discuss the content, objectives and benefit to supporting early learning
- ❑ further develop the committee work to establish a conceptual framework for Early Readiness for Children from Birth to Age Three that would support and complement the work of the Connecticut Early Childhood and Education Cabinet.
- ❑ continue to refine the Early Learning Guidelines for Infants and Toddlers draft and seek to reach, inform, and support infants and toddlers' primary caregivers —whether parents or child care providers— aligned Early Learning Guidelines for Infants and Toddlers with SDE's Preschool Curriculum Framework.
- ❑ support pilot programs to test the early learning guidelines for infants and toddlers document content, format and application at various child care settings serving infants and toddlers, including child care centers, family day care providers, and kith and kin settings.
- ❑ administer dissemination, training and other implementation tasks for the Early Learning Guidelines for Infants and Toddlers through the statewide Accreditation Facilitation Project (AFP).

Improper Payments

In response to President Bush's Management Agenda, the federal Child Care Bureau began studying methods that could help states identify, measure and prevent errors in the administration of federal child care funds. In 2003, Connecticut was selected as one of several partner states for this project. On March 2, 2007, after more than three years of planning, the Child Care Bureau published a formal Notice of Intent to implement a national quality control system for measuring CCDF improper payments. The program will measure administrative errors discovered by reviewing a statewide sample of cases. Generally, states will be required to reimburse the federal government for errors found during the review process. Implementation is scheduled to begin in October 2007 and will take three years to complete. Connecticut will not be affected until the third year, starting in October 2009.

In 2006, DSS implemented a state-wide fraud early detection (FRED) program to comply with requirements of Public Act 05-280. The purpose of this program is to identify, investigate and determine if an application is fraudulent prior to granting assistance. The FRED project began operating in February 2005. The four DSS field investigators assigned to the project regularly make site visits to the parent's home or the child care location as part of their investigations. During the first partial year of operation, five-hundred eighty cases were found ineligible and a total of \$2,764,692 in overpayments was avoided. In addition, twenty-four Care 4 Kids recipients and child care providers received criminal convictions and were order to reimburse the state for \$165,000 in improper payments. Due to the overwhelming success of the FRED project, DSS is expanding its fraud detection efforts to cover active cases. In May 2007, DSS will begin implementing the Active Case Assessment Program (ACAP).

The Department and the United Way conduct numerous activities that are designed to assure quality and reduce the number and amount of administrative and client-caused errors. Some of these activities include the following:

- case reviews of actions taken on active and closed cases; • worker performance assessments; • electronic data matches with DSS and other state databases;
- state and federal criminal background checks for day care providers;
- matching providers to the state's child abuse and neglect registry;
- ongoing worker training; • data integrity reporting; and
- matching provider Social Security Numbers with the IRS.

SECTION 2.1.B

COLLABORATION EFFORTS

Connecticut Department of Education

DSS and SDE:

1. Are represented on the Connecticut Birth to Three State Interagency Coordinating Council, which is forum for policy review and advocacy on issues regarding young children with disabilities.
2. Are represented on the Child Day Care Council, which is a forum for policy review and advocacy on child care issues.
3. Are represented on the Head Start Advisory Committee, which advises the Commissioner of Education on state Head Start funding and programming.
4. Are represented on the Connecticut Charts a Course Advisory Committee, which has developed and operates the state's professional development system for child care providers.
5. Jointly fund and administer the state School Readiness and Quality Enhancement grant programs for designated CT communities.
6. Jointly fund training for child care providers through the CT Charts a Course professional development system including activities to augment the statewide Accreditation Facilitation Project.
7. Develop model agreements between Head Start and local education agencies in collaboration with the Head Start Association and member agencies.
8. Produce necessary materials to support parents and providers to use in transitioning their children from preschool to school.
9. Develop programs to promote family involvement in School Readiness and other early care programs.
10. Develop and/or fund curricula for child care providers on a variety of issues.
11. Collaborate to support Family Resource Centers in designated CT communities.
12. Collaborate to ensure young children with disabilities and special needs are provided equal access and equal benefit in child care programs.
13. Collaborate to develop, implement and evaluate training and technical assistance on issues related to serving young children with disabilities and special needs in child care.
14. Collaborate on the rules and procedures that apply to child care subsidy reimbursements and parent fees.

15. Collaborate in the implementation of the Preschool Curriculum Framework and Preschool Assessment Framework, the Connecticut system for a curriculum framework and child performance indicators.
16. Collaborate in the development of the early learning guidelines for infants and toddlers and the State Board of Education's position statement on Infants, Toddlers and Their Families.

Connecticut Department of Children and Families

DSS and DCF have collaborated as follows:

1. DSS transfers child care funds to DCF to conduct child abuse/neglect background checks on informal child care providers seeking child care financial assistance.
2. Share information on pertinent department policies that may affect child care assistance for targeted populations and caregivers.
3. Establish protocols and report needs for sharing information on pertinent target groups such as foster and adoptive children.
4. Educate child care providers and parents regarding child abuse/neglect prevention and behavioral/mental health issues.
5. Supports training and education efforts in curriculum development for early childhood caregivers.
6. DSS and DCF are represented on the Connecticut Birth to Three Interagency Coordinating Council, which is a forum for policy review and advocacy on issues regarding young children with disabilities.
7. DSS and DCF are represented on the Child Day Care Council, which is a forum for policy review and advocacy on child care issues.
8. DSS and DCF are represented on the Early Childhood Data CONNections initiative, which is a forum for developing research capacity within state and higher education facilities.
9. DSS and DCF are represented on a workgroup on Homeless Families with Children, which is addressing early care and education needs of sheltered children and children at risk of homelessness.
10. DSS provided child day centers as target sites for a DCF funded mental health intervention program that trained child care center teachers and provided direct services to enrolled families and children.

Connecticut Department of Public Health

DSS and DPH:

1. DSS transfers child care funds to DPH to support child care licensing and inspection staff.
2. DPH updates the database of licensed providers for Child Care INFOLINE, Connecticut's resource and referral project, funded by DSS.
3. DPH updates the database of licensed providers for DSS's child care subsidy program and allows the subsidy program vendor to notify DPH when they learn about over-capacity and/or unlicensed operating situations
4. DPH notifies DSS of all license suspensions and revocations and regulatory violations from complaint investigations against child care providers upon request.
5. DPH expedites the licensing process for new programs funded through the CT School Readiness project or the Child Care Facilities Loan Fund.
6. DSS and DPH educate informal providers regarding immunization issues.
7. DSS and DPH are represented on the Connecticut Birth to Three Interagency Coordinating Council, which is a forum for policy review and advocacy on issues regarding young children with disabilities.
8. DSS and DPH are represented on the Child Day Care Council, which is a forum for policy review and advocacy on child care issues.
9. DSS and DPH are represented on the Head Start-State Collaboration project, which has done extensive planning on issues regarding young children and families.
10. DSS and DPH participates on the Homeland Security emergency evacuation procedures planning initiative.
11. DSS and DPH collaborate on providing technical assistance to license applicants and licensees on workforce development, child care, and regulatory issues through a variety of mechanisms.
12. DPH participates on the SDE After School Advisory Council, the DSS Infant-Toddler Initiative, and the DCF Early Childhood Consultation Project.

Connecticut Department of Labor

DSS and DOL:

1. Work together on an ongoing basis to examine programs and practices that serve families on public assistance producing recommendations regarding child care subsidy regulations, fine tuning client-centered assessments, encouraging parent participation on planning advisory bodies, and participating on committees to plan operational changes to the employment and training programs in response to state legislative initiatives.
2. Participate in monthly meetings with representatives from Workforce Investment Boards and their contracted service providers to clarify CCAP application procedures and troubleshoot issues regarding child care access for families participating in job related activities.
3. Provide opportunities for CCAP staff to meet and share program information with groups of public assistance families interested in applying for child care assistance.
4. Share staff contact lists with Workforce Investment Boards, their service providers and CCAP staff to facilitate CCAP case processing and problem resolution.
5. Provide training to DOL and Workforce Investment Board staff regarding how families on public assistance can access and use CCAP.
6. Distribute printed materials, brochures and videos on choosing quality child care and on how to contact and apply for CCAP for use by DOL staff and Workforce Investment Board staff and program participants.
7. Share data elements between the DOL Case Management System and the CCAP Child Care Management System.
8. Implement a Child Care Apprenticeship Program with the state early child care development system – CT Charts a Course with selected child care centers.
9. Continue to discuss strategies for addressing child care provider work force and wage issues.
10. Continue to develop training opportunities through DOL systems for people interested in child care careers.

Connecticut Department of Mental Retardation

DSS and DMR:

1. Are represented on the Connecticut Birth to Three Interagency Coordinating Council and Healthy Child Care Connecticut project, which provides for forums for policy review and advocacy on various issues regarding young children with special needs and caregivers to support such children.
2. Participate on the Infant-Toddler Early Learning Guidelines workgroup to develop curriculum guidelines that are aligned with existing preschool and K-12 guidelines.

Connecticut Department of Social Services - other units

DSS Other Units:

1. Continued to have outreach liaisons work with various elderly groups in the community to share information with grandparents raising grandchildren on making child care choices and to assist them with the CCAP application process.
2. Participated in the Grandparents As Parents Support GAPS Network monthly meetings to disseminate CCAP program information and to hear the concerns of the state's elderly population in regard to the program in order to better address the needs of this population.
3. Prepared and distributed printed program materials at community functions targeted at relative care givers, grandparents and elderly groups.
4. Provided a bridge between the CCAP program and the Department's Bureau of Child Support Enforcement (BCSE) to aid caretaker relatives and grandparents in obtaining the services of BCSE.
5. Coordinated efforts with DSS to ensure that elderly child care providers are capable of providing safe and appropriate care to children and that they are informed of the state services available through the Department.
6. Established regular contacts with the Department's regional offices to share program and application information and materials with staff and with families receiving public assistance.
7. Provided training and technical assistance to Department staff on the CCAP regulations and the use of the CCAP data base to facilitate service delivery to families on public assistance.
8. Established and maintained a referral process to expedite the resolution of individual CCAP case issues for families on public assistance. The process included tracking the issues and providing clarification and training as necessary.
9. Initiated fraud pilots with Client Fraud and Recoveries Unit to support the national CCDF objective concerning improper payments.
10. Maintained work protocols with Administrative Hearings' staff to review all formal hearings requested by clients.

Early Childhood Education Cabinet and Early Childhood Policy and Research Council - READY BY 5 & FINE BY 9 - CONNECTICUT'S EARLY CHILDHOOD INVESTMENT FRAMEWORK –

The Lead Agency is a member and participant to the above groups. Following are planned activities:

1.1 ACTION ITEM UPDATES

1. Assure fiscal support for high-quality preschool for all 3- and 4-year-olds in families at or below 185 percent of the Federal Poverty Level, and increase this income eligibility standard as state resources permit
 - Data on eligible children by community will be reviewed by the Cabinet's Implementation Team and the Early Childhood Research and Policy Council in September.
 - Data on the costs associated with "high-quality" programs are available through the ECE Cost Modeling Tool. This tool, available from the CT Health and Education Facilities Authority (CHEFA), can produce a variety of cost scenarios for center-based preschool programs, taking into account the nature of the work force and the costs of facility modification or expansion. The modeling template was presented to the Cabinet in the fall of 2005 and to the Council in the spring of 2006.
 - The Council is examining strategies and timelines for expansion of the School Readiness Program, as well as delivery models in which the funding is more directly associated with individual children, giving families more choice among quality providers. Also, this spring the chairs of the Council engaged in a one-hour briefing call with Minneapolis Federal Reserve Bank Senior Vice President Art Rolnick to learn about the Minnesota preschool scholarship and mentoring program.
 - Technical assistance is currently being provided to two cities that have presented early childhood strategic blueprints: Hartford and Bridgeport. CHEFA is providing this assistance with a focus on facility development costs and strategies.
 - Work to review and update the Cabinet on Quality Rating Systems now being developed across the nation will begin in August, led by Council staff person Dr. Carlotta Schechter and the Director of Data CONNections, Susan Wilson. A plan to develop a Connecticut Quality Rating Scale for center-based ECE programs — as requested in the Governor's 2005-07 Biennial budget — will be presented over the fall. Parental access to a public Quality Rating System allows families to make better program choices based on program quality and provides a basis to link infrastructure funding support to the development and sustainability of high-quality programs.

2. Address state reimbursement inequities for center-based preschool programs

- An analysis will be undertaken in August and September by the Early Childhood Research and Policy Council to identify current reimbursement patterns and develop a cost model for addressing existing state reimbursement inequities. Partners in this work include the Department of Social Services, State Department of Education and Office for Policy and Management.

3. Develop a multi-year early childhood work force professional development plan to assure compliance with state law and selected national certification programs

- Using the state's seven educationally most-at-risk communities⁷³ as a case study, a working group is creating an estimate of costs and programs necessary to ensure availability of a preschool work force in compliance with state statutes and national certification requirements. This case study will be used by the Early Childhood Research and Policy Council to estimate costs and timelines for other communities as well, and is expected by mid-September.
- A proposal to begin development of a first-ever Connecticut ECE work force data registry is in progress. The Cabinet will review the proposal in the fall for support in the current fiscal year, 2006-07.
- The Connecticut Department of Higher Education, along with other partners, is reviewing alternative routes to a bachelor's degree and certification for professionals who are or will be working in the ECE sector.

4. Provide health, mental health and education consultation to preschool programs to enhance the skills of directors and teachers for meeting the comprehensive needs of children

- As the staff agent of the Early Childhood Research and Policy Council, the United Way of CT will work with organizations, beginning with the Child Health and Development Institute, to develop a cost model for multi-year expansion to these services. The proposal will then come to the Council, and be shared with the Cabinet in the early fall.

5. Support the design and implementation of the kindergarten assessment

- The State Department of Education (SDE), working with other Cabinet members, is developing an entry to kindergarten "school readiness proxy assessment" for implementation in the fall of 2006. The survey is based on kindergarten teacher perceptions and will be used within the first month of school. A similar survey will be used in the spring to provide information on children's progress, as required by legislation enacted in the 2006 legislative session.

- Conversations with the CT Association of Public School Superintendents, the CT Association of Boards of Education and other stakeholders in the field of elementary education are taking place to review and provide guidance on the use of the “school readiness proxy assessment” and analysis of proxy data. The proxy assessment will be used in 2006, 2007 and 2008.
- In February 2006, SDE identified a series of policy issues requiring resolution and offered a working group process for development of the statewide, developmentally appropriate kindergarten assessment. That work will begin in earnest in the fall of 2006 for full implementation no later than the fall of 2009. Legislation passed in 2006 requires that the final assessment be developed and administered “within available resources.” The SFY 2006-07 budget provides \$400,000 for this task.

6. Develop a comprehensive strategic plan for serving infants and toddlers

- Recognizing that children’s learning begins at birth, Cabinet members and others who are participants in the Cabinet’s Implementation Team will begin work on this action item by late summer. The first area of focus will be on a proposal for development and appropriate support of a family-based early care and education “system” capable of meeting the child-care needs and preferences of families for their children, ages birth through age 3. The Commissioner of the Department of Social Services will lead this work and involve a broad-based and representative group of agencies and individuals.
- A second area of focus will be on cross-agency care coordination at the state and local levels, with an emphasis on targeted outreach, family involvement and education, improved information exchange across organizations, and more effective data gathering, analysis and use regarding child and family outcomes. This work will draw on the draft plan of Early Childhood Partners.
- The full comprehensive strategic plan will be completed by June 2007, However, the working group will provide initial detail and intent to the Early Childhood Research and Policy Council in the early fall 2006 for preliminary costing and management purposes.

7. Ensure that HUSKY children receive regular well child visits and an annual developmental assessment

- Preliminary cost estimates and policy issues inherent in this action item will be addressed over the next 60 days. As staff to the Research and Policy Council, the United Way of Connecticut will work with the Department of Social Services to assure access to necessary information and the involvement of key stakeholders.

8. Provide all families and caregivers (including non-custodial parents) with information about child development, prenatal through age 8

- The Children’s Trust Fund, working with the United Way of Connecticut, which hosts Connecticut’s Help Me Grow program, has a developed preliminary cost estimates for an expansion of the Help Me Grow program, along with the use of the Ages and Stages Questionnaire, already available free to Connecticut families who request it.
- The State Department of Education has begun to identify resources for parents that specify academic expectations for children in the early elementary school years.

9. Expand eligibility categories in the Birth-to-Three Program to include mild developmental delays and environmental risks

- The Department of Mental Retardation has preliminary cost estimates and an analysis of policy implications for this action item. Cost information will be further developed in partnership with the Research and Policy Council.
- Ongoing work, including cross-agency linkages to better serve children transitioning from the Birth-to-Three Program to preschool special education, will be guided by the Cabinet’s Implementation Team.

10. Support local communities in developing birth-to-5 councils (e.g., using School Readiness Councils) for planning and monitoring early childhood services

- Results of a preliminary survey of School Readiness Councils were reported earlier in this document. Ongoing work on this action item will be guided by the Cabinet’s Implementation Team in partnership with the School Readiness Council network, Discovery community representatives, and other key stakeholders, including the Early Childhood Funders Affinity Group.

1.1.1 APPENDIX B

40 ADDITIONAL ACTION PLAN ITEMS

Ready Families

- Provide all families with information about how to choose high-quality early care and education programs for children ages birth to 5.
- Increase family access to child development monitoring and early identification systems.
- Provide all families with information about developmental and academic expectations for children in grades K-3.
- Increase family access to training for parent engagement and leadership development.
- Expand access to home visitation programs.
- Increase access to adult literacy programs and other support services for parents and caregivers of young children.

Ready Communities: Building Community Capacity

- Build local capacity to create an early childhood investment plan for each community.
- Review “family service hub” models to determine their effectiveness in engaging families, making successful referrals to service providers, and providing interagency case coordination and program monitoring; and expand these models as appropriate.
- Research and support implementation of successful practices at the local level that assure efficient cross-agency information sharing, case management, and family involvement in service planning and delivery.

Ready Communities: Healthy Development

- Engage healthcare providers and community groups to increase screening of at-risk children.
- Ensure that all HUSKY-eligible children are enrolled.
- Pilot and evaluate the effectiveness of “medical homes” for at-risk children.
- Expand pediatric offices’ use of outreach programs to encourage parents to read to their children.

Ready Communities: Quality Family Care for Infants and Toddlers

- Revise and implement Connecticut’s draft Infant and Toddler Guidelines for early-care providers.
- Provide sufficient state payment rates for licensed family care for infants and toddlers in families that are at or below 185 percent of the federal poverty level, and increase this income eligibility standard as state resources permit.
- Expand support networks for licensed and kith & kin family child-care providers.
- Assist unlicensed family care providers to become licensed.

Ready Communities: High-Quality Preschool

- Foster educational models in at-risk communities that link preschool and early elementary education, including magnet and charter schools.
- Require that all centers receiving state funds implement this Framework or state-approved curriculum within three years.
- Provide all preschool programs with the *Connecticut Preschool Curriculum Framework* and with state supported training opportunities.
- Develop a center-based preschool facility expansion plan that supports public-private development.
- Promote cross-income enrollment and family choice of providers.
- Support co-location of preschool and kindergarten sites in eligible communities that do not have full-day kindergarten.
- Provide technical assistance and venture funding for centers that develop innovative management and fiscal strategies.

Ready Schools: Transition to School

- Ensure vertical alignment of preschool curriculum with K-3 framework.
- As a readiness proxy measure, conduct an annual survey of kindergarten teachers' perceptions of child readiness (2006 through 2008).
- Implement a standard process for transition from preschools to kindergartens.
- Provide incentive funds for all-day kindergarten for all students.

Ready Schools: Every Child a Successful Reader

- Include parents as partners in their child's education and provide opportunities to enhance adult and family literacy skills through access to proven program models.
- Track and report on children's grade-appropriate reading progress at the end of kindergarten, and first and second grades.
- Expand the role of community and school libraries in public engagement.

Ready State

- Create a process for ongoing collaboration among all state agencies with early childhood responsibilities.
- Develop a data system that integrates student-specific information on preschool and other early childhood experience(s) into the Connecticut Public School Information System or other data management system.
- Implement an accountability system that clearly communicates results to the general public.
- Implement a public quality rating system for early care and education.
- Develop a process – in partnership with higher education — by which research and other “knowledge development” activities related to early childhood investment can be shared with parents, providers and policymakers.
- Explore pilot strategies that would permit funding to follow the child.

Ready work Force

- Implement scientifically based reading research, including the teacher mentor model, and train all Connecticut preschool and kindergarten teachers on how children learn to read.
- Provide training in developmental assessment and the importance of early intervention for health care, child care and social service providers.
- Increase professional development opportunities for licensed family-care providers.

Excerpt from
Governor's Early Childhood Research & Policy Council
Early Childhood Investment Plan Recommendations Summary
FY08 (7/07-6/08) & FY09 (7/08-6/09)

This document is a summary of each of the priorities and additional challenges the Early Childhood Research & Policy Council were asked to consider for recommendations and financing for Connecticut's upcoming biennium. The table below is a quick reference of the items contained in the document, the pages they can be found and the cost associated with them.

Priority/Additional Challenge FY08 and FY09	Total Cost
<i>Assure fiscal support for high quality preschool for all 3 and 4 year olds in families at or below 185% of the Federal Poverty Level, and increase this income eligibility standard as state resources permit.</i>	\$50,644,992
<i>Address state reimbursement inequities for state-funded center-based preschool programs.</i>	\$6,620,295
<i>Develop a multi-year early childhood workforce professional development plan to assure compliance with state law and selected national certification programs.</i>	\$4,647,090
<i>Provide health, mental health, and education consultation to preschool programs to enhance the skills of directors and teachers for meeting the comprehensive needs of children.</i>	\$610,000
<i>Expand eligibility categories in the Birth-to-Three program to include mild developmental delays and environmental risks.</i>	\$9,523,307
<i>Ensure HUSKY children receive regular well-child visits and an annual developmental assessment.</i>	No Cost
<i>Provide all families and caregivers (including non-custodial parents) with information about child development, prenatal through age eight.</i>	\$2,101,767
<i>Support the design and implementation of the kindergarten assessment (Statewide implementation due Fall 2009).</i>	\$2,000,000
<i>Support local communities in developing birth-to-five councils (e.g., using School Readiness Councils) for planning and monitoring early childhood services.</i>	\$10,496,130
<i>Develop a comprehensive strategic plan for serving infants and toddlers.</i>	No Cost
<i>How can the state integrate currently "silo-ed" datasets maintained by a variety of state and local governmental agencies to create a readily accessible data system to support public policy, organizational management and individual case management decisions? What other data not currently captured needs to be maintained in a new integrated data system?</i>	\$6,700,000
<i>State structural and management issues in expanding programs and expenditures</i>	\$1,352,600
<i>Advise on establishment of a Quality Rating Scale for early care and education center-based programs, including requisite component elements such as a data registry for the early care and education (ECE) workforce.</i>	\$5,968,500
<i>Propose the establishment of a functioning network of early childhood researchers.</i>	\$1,762,500

SECTION 2.2.A PUBLIC HEARING NOTICE

2 CHILD CARE SERVICES IN CONNECTICUT – PUBLIC HEARINGS

The Connecticut Department of Social Services (DSS) Family Services & Child Care Team*, in collaboration with the State Child Day Care Council is convening five public hearings to provide Connecticut residents an opportunity to comment on child care services in Connecticut. DSS must prepare the state's Child Care Plan to access federal funds. The plan must be submitted to Washington, D.C. by July 1, 2007. Your participation in this process is welcomed. Please share this schedule with others and encourage their involvement.

The draft plan will be available after April 30, 2007 on the DSS web site www.ct.gov/dss
Go to Publications and click on *CT Draft Federal Plan 2007-2009*.
Use the [Child Care Comment Form](#) (under Contact Us, just below Publications) to submit comments.

LOCATION	DATE	TIME	MEETING SPONSOR	ADDRESS
WATERFORD	Thursday, May 3, 2007	4:00 – 7:00 PM	<i>Visiting Nurse Association of Southeastern Connecticut</i>	403 North Frontage Road, Waterford (860) 444-1111
HAMDEN	Wednesday, May 16, 2007	4:00 – 7:00 PM	Connecticut Charts-A-Course	2321 Whitney Avenue, Hamden (800) 832-7784
HARTFORD	Wednesday, May 23, 2007	12:00 – 2:00 PM	Head Start Directors Forum	555 Windsor Street, Hartford (860) 560-5600
WATERBURY	Thursday, May 24, 2007	4:00 – 7:00 PM	New Opportunities, Inc. Auditorium	232 North Elm Street, Waterbury (203) 759-0841
NORWALK	Monday, June 18, 2007	4:00 – 7:00 PM	Stepping Stones Museum	303 West Avenue, Norwalk (203) 899-0606

* The DSS Family Services & Child Care Team is prepared to answer questions concerning this information. Reach them by calling in-state toll-free 1-800-811-6141 and press 6 at any time during the message to be connected or (860) 424-5598 from within the local calling area or from out of state.



SECTION 3.2.A PAYMENT RATES

Care 4 Kids

(Connecticut's Child Care Assistance Program)

WEEKLY PROVIDER REIMBURSEMENT RATES

EFFECTIVE: January 1, 2002

Full-Time Plus Care - 51 to 65 hours/week		Eastern*	North Central*	Northwest*	South Central*	Southwest*
Child Care Centers or Group Child Care Homes or School Operated Programs	Infant/Toddler	229	254	267	280	304
	Pre-School	182	201	212	222	241
	School-Age	162	180	189	199	215
Family Child Care Homes	Infant/Toddler	175	194	204	214	232
	Pre-School	176	195	205	215	233
	School-Age	162	180	189	199	215
Care by a Relative or Care in the Child's Home or Recreational Programs	Infant/Toddler	116	116	116	116	116
	Pre-School	116	116	116	116	116
	School-Age	116	116	116	116	116

Full-Time Care - 35 to 50 hours/week		Eastern*	North Central*	Northwest*	South Central*	Southwest*
Child Care Centers or Group Child Care Homes or School Operated Programs	Infant/Toddler	171	189	199	209	227
	Pre-School	135	150	158	165	179
	School-Age	122	135	142	149	162
Family Child Care Homes	Infant/Toddler	131	145	152	160	173
	Pre-School	131	145	152	160	173
	School-Age	122	135	142	149	162
Care by a Relative or Care in the Child's Home or Recreational Programs	Infant/Toddler	89	89	89	89	89
	Pre-School	89	89	89	89	89
	School-Age	89	89	89	89	89

Half-Time Care - 16 to 34 hours/week		Eastern*	North Central*	Northwest*	South Central*	Southwest*
Child Care Centers or Group Child Care Homes or School Operated Programs	Infant/Toddler	116	129	135	142	154
	Pre-School	93	103	109	114	124
	School-Age	80	89	94	99	107
Family Child Care Homes	Infant/Toddler	89	99	104	109	118
	Pre-School	90	100	105	110	120
	School-Age	80	89	94	99	107
Care by a Relative or Care in the Child's Home or Recreational Programs	Infant/Toddler	53	53	53	53	53
	Pre-School	53	53	53	53	53
	School-Age	53	53	53	53	53

Quarter-Time Care - 1 to 15 hours/week		Eastern*	North Central*	Northwest*	South Central*	Southwest*
Child Care Centers or Group Child Care Homes or School Operated Programs	Infant/Toddler	58	64	68	71	77
	Pre-School	47	52	54	57	62
	School-Age	40	45	47	49	53
Family Child Care Homes	Infant/Toddler	44	49	52	54	59
	Pre-School	45	50	53	55	60
	School-Age	40	45	47	49	53
Care by a Relative or Care in the Child's Home or Recreational Programs	Infant/Toddler	27	27	27	27	27
	Pre-School	27	27	27	27	27
	School-Age	27	27	27	27	27

TOWNS SERVED BY DSS REGIONS

East Region	North Central Region	Northwest Region	South Central Region	Southwest Region
Ashford	Andover	Barkhamsted	Ansonia	Bridgeport
Bozrah	Avon	Beacon Falls	Bethany	Darien
Brooklyn	Berlin	Bethel	Branford	Easton
Canterbury	Bloomfield	Bethlehem	Chester	Fairfield
Chaplin	Bolton	Bridgewater	Clinton	Greenwich
Colchester	Bristol	Brookfield	Cromwell	Monroe
Columbia	Burlington	Canaan	Deep River	New Canaan
Coventry	Canton	Cheshire	Derby	Norwalk
East Lyme	East Granby	Colebrook	Durham	Stamford
Eastford	East Hartford	Cornwall	East Haddam	Stratford
Franklin	East Windsor	Danbury	East Hampton	Trumbull
Griswold	Ellington	Goshen	East Haven	Weston
Groton	Enfield	Hartland	Essex	Westport
Hampton	Farmington	Harwinton	Guilford	Wilton
Killingly	Glastonbury	Kent	Haddam	
Lebanon	Granby	Litchfield	Hamden	
Ledyard	Hartford	Middlebury	Killingworth	
Lisbon	Hebron	Morris	Lyme	
Mansfield	Manchester	Naugatuck	Madison	
Montville	Marlborough	New Fairfield	Meriden	
New London	New Britain	New Hartford	Middletown	
No Stonington	Newington	New Milford	Middlefield	
Norwich	Plainville	Newtown	Milford	
Plainfield	Plymouth	Norfolk	New Haven	
Pomfret	Rocky Hill	North Canaan	North Branford	
Preston	Simsbury	Oxford	North Haven	
Putnam	Somers	Prospect	Old Lyme	
Salem	Southington	Redding	Old Saybrook	
Scotland	South Windsor	Ridgefield	Orange	
Sprague	Stafford	Roxbury	Portland	
Sterling	Suffield	Salisbury	Seymour	
Stonington	Tolland	Sharon	Shelton	
Thompson	Vernon	Sherman	Wallingford	
Union	West Hartford	Southbury	West Haven	
Voluntown	Wethersfield	Thomaston	Westbrook	
Waterford	Windsor	Torrington	Woodbridge	
Willington	Windsor Locks	Warren		
Windham		Washington		
Woodstock		Waterbury		
		Watertown		
		Winchester		
		Wolcott		
		Woodbury		

** see other side for a listing of towns by region*

**SECTION 3.2.B
RATE SURVEY**

2.1.1 Child Care Market Rate Script

We are calling to update your child care program information.

3 Infants

Do you accept Infants < 24 months? (Centers = Infants < 36 months)

What do you currently charge for full time care for an infant in your program attending 35 hours or more?

What do you currently charge for part time care for an infant in your program attending less than 35 hours?

(For programs that begin care for children 18months+, use the word *Toddler* in place of Infant)

4 Preschool

Do you accept children ages 2-5 years old? (Centers = Children 3-5 years old)

What do you currently charge for full time care for a preschool aged child in your program attending 35 hours or more?

What do you currently charge for part time care for a preschool aged child in your program attending less than 35 hours?

5 School Age

Do you accept before/after school aged children? (5-12 years attending school full day)

What do you currently charge for before and/or after school care for a part time school aged child?

Fees are provided directly by the child care facilities.

Infant, Toddler, Preschool programs report their fees in a monthly, weekly, daily or hourly rate.

School age programs report their fees either in an hourly or weekly rate.

SECTION 3.2.C

RATE SURVEY METHODOLOGY SUMMARY

1. Overview

On March 16, 2007, the Lead Agency was advised that the University of Connecticut Center for Survey Research and Analysis was terminating its agreement to conduct the 2007 market rate survey. The survey was scheduled to begin in April 2007 using the methodology described in Connecticut's FFY 05-07 State Plan submission. This methodology has been used since 2001. Due to the timing of the UCONN notice, the Lead Agency was not able to complete the procurement process to contract with a new vendor.

To satisfy the State Plan requirements, the Lead Agency reviewed market rate data collected by the 211-Child Care project, which is Connecticut's statewide child care resource and referral agency. 211-Child Care maintains a database of all licensed day care providers in Connecticut. The master list of licensed centers, group and family day care homes is provided by the child care licensing agency, the Department of Public Health. 211-Child Care compiles data concerning the actual fees charged by providers. The data is updated quarterly via telephone survey.

Information on provider charges is obtained through a standardized survey questionnaire. The questionnaire captures information for full and part-time provider charges by type of setting and age group.

Age Groups

Infants (Centers: 0 -17 months, Homes: 0-23 months)
Toddlers (Centers: 18-35 months, Homes: 18-23 months)
Preschool Age (Centers: 3-4, Homes: 2-5)
School Age (5-12 years)

RATES

Hourly - Part Time and Full Time

Daily - Part Time and Full Time

Weekly - Part Time and Full Time

The objective of the survey is to sample 100% of providers contained in the database. Below is the number of providers included in the June 2007 survey by region.

**Table 1
Facilities Included by Region and Type**

Facility Type	Region					Total
	East	North Central	Northwest	South Central	Southwest	
Centers and Group Homes	52	138	90	118	59	457
Family Day Care Homes	189	563	172	381	206	1,511
Total:	241	701	262	499	265	1,968

2. Rates

Rates were measured separately for infants, toddlers, and pre-school students. In each case, only facilities that provided care to children in the appropriate age category were included in the analysis. Rates were calculated based on actual charges reported by each facility.

SECTION 3.2.D

RATIONALE FOR EQUAL ACCESS PROVISION

Since January 1, 2002, Connecticut child care providers participating in the Care 4 Kids child care subsidy program have been reimbursed at payment levels established through a market rate survey that was conducted in April-May 2001. This survey was conducted by the University of Connecticut Center for Survey Research and Analysis (CSRA). DSS also contracted with CSRA to conduct the 2003, 2005 and the 2007 market rate surveys. In the month prior to scheduled start of the 2007 survey, CSRA informed DSS of its decision to terminate the agreement.

State law requires state agencies to solicit competitive bids prior to purchasing services from a third party vendor. With no comparable vendors on the state's master contract list, the Lead Agency was not able to complete the bidding process in the time frame required for submission of the FFY 07-09 CCDF State Plan. As such, DSS decided to evaluate market rates using advertised rate information collected by the state's information and referral agency, 211-Child Care.

The 211-Child Care advertised rates are used in several states to establish market rates, including Connecticut prior to 2001. Since 2001, we have employed comparisons between the advertised rates to assess the validity of rates reported during the market surveys. Historically, the advertised rates are significantly lower than rates recorded through the market survey. We attribute this difference to the fact that it is to the provider's advantage to report higher rates since the market survey is used to set state reimbursements. This conclusion is born out by direct comparisons of the advertised rates to the reported survey rates for the same facility. In 2005, the advertised rates were 10 percent to 13 percent lower than the rates reported by the facility during the survey.

The Lead Agency assessed the viability of the current market rates to the rates reported to 211-Child Care in June of 2007. The advertised rates were derived from figures reported to 211-Child Care through telephone interview with each facility. 211-Child Care maintains a statewide database of the actual charges reported by all licensed providers in Connecticut by the type of setting and age group. Sampling is not involved. Surveys are conducted individually with all providers listed on the database. While some providers choose not to participate, the universe is nearly double the size of the sample pulled from prior market surveys.

We found that the 2007 advertised rates were 2.5 percent to 11% higher than the rates reported to 211-Child Care in 2005. Regional averages varied from minus 27 percent for school-age children to plus 16 percent for preschool children in the state's wealthiest region – Southwest. The analysis does not account for the ratable reductions given to families with multiple children enrolled in the same facility. Providers typically charge 10 percent less for the second child. State market rates are the same for all children, regardless of whether or not multiple children attend care at the same facility.

Utilization is perhaps the most important statistic in evaluating equal access. The table below illustrates the utilization trend between 2001 and 2007. The number of children enrolled in licensed care doubled during this time period.

Utilization by Setting
Active Child Care Enrollments as of June 21, 2007

Children Enrolled	January 2002	January 2003	January 2004	January 2005	June 2007
Licensed	11,577	9,050	6,697	7,068	12,603
Unlicensed	25,365	14,327	8,621	8,091	7,621
Total	36,942	23,377	15,318	15,159	20,224
Percent Licensed	31%	39%	44%	47%	62%

Based on this analysis, the Lead Agency has concluded that the current market rates are sufficient to provide equal access and intends to use the 60th percentile market rates established from the 2001 market rate survey for the CCDF plan period effective October 1, 2007 to September 2009.

SECTION 3.3.2A INCOME GUIDELINES

The following excerpt from the Child Care Assistance Program Regulations contains the income eligibility guidelines for the Care 4 Kids Program.

Sec. 17b-749-05. Financial Eligibility Requirements

Gross Income Eligibility

- (1) Gross countable family income for applicants and recipients shall be less than fifty percent of the state median income level for the appropriate family size as established by the Department of Health and Human Services. The commissioner shall have discretion to increase the income limit to up to seventy-five percent of the state median income level for all CCAP recipients or for both applicants and recipients. The commissioner may also, upon the request of the commissioner of Children and Families, waive the gross income limit for families who need child care assistance for a child who was adopted from the Department of Children and Families after October 1, 1999 and whose countable income does not exceed the maximum level established for participation pursuant to 42 CFR section 98.20 of the federal Child Care and Development Fund Regulations. Adoptive families for whom the income limit is waived shall be responsible for paying the maximum fee required pursuant to subsection (f) of section 17b-749-13 of the Regulations of Connecticut State Agencies.
- (2) A family whose income equals or exceeds the established income limit shall be ineligible for CCAP, unless the income exceeds the limit for not more than one calendar month due to an extra pay period or other temporary increase.
- (3) Income shall be counted in the month it is received by the family member, except to the extent the income is averaged in accordance with requirements of subsection (d) of this section.
- (4) The department shall adjust the state median income standards annually. For new applicants, the adjusted standards shall take effect beginning on or after July 1 of each year. For families receiving child care assistance on June 30, the adjusted standards shall take effect not later than the first redetermination completed after July 1 of each year.

5.1 Countable Income

- (1) In determining the gross income, the following types of income shall be counted except as specified in subdivision (2) of this section:
 - (A) unearned income of all adult and child family members; and
 - (B) gross earnings of all parents and adult family members.

- (2) The following types of income shall be excluded from the gross income determination:
- (A) TFA cash assistance benefits;
 - (B) child support payments;
 - (C) income paid by the Census Bureau to low-income temporary census workers;
 - (D) the value of Food Stamp benefits;
 - (E) the earnings of a family member who is under the age of eighteen who is not the parent of a child for whom assistance is requested;
 - (F) earned income credit payment, including advanced payments;
 - (G) cash contributions from non-profit charitable agencies or organizations;
 - (H) interest and dividends totaling less than six hundred dollars per calendar year;
 - (I) lump sum payments from unearned income sources totaling less than six hundred dollars per calendar year;
 - (J) income tax refunds;
 - (K) special need payments issued by the department on behalf of a cash assistance recipient that are paid to a vendor;
 - (L) income from the sponsor of a non-citizen;
 - (M) grants, loans and scholarships paid to students;
 - (N) cash gifts received on an irregular basis, the aggregate of which does not exceed twelve hundred dollars per calendar year;
 - (O) the value of goods and services given as in-kind income rather than cash payments;
 - (P) reimbursements for expenditures that do not represent a benefit or gain to the recipient;
 - (Q) disaster assistance paid under the Disaster Relief Act of 1974, as amended, including the Individual and Family Grant (IFG) program, and comparable disaster assistance provided by states, local governments and private organizations, and any interest earned on funds from this source;

- (R) payments made by the Department of Labor to meet the cost of pursuing employment;
- (S) state or federal government rental subsidies;
- (T) security deposits returned by a landlord to the family;
- (U) payments made under means-tested energy assistance programs and utility subsidies; and
- (V) payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

5.2 Income Deductions

- (1) Self-employed individuals shall be entitled to standard deductions for business expenses permitted under the Internal Revenue Code. Deductions shall be allowed only after submission of appropriate documentation using applicable Internal Revenue Service forms and schedules.
- (2) Payments made for child support shall be deducted from the gross income of the individual who makes the support payment. A representative average shall be used if the amount of the support payments fluctuates.

5.3 Income Calculations

- (1) Gross income shall be calculated based on the best estimate of the income the family is expected to receive. Income received monthly or over a more frequent period shall be annualized based on the amount received in the four week period immediately prior to the date of the income calculation. If the income fluctuates in an unpredictable manner, the income shall be averaged over a longer more representative period. If income is received regularly according to a schedule, the income shall be annualized based on such schedule.
- (2) School or other employees who are under contract shall have income annualized over the contract period. Income received less frequently than monthly shall be averaged over the period which it is intended to cover.
- (3) If the income is expected to change or when a family member is beginning new employment or changing work schedules, gross income shall be calculated based on the best estimate of the income the family is expected to receive over the next six months. The CCAP administrator shall use all available documentation to make the determination.
- (4) Self-employed family members shall have income calculated based on the prior years income tax return or current business records, whichever is most representative of the current projected earnings. Standard business deductions shall be allowed in accordance with the requirements of subdivision (1) of subsection (c) of this section.

SECTION 3.4.1A PRIORITY ELIGIBILITY GUIDELINES

The following excerpt from the Child Care Assistance Program Regulations contains the priority eligibility guidelines for the Care 4 Kids Program.

Sec. 17b-749-08. Prioritization for Child Care Funding

- (a) Each family shall be assigned to an applicable priority group. Within available funding, the department shall accept applications and authorize payments based on the following order of priorities:
 - (1) parents receiving TFA cash assistance who are employed or participating in an approved employment services activity and working parents who are completing an approved employment services activity that started before the family's TFA cash assistance was discontinued pursuant to subdivision (e)(3) of section 17b-749-04 of the Regulations of Connecticut State Agencies;
 - (2) working parents whose cash assistance benefits were discontinued within six calendar months prior to the date of application for CCAP;
 - (3) parents under the age of twenty not receiving cash assistance who attend high school;
 - (4) working parents with gross countable family income below fifty percent of the state median income;
 - (5) working parents with gross countable family income between fifty and seventy-five percent of the state median income who request assistance for a child who was adopted from the Department of Children and Families; and
 - (6) all other working parents with gross countable family income between fifty and seventy-five percent of the state median income.
- (b) A family's priority status shall not be affected if the parent is removed from cash assistance due to the application of a TFA program sanction.
- (c) The commissioner may establish additional priority groups from time to time based on exceptional public need that results from unforeseen circumstances. When establishing additional priority groups, the commissioner shall designate a target expenditure level for each additional priority group created if such level is not otherwise specified by legislative action. Additional priority groups may be added or deleted based on available funding.
- (d) The CCAP administrator shall maintain a list of any additional priority groups established. The list shall include the expenditure level specifically allocated to each additional priority group. A copy of the listing of additional priority groups shall be made available to the public upon written request.

SECTION 3.4.3A WAIT LIST GUIDELINES

The following excerpt from the Child Care Assistance Program Regulations contains the priority eligibility guidelines for the Care 4 Kids Program.

Sec. 17b-749-09. Application Process

(a) Application Dispositions

- (1) If the family is eligible and funding is available for the parent's priority group, the application shall be approved. A notice of eligibility for the program shall be issued to the parent if the information needed to enroll the provider and determine payment eligibility has not been submitted. The notice shall identify any action the parent is required to take to determine payment eligibility and the specified time frames.
- (2) If at least one child has been determined eligible for payment, a certificate of payment eligibility shall be issued to the parent and the approved provider. The parent shall also be notified of any actions that need to be completed to secure payment eligibility for other children in the home and the date for completing such actions.
- (3) If a family is eligible but funding is not available for the parent's priority group, the family shall be assigned to the wait list if the wait list is open pursuant to section 17b-749-10 of the Regulations of Connecticut State Agencies. If the wait list is closed, the application shall be denied.
- (4) If the application is denied, a copy of the notice shall be sent to any provider for whom a completed child care agreement form was submitted with the application.

(b) Applications Assigned to the Wait List

- (1) The CCAP administrator shall maintain a wait list if sufficient funding is not available to keep the program open for all priority groups. If a family meets the eligibility requirements for the program but funding is not available for the parent's priority group, the family shall be assigned to the wait list unless the wait list is closed pursuant to section 17b-749-10 of the Regulations of Connecticut State Agencies. Parents and their providers shall be notified if the family is placed on the wait list.
- (2) If the commissioner chooses to close the wait list to some or all priority groups, applicants who fall into priority groups to whom the wait list is closed shall be denied. Action to close the wait list shall not be subject to an administrative hearing.

Sec. 17b-749-10. Wait list

(a) Assignment to the Wait List

- (1) Families shall be assigned to a wait list based on their priority group and the date of application. Families qualifying for more than one priority group shall be assigned to the priority group with the highest likelihood of selection for CCAP participation.
- (2) Families assigned to the wait list shall be required to notify the CCAP administrator of changes in address and to submit updated documentation of eligibility upon request by the CCAP administrator. The parent shall have a minimum of fifteen days to supply the requested documentation. Where updated information indicates a change in family circumstances, the CCAP administrator may reassign eligible families to the appropriate priority group or remove ineligible families from the wait list. The parent shall be notified of any changes made to their priority group status or eligibility for the wait list.
- (3) Parents shall inform the CCAP administrator in writing of any changes in address.

(b) Selection from the Wait List

- (1) As funding becomes available, the CCAP administrator shall select families from the wait list beginning in order of the highest priority group. The family's application shall be processed in accordance with the requirements of section 17b-749-09 of the Regulations of Connecticut State Agencies. If the program is not opened to all families within a particular priority group or groups, the CCAP administrator shall select families based on the date of the original application upon which assignment to the wait list was based. Selection from the next lower category may begin only after all families in the higher priority categories have been given an opportunity to participate.
- (2) Families shall be notified of their selection from the wait list, of any required actions and the specified time frames for completing the actions. The CCAP administrator shall have the option to specify the effective date of initial eligibility based on funding or other administrative considerations. If a date is specified, the family shall also be notified of the effective date.
- (3) The parent shall have a minimum of fifteen days to respond in writing to the notice of selection from the wait list. The family shall be denied if the parent does not respond timely.
- (4) Families selected from the wait list may be required to submit a new application and updated verification of family circumstances. Applications of families selected from the wait list shall be processed in a manner identical to applications not assigned to the wait list.

(c) Removal from the Wait List

(1) Families shall be removed from the wait list under the following circumstances:

- (A) when the family is selected from the wait list;
- (B) if the parent requests removal;
- (C) if the parent does not update information when requested or reply timely to the notice of selection from the wait list;
- (D) if any mail sent to the parent is returned due to an unreported change in address;
- (E) when a change in family circumstances renders the family ineligible; or
- (F) if a change in CCAP regulations renders the family ineligible.

(2) At the discretion of the commissioner, families may be removed from the wait list if CCAP is expected to remain closed to the family's priority group for at least twelve months.

(3) Families removed from the wait list shall be issued a denial notice if they are not selected for participation in CCAP.

(d) Closing the Wait List

(1) The commissioner shall have discretion to close the wait list for some or all priority groups. The decision to close the wait list shall be based on available funding, the number of families already assigned to the wait list and the likelihood of selecting newly added families from the list within twelve months.

(2) If the wait list is closed, families for whom funding is not available shall have their application denied.

(3) The commissioner shall have the option of reopening the wait list to some or all of the priority groups if additional funding becomes available or if a sufficient number of families are selected from the list to warrant reopening the list.

SECTION 3.5.1 A
SLIDING FEE SCHEDULE
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
care 4 Kids Program
SELECTED ANNUAL STATE MEDIAN INCOME GUIDELINES
 Effective July 1, 2007

Family Size	1	2	3	4	5	6	7	8	9	10	11	12
20% SMI	9,589.32	12,539.88	15,490.44	18,441.00	21,391.56	24,342.12	24,895.35	25,448.58	26,001.81	26,555.04	27,108.27	27,661.50
30% SMI	14,383.98	18,809.82	23,235.66	27,661.50	32,087.34	36,513.18	37,343.03	38,172.87	39,002.72	39,832.56	40,662.41	41,492.25
40% SMI	19,178.64	25,079.76	30,980.88	36,882.00	42,783.12	48,684.24	49,790.70	50,897.16	52,003.62	53,110.08	54,216.54	55,323.00
50% SMI	23,973.30	31,349.70	38,726.10	46,102.50	53,478.90	60,855.30	62,238.38	63,621.45	65,004.53	66,387.60	67,770.68	69,153.75
55% SMI	26,370.63	34,484.67	42,598.71	50,712.75	58,826.79	66,940.83	68,462.21	69,983.60	71,504.98	73,026.36	74,547.74	76,069.13
75% SMI	35,959.95	47,024.55	58,089.15	69,153.75	80,218.35	91,282.95	93,357.56	95,432.18	97,506.79	99,581.40	101,656.01	103,730.63
100% SMI	47,946.60	62,699.40	77,452.20	92,205.00	106,957.80	121,710.60	124,476.75	127,242.90	130,009.05	132,775.20	135,541.35	138,307.50

The family share of the approved cost is a percentage of the assistance unit's gross income:

<u>Family Share</u>	<u>AU Income Range</u>
2%	0% to less than 20% SMI
4%	20% to less than 30% SMI
6%	30% to less than 40% SMI
8%	40% to less than 50% SMI
10%	50% to less than 75% SMI

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

care 4 Kids Program

SELECTED MONTHLY STATE MEDIAN INCOME GUIDELINES

Effective July 1, 2007

Family Size	1	2	3	4	5	6	7	8	9	10	11	12
20% SMI	799.11	1,044.99	1,290.87	1,536.75	1,782.63	2,028.51	2,074.61	2,120.72	2,166.82	2,212.92	2,259.02	2,305.13
30% SMI	1,198.67	1,567.49	1,936.31	2,305.13	2,673.95	3,042.77	3,111.92	3,181.07	3,250.23	3,319.38	3,388.53	3,457.69
40% SMI	1,598.22	2,089.98	2,581.74	3,073.50	3,565.26	4,057.02	4,149.23	4,241.43	4,333.64	4,425.84	4,518.05	4,610.25
50% SMI	1,997.78	2,612.48	3,227.18	3,841.88	4,456.58	5,071.28	5,186.53	5,301.79	5,417.04	5,532.30	5,647.56	5,762.81
55% SMI	2,197.55	2,873.72	3,549.89	4,226.06	4,902.23	5,578.40	5,705.18	5,831.97	5,958.75	6,085.53	6,212.31	6,339.09
75% SMI	2,996.66	3,918.71	4,840.76	5,762.81	6,684.86	7,606.91	7,779.80	7,952.68	8,125.57	8,298.45	8,471.33	8,644.22
100% SMI	3,995.55	5,224.95	6,454.35	7,683.75	8,913.15	10,142.55	10,373.06	10,603.58	10,834.09	11,064.60	11,295.11	11,525.63

The family share of the approved cost is a percentage of the assistance unit's gross income:

<u>Family Share</u>	<u>AU Income Range</u>
2%	0% to less than 20% SMI
4%	20% to less than 30% SMI
6%	30% to less than 40% SMI
8%	40% to less than 50% SMI

CCAP-POL-07-01, Issued April 5, 2007

Source: Federal Register Vol. 72, No. 59, 3-28-2007

**SECTION 4.4.A
TANF DEFINITIONS AND CRITERIA**

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-99 **Transmittal:** UP-04-6 **8530.60**

Section: **Type:**
 Jobs First **POLICY**

Chapter: **Program:**
 Employment Services **ES**

Subject:
 Good Cause for Non-Compliance

8530.60 A. Good Cause Defined

Good cause is considered to exist when circumstances beyond the participant's control reasonably prevent him or her from complying with an Employment Services requirement.

B. General Circumstances

Good cause includes, but is not limited to, the following circumstances when such circumstances reasonably prevent the individual from participating in an Employment Services activity:

1. illness of the individual;
2. illness of a family member that requires care to be provided by the individual;
3. unavailability of child care;
4. unavailability of transportation;
5. a family emergency;
6. domestic violence; or
7. unreasonable terms and conditions of employment.

C. Victims of Domestic Violence

Good cause for not complying with an Employment Services requirement exists when a participant cannot comply with an Employment Services requirement due to domestic violence or the risk of further domestic violence which is of such severity as to reasonably prevent compliance with the requirement. Good cause may be found in appropriate cases with consideration of the following factors:

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-99 **Transmittal:** UP-04-6 **8530.60 page 2**

Section: **Type:**
Jobs First POLICY

Chapter: **Program:**
Employment Services ES

Subject:
Good Cause for Non-Compliance

8530.60 C. Victims of Domestic Violence (continued)

1. the participant has physical injuries caused by abuse or psychological effects of abuse prohibiting such participant to work or engage in other Employment Services activities; or
2. the Employment Services activity or employment is substantially disrupted due to domestic violence, including civil or criminal legal proceedings related to such domestic violence; or
3. the abuser actively interferes with the participant's Employment Services activity or employment, attendance at the Employment Services activity or employment, or child care arrangements; or
4. an Employment Services activity or employment location puts the applicant or recipient at risk; or
5. Employment Services requirements result in the inability or increased difficulty of the participant to escape domestic violence.

D. Additional Good Cause Reasons - Failure to Maintain Earnings

In addition to B. or C. above, the following good cause criteria may apply to a voluntary quit or reduction in hours or wages of employment:

1. The Department of Labor (DOL) determines that a person who quit his or her job had good cause to quit. If DOL determines that good cause does not exist for unemployment compensation purposes, a separate determination of good cause is made by the Department of Social Services;
2. A quit is part of an employment pattern in which workers frequently move from one employer to another, such as migrant farm labor or construction work;
3. The person quit a job or reduced hours to accept other employment which has the potential of leading to self-sufficiency;

**SECTION 5.2.4
ASSESSMENT EVALUATIONS**

**Professional Development on the
Preschool Curriculum and Assessment Frameworks
2006 – 2007**

Preschool Curriculum Framework (SDE monitoring specific focus on curriculum plan)

16 Trainers
47 Sessions
984 Early Childhood Staff from 30 school districts

Together We Will Conference

Preschool Curriculum Framework Session
60 participants

Together We Will Pre-conference

Recognition and Response
55 participants

Preschool Assessment Framework

Basic Training

37 Trainers overall
7 Trainers
6 Sessions
150 Participants
18 Administrators and 95 Teachers

Emily Hall Temaine Foundation

Recognition and Response

11 Coaches
16 Sites
115 Visits
42 Teachers

Training Plan for 2007 – 2008

- A three part series that will be repeated four (4) times
 - Part 1 – Preschool Curriculum Framework = Full day
 - Part 2 – Observation and documentation of curriculum implementation
 - Part 3 – Preschool Assessment Framework – Now that you’ve recorded what to do?
- Projected number of participants is 120 (30 in each series)
- Location of participants – School Readiness Districts

Notes:

- 16 trainers (one representative from each RESC from 2006 – 2007 training will receive an orientation to the 3 part series)
- Initiate policy that each state supported program teacher receives the full day on the Preschool Curriculum Framework
- Utilize the RESC(s) to provide the Preschool Curriculum Framework overview

Preliminary Kindergarten Class Survey Results

The following table provides preliminary summary data from the Kindergarten Readiness Survey that CSDE required kindergarten teachers to complete in the fall 2006. The Survey was designed to collect group data about the readiness of children as they enter their district's kindergarten program, based on teacher observations, which were aggregated to estimate the level of readiness across the state. Teachers were asked to observe student behavior during the first weeks of the school year and then to group their students into one of three categories defined as: students demonstrate "All/Most Skills," "Some Skills," and "None of the Skills" for the six domains of performance identified in the *Connecticut Preschool Assessment Framework*. The Survey specified the common, observable behaviors that are expected of students entering kindergarten. The subset of Framework indicators were selected by kindergarten content experts who identified them as the most important and representative measures of readiness for each domain.

Table 1, below, provides aggregated responses of kindergarten teachers at the state level for each domain. To date, the vendor has received responses from about 1,500 (90%) of the state's kindergarten teachers, which accounts for about 34,700 students or 85% of the kindergarteners enrolled in Connecticut public schools as of October 1, 2006. A large portion of the missing teacher responses were from districts with the highest poverty levels, so the distributions may not be truly representative of the 'state average.'

Table 1: Statewide Percent of Students Exhibiting Domain Behaviors in Fall 2006

On average, teachers rated slightly more than 57 percent of the students as exhibiting "All/Most"

Domain	All/Most	Some	None
Language Skills	56%	34%	10%
Literacy Skills	49%	39%	12%
Numeracy Skills	49%	40%	11%
Physical/Motor Skills	65%	30%	5%
Creative/ Aesthetic Skills	68%	27%	5%
Personal/Social Skills	57%	35%	8%

of the behaviors for the indicators for the six domains, slightly more than 34 percent as demonstrating "Some" of the behaviors, and nine percent demonstrating "None." It is interesting to note that the distributions in Table 1 are remarkably similar to the distributions of the 2006 CMT scores across mathematics, reading and writing for students performing "At/Above Goal" (57%), "Proficient and Basic" (30%) and "Below Basic" (13%) in Grade 3.