

# **Southern Regional Initiative on Child Care**

## **Final Project Report**

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# THE SOUTHERN INSTITUTE on Children and Families

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

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\*Membership on the Task Force has changed during the course of the Southern Regional Initiative on Child Care due primarily to gubernatorial appointments following elections. The Southern Institute on Children and Families greatly appreciates the service of present and past members.

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- **Arkansas:** Governor Mike Huckabee
- **Delaware:** Governor Ruth Ann Minner and Governor Tom Carper
- **District of Columbia:** Mayor Anthony Williams
- **Florida:** Governor Jeb Bush
- **Georgia:** Governor Sonny Perdue and Governor Roy Barnes
- **Kentucky:** Governor Ernie Fletcher and Governor Paul Patton
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- **Maryland:** Governor Robert L. Ehrlich and Governor Parris Glendening
- **Mississippi:** Governor Haley Barbour and Governor Ronnie Musgrove
- **Missouri:** Governor Bob Holden and the late Governor Mel Carnahan
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- **Oklahoma:** Governor Brad Henry and Governor Frank Keating
- **South Carolina:** Governor Mark Sanford and Governor Jim Hodges
- **Tennessee:** Governor Don Sundquist and Governor Phil Bredesen
- **Texas:** Governor Rick Perry and Governor George W. Bush
- **Virginia:** Governor Mark Warner
- **West Virginia:** Governor Bob Wise and Governor Cecil Underwood

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# CHAPTER ONE

## Introduction

The Southern Institute on Children and Families established the Southern Regional Initiative on Child Care in January 2000 with support from The David and Lucile Packard Foundation. The Initiative is guided by a 24-member Southern Regional Task Force on Child Care composed of gubernatorial representatives from 17 southern states, a mayoral appointee representing the District of Columbia, a representative of the Southern Growth Policies Board and representatives appointed by the Southern Institute. States participating in the Initiative are Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

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

The Southern Regional Initiative on Child Care has produced action plans, special issue reports and annual reports and has sponsored several forums to promote dialogue on action strategies. The Southern Institute recently developed and implemented a survey to collect information on child care funding and identify state-initiated policy changes related to funding shortages. Results from the survey are presented in an April 2004 report titled *Child Care Survey Results on Funding and Related Policies in the Southern States*. Most importantly, the Initiative has generated action and produced results in southern early care and education systems. This final project report outlines the activities and accomplishments of the Southern Regional Initiative on Child Care from its inception in January 2000 through its conclusion in April 2004.

The initial charge to the Task Force was to collaborate in the development of a plan of action to improve access to child care financial assistance for low-income families in the southern region. The Southern Institute commissioned an extensive state survey on financial aid policies and procedures, and the Task Force held hearings across the South to collect information on public and private child care financial aid programs and strategies. This information guided the Task Force in the development of a southern regional action plan, which was released in December 2003. Once implementation activities were underway, the Task Force embarked upon the development of a southern regional action plan

to improve child care quality. This report provides information on the Initiative's two action plans:

- ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***; and
- ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***

This report also describes activities and reports produced as the Initiative moved to the implementation stage for each action plan. The financial aid action plan and quality action plan are presented in Appendix A and Appendix B, respectively.

Chapter Two of this report provides background on the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***, which sets forth 10 goals and 52 action steps to improve access to child care financial aid. The chapter includes a chart summarizing the findings from the 2001, 2002 and 2003 state action plan implementation surveys and briefly describes activities undertaken to assist states in implementing the action plan. Implementation strategies presented in Chapter Two include publications, forums and site visits hosted by Task Force members in 13 southern states which provided the Southern Institute the opportunity to brief public and private officials on the action plan and urge action on behalf of low-income working families in need of child care financial aid.

Chapter Three describes the development and implementation of the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***, which contains 7 goals and 39 action steps and was set forth by the Task Force in 2002. The action plan was developed through Staff Work Group analysis and Task Force deliberations on survey results outlining the status of child care standards in the southern states, as compared with the quality standards set forth by the National Association for the Education of Young Children (NAEYC). The chapter also provides brief descriptions of publications and forums held to assist states in efforts to implement the action plan. State surveys were conducted in 2003 to track actions taken by states as a result of the quality action plan and a summary of findings from the state implementation status surveys are included in this chapter.

Chapter Four highlights the impact of both the Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South and the Southern Regional Action Plan to Improve the Quality of Early Care and Education. It also presents early care and education issues needing further exploration by the Task Force, as identified by members during their final meeting in January 2004.

An entire list of reports produced under the Southern Regional Initiative on Child Care is in Appendix E. Additional information on the Southern Regional Initiative on Child Care, all reports, both action plans and results of state surveys can be found by visiting the Southern Institute Web site at [www.thesoutherninstitute.org](http://www.thesoutherninstitute.org).



## CHAPTER TWO

### **Status Report on State Implementation Efforts: Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South**

In 2001, 2002 and again in 2003, members of the Southern Regional Task Force on Child Care initiated state level actions to implement the goals included in the ***Southern Regional Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***. The report containing the Action Plan was released at the National Press Club in Washington, DC, in December 2000.<sup>1</sup>

The southern regional ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*** expresses the position of the Southern Regional Task Force on Child Care that bold action is needed to make child care financial aid available and accessible for low-income parents who need and seek it. The 10 goals and 52 action steps call on public and private sector leaders to support specific initiatives, including significant increases in child care resources, eligibility simplification, improved customer service, implementation of tax strategies and creation of employer partnerships.

Subsequent to release of the Action Plan, state level reviews of policies and practices were led by Task Force members to determine whether changes should be made in their respective states to improve current systems and create new opportunities. To assist states in implementation, the Southern Institute undertook several steps as described below.

At site visits hosted by Task Force members in 13 southern states in 2001, Southern Institute staff presented the action plan and displayed data tables relative to the action steps in a comparative state-by-state format. Information presented in the data tables reflected responses to a Southern Institute survey of states completed in September 2000.<sup>2</sup> To examine implementation issues and to support networking on action steps among the states, the Southern Institute hosted the **SOUTHERN REGIONAL FORUM ON CHILD CARE** in Atlanta, Georgia, in 2001.

The Southern Institute commissioned the Center for Law and Social Policy to conduct a legal analysis of the Action Plan to identify federal actions required to implement the action steps. This analysis resulted in an August 2001 report titled ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South: An Analysis of Legal Issues***.<sup>3</sup> The analysis found,

“While implementation of a few steps could require changes in federal law, the great majority either raise no legal issue or are clearly permissible under current laws.”<sup>4</sup>

To document the status of state implementation actions, the Southern Institute conducted surveys in 2001, 2002 and 2003. The 2001 survey was published in a February 2002 report titled ***Survey Results on the Status of State Implementation Efforts***.<sup>5</sup> The report includes complete state survey responses. A summary chart notes actions taken as a result of the Southern Regional Initiative on Child Care, as well as actions taken prior to January 1, 2000, so that policies already in place before development of the Action Plan were appropriately recognized and documented.

***Building Momentum-Taking Action: Southern States Collaborate on Child Care Financial Aid and Quality Initiatives***, published in February 2002, provides information on state implementation efforts during 2001, including a report of state site visits, a summary of state responses to the Action Plan implementation survey and a report of the **2001 SOUTHERN REGIONAL FORUM ON CHILD CARE**.<sup>6</sup>

The second state implementation survey was conducted in the summer of 2002. In November 2002 the Southern Institute published a report, titled ***Survey Results on the Status of State Implementation Efforts in 2001 and 2002***, outlining survey results for both years. The report includes a summary chart identifying state actions, as well as individual state survey responses.<sup>7</sup>

The Southern Institute conducted the third status survey of southern states in the summer of 2003. To report the results of the third survey, along with a summary of state actions reported in prior surveys, the Southern Institute prepared a summary chart displaying the results of state implementation efforts as of May 31, 2003. The state survey summary chart is presented below and reports results in the following categories:

- Action Step Completed
- Action Reported 2001 or 2002
- Action Reported 2003
- Negative Action 2002 – 2003
- No Action 2003

Action steps reported by states as completed prior to January 1, 2000, are presented on the summary chart in bold and italics. Highlights from the state status reports for all three years are presented in the next section of this report.

**Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South  
2001-2003 State Implementation Three Year Status Report**

Action Steps	Action Step Completed	Action Reported 2001 or 2002	Action Reported 2003	Negative Action Reported 2002-2003	No Action 2003
<b>Goal 1 – Federal, state, local and private funds should be sufficient to meet 100% of need for direct child care assistance, based on initial eligibility levels at 85% of the state median income. Redetermination levels should allow families to retain child care assistance until they reach 100% of the state median income.</b>					
1.1 Educate federal and state policy makers on the need for action.		AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, WV	AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, VA, WV		
1.2 Educate the business community on the need for leadership in achieving state, federal and community resources to meet 100% of need.		AL, AR, DC, GA, KY, MD, MO, MS, NC, OK, SC, TN, TX, WV	AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, VA, WV		
1.3 Increase <i>federal</i> funding for the Child Care and Development Fund to fulfill current policy allowing federal matching funds for child care assistance up to 85% of the state median income.	Not Applicable to States	Not Applicable to States	Not Applicable to States	Not Applicable to States	Not Applicable to States
1.4 Increase <i>state</i> funding to provide child care subsidies to all eligible families who seek child care assistance.		AL, AR, DC, GA, KY, LA, MD, MS, MO, OK, SC, TN, WV	AL, AR, DC, NC, OK, SC, TX, VA	KY (2003), MD (2003), MO (2003), NC (2003), WV (2002)	GA, LA, MS, TN, WV
1.5 Mobilize federal, state and community resources in support of families who need child care assistance.		AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, WV	AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, VA, WV		

**Notes:**

- States responding: Alabama, Arkansas, District of Columbia, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.
- In the 2001 Survey, state respondents were asked to report actions taken on or after January 1, 2000. For actions addressed prior to January 1, 2000, respondents were asked to provide an approximate date. Action steps reported by states as completed prior to January 1, 2000 are presented in bold and italics.
- In the 2002 Survey, states were provided their 2001 responses and asked to report action steps that were completed or report any changes to the 2001 responses. The Survey requested information prior to September 30, 2002.
- In the 2003 Survey, states were provided their 2001 and 2002 responses and asked to report changes to the information reported in previous surveys. The 2003 Survey report period is October 1, 2002 to May 31, 2003.
- Delaware did not participate in the Southern Regional Initiative on Child Care in 2001, 2002 or 2003.
- Florida did not respond to the survey in 2001, 2002 or 2003.
- Virginia did not participate in the Southern Regional Initiative on Child Care in 2001. Virginia did not respond to the survey in 2002.

**Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South  
2001-2003 State Implementation Three Year Status Report**

Action Steps	Action Step Completed	Action Reported 2001 or 2002	Action Reported 2003	Negative Action Reported 2002-2003	No Action 2003
<b>Goal 2 – States and communities should broaden their child care eligibility and subsidy policies to meet the economic, work and education needs of families.</b>					
2.1 Establish co-payments not to exceed 10% of gross family income.	AL, DC, GA, <b><i>KY, LA, MS, MO, NC, SC, VA, WV</i></b>	MD, OK, TN	AR, MD, TN	LA (2003), WV (2002)	OK, TX, WV
2.2 Provide child care assistance to students who qualify under the income guidelines.  (A state's definition of "student" may include but is not limited to adults in school full-time or job training programs. See state status reports for complete descriptions.)	AL, AR, <b><i>DC, KY, LA, MD, MS, MO, NC, OK, SC, TX, TN, VA, WV</i></b>	GA, OK, TX	GA		KY (2003), LA (2003)
2.3 Explore broad use of income exemptions to address affordability of child care.	AR, DC, GA, <b><i>OK, SC</i></b>	AL, GA, KY, LA, MD, MS, MO, NC, TN, WV	AL, KY, LA, MD, MS, MO, NC, TN, VA, WV		TX
2.4 Eliminate asset testing (e.g. automobile or savings account) from criteria for child care assistance.	<b><i>AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, VA, WV</i></b>				
2.5 Index income eligibility levels for inflation.		AR, DC, MD, NC, SC, TN, WV	AR, DC, LA, MD, NC, SC, TN, VA		AL, GA, KY, MS, MO, OK, TX, WV
<b>Goal 3 – Outreach initiatives should be designed and aggressively implemented to assure that families have accessible and easy-to-understand information on child care assistance and are provided assistance in applying.</b>					
3.1 Provide information on child care subsidies through multiple sources, venues and the media.	AL, DC, KY, MD, MS, MO, TX, WV	AR, GA, LA, NC, OK, SC, TN	AR, GA, LA, NC, OK, SC, VA		TN

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3.2 Ensure that information is accurate, family friendly, employer friendly, culturally sensitive and provided in multiple languages, as appropriate.		AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, SC, TN, TX, WV	AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, SC, TN, TX, VA, WV		OK
3.3 Present information in a manner that would remove the stigma associated with receiving subsidies.	AR, LA, MD, MS, MO, SC, TX <b>WV</b>	DC, GA, KY, LA, MO, NC, OK, TX	DC, GA, KY, NC, OK,		AL, TN, VA
3.4 Provide literature and assistance to help parents make informed provider choices.	AL, AR, DC, GA, <b>KY</b> , LA, MD, MS, MO, NC, OK, SC, TN, TX, <b>VA</b> , WV	LA, MD, NC			
3.5 Coordinate ongoing and strategic outreach activities among common organizations and providers.	DC, MO, TX <b>WV</b>	AL, AR, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX	AL, AR, GA, KY, LA, MD, MS, NC, OK, SC, VA	TN (2002)	TN
3.6 Offer cross-training and information to providers, community organizations, faith organizations and state agencies to inform them about child care assistance programs and how to assist families in filing applications.	AL, AR, DC, MO, <b>OK</b> , SC, TX, <b>WV</b>	GA, KY, LA, MD, MS, NC	GA, KY, LA, MD, MS, NC, VA		TN
<b>Goal 4 – The child care application and redetermination processes should be uncomplicated and family friendly.</b>					
4.1 Simplify applications for child care assistance.	AL, AR, <b>DC</b> , MD, MS, MO, NC, <b>OK</b> , SC, <b>TX</b> , <b>VA</b>	AR, GA, KY, LA, TN, NC	GA, KY, LA, TN		WV

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

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4.9 Establish a 12-month redetermination period where there are no changes in income or job status.	<b>GA, KY, LA, MD, MO, NC, OK, SC, TN, VA</b>	AR, DC, LA, MD, TX, WV	DC, TX		AL, AR, MS, WV
4.10 Continue eligibility for full subsidy for 12 weeks if family loses employment but can document that a job search is underway.	<b>DC, MD</b>	AL, AR, GA, KY, LA, MD, MO, MS, NC, OK, SC, TN, WV	GA, KY, LA, MO, MS, NC, OK, SC, TN, VA, WV		AL, AR, TX
<b>Goal 5 – Establish a coordinated, seamless eligibility system so that funding sources are invisible to families and support continuity of child care.</b>					
5.1 Eliminate the need for families to reapply when eligibility categories change by automatically searching to exhaust all eligibility categories before closing cases.	AL, AR, <b>DC</b> , GA, KY, <b>MD, MS, MO, NC, OK, TX, WV</b>	LA, SC	LA, SC, TN, VA	SC (2002)	
5.2 Explore the potential for policy and procedural changes to achieve linkages with or combined applications for child care assistance, Head Start, Pre-K and Title I.	<b>DC</b>	AR, GA, KY, LA, MD, MS, NC, SC, TX	AR, GA, KY, LA, MD, MS, MO, NC, SC, TX, WV		AL, OK, TN, VA
5.3 Continue eligibility in programs with multiple funding sources to assure continuity of care in the event that eligibility has expired or terminated in one program.	<b>DC</b> , GA, KY, MD, NC, <b>OK, SC, TX</b>	AL, AR, LA, MS, TN	AL, AR, LA, MS, MO, TN, VA, WV		
5.4 Work collaboratively with all public and private programs and funding sources to assure that children receive stable and consistent early child care services.	AL, AR, <b>DC</b> , MD, MS, MO, <b>NC</b> , SC, TX, WV	AL, AR, GA, KY, LA, OK, TN, TX	GA, KY, LA, OK, TN, VA		

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<b>Goal 6 – Establish customer service outcome goals and set standards to ensure that all families are treated with dignity and respect and are served in an efficient manner.</b>					
6.1 Provide professional and well-trained eligibility staff who are culturally and linguistically sensitive.	<b>DC</b> , GA, MD, SC, TX	AL, AR, KY, LA, MD, MS, MO, NC, OK, TN, TX, WV	AL, AR, KY, LA, MS, MO, NC, OK, TN, VA, WV		
6.2 Facilitate quick eligibility determination through reasonable caseloads and/or administrative structure.	DC, OK, TX	AL, AR, GA, KY, LA, MD, MS, MO, NC, OK, SC, WV	AL, AR, GA, KY, LA, MD, MS, MO, NC, SC, VA, WV		TN
6.3 Conduct periodic, independent and thorough consumer satisfaction assessments, assuring the confidentiality of information collected.	DC, LA	AL, AR, GA, KY, LA, MD, MO, NC, OK, SC, TN, TX, WV	AR, GA, KY, MD, MO, NC, OK, SC, TX, VA	TN (2003)	AL, DC, LA, MS, WV
6.4 Provide adequate support for child care resource and referral services.	AL, <b>AR, DC</b> , GA, MD, MO, VA, WV	KY, LA, MS, NC, OK, SC, TN, TX	KY, LA, MS, OK, SC, TN, TX		NC
<b>Goal 7 – Design the subsidy system so that rate structures assure that families receiving child care assistance have access to all types of child care and disallow charges above established co-payments.</b>					
7.1 States should cap reimbursement rates at no less than the 75 <sup>th</sup> percentile based on a market rate survey conducted every two years that accurately reflects the price of all types of care in communities across the state.	AR, KY, <b>MD</b> , MS, NC, OK, SC, WV	AL, DC, GA, LA, MO, TN, TX	AL, DC, GA, LA, MO, TX, VA	TN (2003), WV (2002 & 2003)	
7.2 Establish and evaluate reimbursement policies that encourage provider participation and are responsive to family needs.	AR, DC, KY, MO, SC, <b>WV</b>	AL, GA, LA, MD, MS, NC, OK, TN, TX	AL, GA, LA, MD, MS, NC, OK, TX	TN (2003)	VA

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7.3 Prohibit providers from charging above the established co-payments.	AR, <b>DC, OK</b> , TX, WV	MO	MO		AL, GA, KY, LA, MD, MS, NC, SC, TN, VA
<b>Goal 8 – Create partnerships with employers to expand child care assistance for working families.</b>					
8.1 Educate employers about the bottom line benefits associated with public and private child care assistance.	AR, DC, GA, KY, MD, MO, <b>TX</b> , WV	AL, AR, KY, LA, MO, MS, NC, OK, SC, TN	AL, LA, MS, NC, OK, SC, TN		VA
8.2 Enlist business leaders to champion the involvement of southern businesses and to serve as mentors to other businesses.	TX, OK	AL, AR, DC, KY, MD, MO, NC, SC, WV	AL, AR, DC, KY, LA, MD, MO, NC, SC, WV		GA, MS, TN, TX, VA
8.3 Provide information to employers on all available tax benefits related to child care assistance, including deductions for donations to tax-exempt child care organizations, capital costs for constructing a child care center and establishing a pre-tax dependent care assistance plan.	AR, MD, <b>TX</b> , WV	AL, DC, GA, KY, MS, MO, NC, OK, SC, TN	AL, DC, GA, KY, MS, MO, NC, OK, SC, TN		LA, VA
8.4 Facilitate collaborative initiatives that enable employers to share ideas as well as pool their resources to address child care needs.		AL, AR, DC, KY, MD, MS, NC, OK, SC, TN, TX	AL, AR, DC, KY, LA, MD, MS, MO, NC, OK, SC, TX, VA, WV		GA, TN
8.5 Provide matching funds or other tax or financial incentives for employers to invest in child care.	<b>GA</b> , MD, MS, OK, <b>SC</b> , TN, <b>TX</b>	AL, AR, DC, OK	AL, AR, DC, MO, TX		KY, LA, NC, VA, WV
8.6 Establish incentives for employers to create child care benefit programs for their employees or to contribute to child care purchasing pools in their state or community.	MD, OK	AR, NC, SC, TN, TX	MO, NC, SC, TN, TX		AL, AR, DC, GA, KY, LA, MS, VA, WV

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8.7 Reduce the administrative burden on employers participating in any joint public/private child care assistance program.	DC, MS, TX	AR, KY, MD, NC, SC	AR, KY, MD, MO, NC, SC		AL, GA, LA, OK, TN, VA, WV
<b>Goal 9 – Provide child care assistance to working families through federal and state tax laws.</b>					
9.1 Make the <i>federal</i> child and dependent care tax credit refundable.	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
9.2 Establish refundable child and dependent care tax credits in <i>states</i> with income taxes.	<b>AR, NC, SC</b>	AL, DC, LA, VA	DC, MD, MO, VA		AL, GA, KY, LA, MS, OK, SC, WV (TN & TX do not have state income taxes.)
9.3 Raise <i>federal and state</i> child care tax credit expense limits to accurately reflect the price of quality care.  According to the National Women's Law Center, the Child Tax Credit will increase to \$600 beginning 2001 and will further increase to \$1,000 by year 2010. <sup>1</sup>		AL, AR, KY, MD	AL, KY, MO		AR, DC, GA, LA, MD, MS, NC, OK, SC, VA, WV (TN & TX do not have state income taxes.)
9.4 Index for inflation the <i>state and federal</i> child and dependent care tax credit income eligibility and expense limits.		AL, AR, KY	KY		AL, AR, DC, GA, LA, MD, MS, MO, NC, OK, SC, VA, WV (TN & TX do not have state income taxes.)

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

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9.5 Ensure that child and dependent care tax credits are clearly identified and easy to claim by filers using either the short or long form.	DC, KY	AR	AR		AL, GA, LA, MD, MS, MO, NC, OK, SC, VA, WV, (TN & TX do not have state income taxes.)
9.6 Encourage the use of effective state tax strategies to provide financial support for child care.	AR, <b>GA</b>	DC, KY, LA, MD, TX	DC, KY, MD, MS, MO, NC, TX		AL, LA, OK, SC, TN, VA, WV
<b>Goal 10 – State should have effective, coordinated systems to guide child care and early childhood policy decisions and direct use of resources.</b>					
10.1 Facilitate greater coordination in eligibility policies across child care and early childhood education programs at state and local levels.	AR, <b>DC</b> , LA, MD, TN	GA, KY, LA, MD, MO, MS, NC, SC, TX, WV	GA, KY, LA, MS, MO, NC, SC, TX, VA, WV		AL, OK
10.2 All southern states and the District of Columbia should participate in a collaborative effort to develop and collect common data elements across states. <sup>2</sup>		AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, WV	AL, AR, DC, GA, KY, LA, MD, MO, MS, NC, OK, SC, TN, TX, VA, WV		

**Source:** Southern Institute on Children and Families.

<sup>2</sup> Although not exclusive to the South, all southern states and the District of Columbia participate in an effort to collect common data elements as required by Federal regulations.

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## Highlights from the State Implementation Surveys

Sixteen southern states responded to the 2003 Southern Institute Survey on the Status of State Implementation Efforts. They are Alabama, Arkansas, District of Columbia, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia. (State survey contacts are listed in Appendix C.)

Information that follows presents each goal with highlights related to selected action steps from the 2001, 2002 and 2003 state responses to the Southern Institute state status implementation survey.

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

The Southern Institute hosted the **FORUM ON CHILD CARE FINANCIAL AID ISSUES** at the nation's capital in February 2002 to address issues related to Goal One. The message from the Forum was clear. Congressional decisions on federal funding for child care have a significant impact on the availability and quality of child care in every state. Sarah Shuptrine, President and CEO of the Southern Institute on Children and Families, characterized the inadequacy of federal child care financial support as the number one issue facing southern states attempting to assist low-income working families through child care subsidies. "States simply cannot meet the need without a realistic level of matching funds from the federal government." Shuptrine said, "Involving business leaders is key to building the leadership it will take to elevate the need for child care financial aid in the public sector."

While the federal role is critical to placing child care subsidies within the reach of more low-income, working families, most of the Action Plan's goals call for action at the state level to reform policies and procedures related to applying for and renewing child care subsidies. These actions are necessary in order to make child care financial aid more accessible to families. The following two sections highlight progress on goal one and provide status reports on state progress in completing actions to engage employers and to increase state funding.

## Engaging Employers

All states have reported taking action to educate the business community on the need for leadership in achieving state, federal and community resources to meet 100% of need (Action Step 1.2). The following information contains examples of actions taken as reported by state survey respondents.

- The Arkansas Corporate Champions for Children Task Force's recommendations to the Governor in 2001 contributed to the passage of Act 1271, establishing the Foundation for Early Care and Education. The Foundation is established to accept and match child care contributions from private businesses and individuals. In 2002, the Arkansas Corporate Champions for Children Task Force recommended the establishment of the Governor's Family-Friendly Employer Award. In March of 2003 the Governor of Arkansas presented the first ever Arkansas Governor's Family Friendly Employer Awards. Seven awards were presented to businesses in the three categories, i.e., large employer, medium employer and small employer. Arkansas reported other major accomplishments in working with businesses during 2003: 1) Arkansas' largest utility company, Entergy, endorsed high quality early childhood education as an investment in the future, especially for low-income children who face additional hurdles in overcoming the education and employment disadvantages that poverty brings. 2) The Arkansas State Chamber of Commerce and Affiliated Industries Association drafted a very strong recommendation that the state provide quality preschool education for three- and four-year-olds in families with incomes less than 200% of poverty. 3) A partnership between the Division of Child Care and Early Childhood Education and the Department of Economic Development provided \$1 million in Community Development Block Grant funds for renovation/construction of child care facilities. At the community level this effort involves local business leaders and establishes a strong public-private partnership.
- Taking the first step in 2003 to formally engage the business community, Louisiana co-sponsored a breakfast with the Louisiana Association of Business and Industry, The Council for A Better Louisiana, Children's Trust Fund, Agenda for Children, Head Start Collaboration, Louisiana Head Start Association and members of the business community to focus on the value of early childhood development, care and education to the business community.
- Maryland's Child Care Business Partnership, as a result of sponsoring a series of breakfast meetings for business and local government, secured funding in 2001 for three initiatives. Funding was provided by the Child Care and Development Block Grant, private businesses and local government. 1) An on-site child care center in an industrial park, supported by multiple

employers, on land donated by county government is scheduled for completion in 2003. 2) A large metropolitan hospital is sponsoring a financial subsidy program for low-income employees. After more than a year, all employees participating in the subsidy program were still employed, demonstrating the value of employer assisted child care to employee retention. 3) A resource and referral program that targets services to parents of children with special needs was established. The program brings information and training to the parents' worksite. Additionally, M&T Bank convened a statewide meeting of local and regional stakeholders and advocates to spearhead Maryland's public engagement campaign to build public and political will for early care and education.

- In 2001 South Carolina's Governor created the Family Friendly Workplace Award and made the first awards in 2002. Awards were presented in eight categories: small, medium and large businesses based in SC, large business based outside SC, a nonprofit organization, government and a public school. Also in 2001 the state child care subsidy administering agency, the Department of Health and Human Services, began exploring options with the South Carolina United Way to educate the business community on strategies to expand the affordability and availability of quality child care for working families. A contract was awarded in 2002 and extended through 2003 to provide grants to local United Way agencies to educate employers on the following: 1) bottom line benefits associated with public and private child care assistance; 2) establishing a pre-tax dependent care plan that results in savings for employees; 3) providing scholarships, incentives or in-kind support to local child care facilities; 4) providing incentives to help child care facilities become nationally accredited; 5) promoting parent education and involvement in child care; and 6) promoting early literacy.
- In 2003 West Virginia took the first official step to engage business in efforts to improve the care and education of young children. West Virginia's State Division of Early Care and Education contracted with West Virginia Kids Count to work with the business community. West Virginia Kids Count educates and mobilizes the private sector about the needs and conditions of children. They have several influential business leaders on the board of directors and will be targeting business leaders for dissemination of materials. Over the next three years, Kids Count will conduct child care research and disseminate it to their constituencies, support child care programs that produce positive outcomes and lend support to child care policies that promote quality.

## Increasing State Funding

Even with the challenges that states have faced economically, eight states reported taking action in 2003 to increase state funding for child care subsidies to all eligible families who seek child care assistance (Action Step 1.4).

Examples are presented below.

- In 2001 Arkansas increased their child care funding through two new sources: 1) The Governor supported a \$1 million increase in funding in 2002 and 2003 to address child care accessibility for low-income working families. 2) Act 1841, The Child Care for Working Families Act was passed that placed a three percent retail excise tax on beer. Revenues are dedicated to child care and early childhood education. In 2002, because of the additional \$1 million in state funding, transfer of TANF funds to child care and beer tax revenues, Arkansas drastically reduced their waiting list from 4,631 to 894 families. In 2003 the Arkansas General Assembly passed Act 272 to extend the current three percent excise tax on retail beer sales until June 2005. Twenty percent of the revenues generated from this tax are utilized for eligible low-income working families who seek child care assistance and 80% are used in the state pre-kindergarten program.
- Oklahoma has reported for three years that they are serving all eligible families who seek child care assistance.
- In 2001 South Carolina reported that the First Steps program, a new state funded community-based program to support young children's readiness for first grade, provided more than 1,000 child care subsidies to low-income working families who are not able to obtain federal child care subsidies. In 2002 the state reduced administrative costs and thereby expanded the scholarships funded by First Steps. In 2003 South Carolina reported that it was continuing its effort to expand child care assistance through First Steps funding.
- Each year of the three-year grant period, the Texas Workforce Commission and the Child Care Administrator met with key, individual state elected officials to educate them regarding the critical role child care services play in workforce development, enabling low-income families to secure and maintain employment and promoting school readiness among children. State officials also use the meetings to inform key state leaders of the level of unmet need for subsidized child care services in the state. While the results of the 2003 legislative session were not finalized at the time of the survey, Texas expected to increase its child care funding and serve more children in state fiscal years 2004-2005.

- Virginia reported that during a time of budget reductions they were able to maintain level funding for child care assistance in 2003. Virginia is in the process of reviewing other states' programs to explore options for state matching funds.

**GOAL TWO: STATES AND COMMUNITIES SHOULD BROADEN THEIR CHILD CARE ELIGIBILITY AND SUBSIDY POLICIES TO MEET THE ECONOMIC, WORK AND EDUCATION NEED OF FAMILIES.**

### Reducing Family Co-payments

In 2003 11 survey respondents reported that co-payments do not exceed 10% of gross family income (Action Step 2.1). The 11 states are Alabama, District of Columbia, Georgia, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, South Carolina, Virginia and West Virginia. Below are examples of states that have taken action to reduce co-payments.

- Alabama reports that a 2002 reduction in co-payments resulted in an average of co-payments being less than 10% of a family's gross income.
- Arkansas began a review of its co-payment structure in 2003. Only 6-7% of Arkansas families pay any percentage of the cost of child care.
- In 2001 the District of Columbia established a new co-payment system that does not exceed 10% of gross family income. DC continued this co-payment structure in 2002 and 2003.
- In 2001, Oklahoma reduced co-payments for families with one child in care to a maximum of 9.8%. Oklahoma continues this co-payment structure through 2003.
- Tennessee began revising their co-payments in 2001 to more equitably determine co-pay levels. Implementation was scheduled to begin in July 2003.

### Providing Child Care Assistance for Students

Recognizing the importance of child care for parents participating in educational opportunities, 15 respondents surveyed in 2003 reported that they provide child care assistance to students who qualify under the state's income guidelines (Action Step 2.2). The remaining state, Georgia, is taking action in that direction.

However, the definition of student varied widely across the region. Examples of states completing this action step are presented below.

- Alabama reduced participation requirements in 2001 to allow for more participation of students. Full-time students were already deemed to meet the participation requirements. This policy remains in effect through 2003.
- In 2001 Arkansas amended its State Plan to reduce the number of semester hours required for subsidy eligibility from 15 hours to 12. In 2003 Arkansas gave students the same priority as working families. Previously they were the lowest priority.
- Mississippi changed the policy for full-time students in 2002. Full-time child care is provided to full-time students without regard to income. In 2001 students were required to be income eligible.
- South Carolina's policy provides child care assistance if the student is 18 years of age or an emancipated minor and is working, in school or a training program or is disabled. In addition to this general policy, South Carolina has a contract with the State Department of Education to further support parents pursuing a high school diploma or GED. Priority is given to teen parents. This contract provides for grants to family literacy programs. South Carolina reports that as a result of this program scores of teen parents have either returned to or remained in school. Over half the teen parents received their diploma or GED and several have enrolled in college.

**GOAL THREE: OUTREACH INITIATIVES SHOULD BE DESIGNED AND AGGRESSIVELY IMPLEMENTED TO ASSURE THAT FAMILIES HAVE ACCESSIBLE AND EASY-TO-UNDERSTAND INFORMATION ON CHILD CARE ASSISTANCE ARE PROVIDED ASSISTANCE IN APPLYING.**

### Information on Child Care Subsidies Provided Through Multiple Means

Eight states have completed Action Step 3.1, providing information on child care subsidies through multiple sources, venues and the media. States completing this action step are Alabama, the District of Columbia, Kentucky, Maryland, Mississippi, Missouri, Texas and West Virginia. In 2003, only one state, Tennessee reported that it was not working on this action step because of a waiting list of over 25,000 families. The following examples are taken from state survey responses.

- Maryland's public relations office developed and disseminated a new brochure on child care subsidies in 2001. The brochure was accompanied by a poster campaign and mailing to former TANF recipients. In 2002 the Department of Human Resources and Maryland Public Television produced a series of videos on the services available to working families, including a video on the child care subsidy program. Videos were aired on public television and copies were disseminated to agencies and community organizations. Many local departments have developed brochures specific to their areas to let families know of the assistance that is available.
- Each of Texas' 270 Workforce Centers provides access to information about the availability of child care services. The information includes an overview of subsidized child care services as well as the application process. In many cases, this information also includes a list of available providers, steps to choosing a child care facility, eligibility requirements and parents' costs. Workforce Boards also engage the media to make information regarding child care services available to the public. Child care contractors participate in informational fairs, numerous community coalitions and community activities for children in order to disseminate information. Contractors also collaborate with workforce centers, social service agencies, school districts, colleges and universities and private businesses to disseminate information and conduct on-site enrollment of children. Information also is provided through Internet and general information and technical assistance phone hotlines.

### Helping Parents Make Informed Provider Choices

All 16 states have completed action step 3.4, providing literature and assistance to help parents make informed provider choices. Following are noteworthy examples.

- Georgia's 2002 report cites multiple avenues to help parents make informed provider choices, including the statewide network of Child Care Resource and Referral agencies (CCR&R's). These agencies provide general child care information and offer help finding child care programs that meet each family's criteria. Each of the 14 CCR&R agencies has a toll free phone number. The public awareness campaign, "Choose to Care," distributed brochures through the state's major supermarket chain. The brochures describe quality child care settings and how to find them. The United Way's Success By 6<sup>®</sup> partnership works with families and policymakers to ensure that children are healthy and developmentally ready to continue their learning process. The goals and strategies include increasing public awareness of children and family issues by implementing a broad-based marketing and education plan and increasing access to services for young children and their families by coordinating existing service systems to create

linkages between services. Georgia's various child care organizations and advocacy groups, as well as Child Care and Parent Services, have information on their Web sites about selecting quality child care programs.

- In 2001 Missouri provided funding to the state CCR&R network for a three-year consumer education campaign which utilized a variety of media to dispense information on the importance of quality child care such as brochures, posters, public service announcements and billboards. The Department of Family Services (DFS) also partnered with CCR&R agencies to base staff on-site in the metro St. Louis and Kansas City DFS offices to assist TANF, Food Stamp and Medicaid families in identifying and locating quality child care options. DFS also is involved in other collaborative efforts at the state and local levels such as Caring Communities to provide information to parents. Literature and information is available at all 115 DFS county offices. In 2002 literature and information became available via the Internet at the Department of Social Services Web site. In 2003, Missouri reported that information also is disseminated via other state agency partners, such as licensing specialists and Parents as Teachers parent educators.
- Virginia reported providing booklets and brochures to parents to educate them on making informed decisions about child care. The Department of Social Services also funds toolkits for new parents, which include information on selecting and monitoring quality child care and a "warm line" for parents and caregivers, which offers information on development, health, nutrition and care of infants and toddlers. A video on selecting and monitoring child care was completed and distributed in 2003 to local departments of social services and various public locations.

**GOAL FOUR: THE CHILD CARE APPLICATION AND REDERTIMINATION PROCESSES SHOULD BE UNCOMPLICATED AND FAMILY FRIENDLY.**

#### Simplifying Applications for Child Care Assistance

Eleven states have completed the action step to simplify applications for child care assistance (Action Step 4.1). The states are Alabama, Arkansas, District of Columbia, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Texas and Virginia. Four more states are working to simplify applications. Examples taken from state responses are provided below:

- Alabama, District of Columbia, Missouri and Virginia report that their application document is one page. Missouri also reported that eligibility is based solely on income and need for care. Virginia added that their application takes less than 15 minutes to complete.
- Arkansas began examining application policies in 2001, soliciting input from parents and providers. As a result in 2003 Arkansas reported that parents may now apply by phone, mail, fax and Internet. Face-to-face interviews are not required at re-determination. The application has been simplified and coordinated with the TANF application so that there is less confusion when the parents move from one program to the next.
- North Carolina made its child care subsidy application available on-line in 2001. In 2002 North Carolina began a child care subsidy manual policy simplification project (including application). The simplified manual was finalized and made available to county staff on-line. Statewide training was provided. North Carolina anticipates this simplification project to result in improved customer services for families.

#### Provide Applications at Multiple Sites

Eight states reported in 2003 that they are providing applications at multiple sites, (Action Step 4.4). The states are Alabama, Arkansas, District of Columbia, Missouri, Oklahoma, South Carolina, Texas and Virginia. Seven other states reported in 2003 that they are working on this objective. Following are examples of states that have completed the action step.

- From 2001 through 2003 Arkansas reports that applications are provided at multiple sites including the Department of Human Services offices, all resource and referral locations, county offices and on-line.
- The District of Columbia provides mobile eligibility across the District and has more than 60 vendors who conduct eligibility at their sites. In 2002 the District added intake/eligibility workers co-located with TANF vendors who provide job training and job placement services.
- In addition to taking applications at each of the 115 local Department of Family Services county offices, the Missouri local offices provide supplies of application forms to interested organizations and providers, such as local health departments, child care centers, resource and referral agencies and non-profit organizations to facilitate the process.

## Eliminating the Requirement for a Face-To-Face Interview

Ten states do not require clients to come into the office for a face-to-face interview to apply for child care assistance (Action Step 4.7). The states who have established this family-friendly policy are Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Texas and Virginia. Only two states have taken no action to make changes in policies for a face-to-face interview. Below is an example of a state completing the action step and others who are working on it.

- North Carolina allows families to complete applications and redeterminations by mail or to have a family representative apply for the family if coming into the office poses a hardship. Going a step further to make the application process family-friendly, some North Carolina localities also allow staff to make off-site or home visits to complete applications and redeterminations.
- After examining application policies in 2001, Arkansas eliminated the requirement for face-to-face interviews for redetermination of eligibility, still requiring a face-to-face interview for initial eligibility.
- In 2003 Georgia's Business Process Reengineering project team recommended eliminating the required face-to-face interview so that clients will not need to take time away from work to meet with a case manager.
- Tennessee drafted policy changes in 2002 that became effective in 2003. As a result of these changes Tennessee allows mailing and faxing of documentation for redetermination of eligibility and dropped the requirement for a face-to-face interview. Tennessee still requires a face-to-face interview for initial application.

## Twelve-Month Eligibility Period

Ten states have a 12-month redetermination period when there are no changes in income or job status (Action Step 4.9). The states are Georgia, Kentucky, Louisiana, Maryland, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee and Virginia. Examples of responses from these states are presented below.

- Louisiana reported in 2001 that it was considering changing its policy back to a 12-month eligibility period. The 12-month policy was implemented in 2002.
- As a result of a pilot project initiated in 2001, Tennessee changed its eligibility period policy. Tennessee permits 12-month eligibility for low-income parents. TANF families are approved on continuing basis up to an 18-month time limit.

## Extending Eligibility for Job Search

Most southern states have not established child care eligibility policies that provide adequate time for parents who lose their job to find another job. Only two states, the District of Columbia and Maryland, have a policy that complies with Action Step 4.10, which requires states to continue eligibility for child care assistance for 12 weeks if the family loses employment but can document that a job search is underway. Eleven states have taken action since January 2000 to increase the eligibility period but have not extended the period to 12 weeks. The extended eligibility period in 10 of these 11 states ranges from 10 to 30 days of continued eligibility. Virginia reported in 2003 that extending the eligibility period for job search is being considered. Following are reports from those states that have completed the action step and examples of states that have increased the eligibility period.

- The District of Columbia has a long standing policy of allowing three months of continued eligibility for clients who lose their job. In 2001 this same time period was allowed to new applicants engaged in a structured job search program.
- Maryland provides child care assistance as long as a job search is underway.
- In 2002 both Oklahoma and Mississippi changed their policy, increasing the extended period to 30 days.
- Tennessee extended its 30 day period of continued eligibility to 90 days in 2002 for residents in “economic hardship” counties.

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

Coordination and collaboration among early care and education programs were identified by the Southern Regional Task Force on Child Care as areas needing improvement. To provide coordination and collaboration information to the Task Force, the Southern Institute published two reports:

1. ***Collaboration Among Child Care, Head Start, and Pre-Kindergarten: A Telephone Survey of Selected Southern States,***<sup>8</sup>  
and
2. ***Analysis of Potential Barriers to Creating Coordinated Absence Policies for Collaboration Between Head Start and CCDF and TANF-Funded Programs***<sup>9</sup>

Additionally, the Southern Institute hosted the **SOUTHERN REGIONAL FORUM ON COLLABORATION AND COORDINATION ACROSS EARLY CARE AND EDUCATION PROGRAMS** in June 2003 and published a report on the Forum, titled ***Southern Regional Forum on Collaboration and Coordination Across Early Care and Education Programs.***<sup>10</sup> Information presented in this report covered many areas of early care and education where states were engaging in collaboration and coordination. However, there are some areas where states can take more action and areas where the federal government can take action to better support states. To illustrate the variance in coordination and collaboration at the state level, the following two sections highlight two action steps in goal five. Twelve states have completed action step 5.1 and only one state has completed action step 5.2. Status reports for each action step are provided below.

#### Establish Seamless Eligibility Systems

Twelve states have eliminated the need for families to reapply when eligibility categories change by automatically searching to exhaust all eligibility categories before closing cases (Action Step 5.1). The remaining four states, while not completing the action step, have taken positive action in this area. Below are listings of states completing the action step and a noteworthy example of a state working on this action.

- The District of Columbia, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, Texas and West Virginia have had this policy in place prior to January 2000, when the Task Force began to work on the Action Plan.
- Alabama, Arkansas, Georgia and Kentucky completed this action step after January 2000.
- In 2003 Louisiana made programming and policy changes so that child care recipients who lose their eligibility under the FINDWork program will automatically be considered for low-income child care without reapplying.

#### Linking Early Care and Education Programs

Eleven states are taking action to achieve linkages with or combined applications for child care assistance, Head Start, Pre-K and Title I (Action Step

5.2). The District of Columbia is the only state that reported completion of this action step. Six of these states do not combine applications but they do provide some linkage by blending funding for wrap-around services, including using child care funds to extend the day and the year in Head Start and pre-kindergarten programs. Presented below are examples taken from state survey responses.

- The District of Columbia achieved this action step in 1999 with a blended child care and Head Start program. Earlier in 1996, DC had implemented a blended child care and Pre-K program. The District of Columbia does not use Title I funds for Pre-K programs. In 2003 the District of Columbia reported making significant progress to go beyond the parameters of this action step. The District of Columbia's Office of Early Childhood Development has developed a Memorandum of Understanding (MOU) with the Department of Health for a single health form for children in all early care and education settings. The MOU is in the interagency review process.
- In 2001 Arkansas adjusted their Pre-K income eligibility standards to match those of child care.
- Mississippi has accomplished this action step between child care and Head Start. In 2001 they reported exploring the possibility with Pre-K and Title I.
- In 2002, South Carolina child care reported collaborating with Head Start, Early Head Start and public school four-year-old programs, with child care paying for extended and full day summer child care. First Steps to School Readiness County Partnerships have initiated strategies to serve all at risk four-year-olds.
- Texas reported in 2003 the establishment of a new statewide work group to address collaboration between Head Start, child care and Pre-K.
- West Virginia reported taking their first action toward this objective in 2003. In planning for their Pre-K program, West Virginia is working on both state and local linkages between child care, Head Start, Pre-K and Title I programs. West Virginia is blending child care, Head Start and Pre-K funding to serve children in West Virginia Pre-K programs.

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

## Enhancing Customer Service Satisfaction

The District of Columbia and Louisiana reported completing steps in 2002 to address customer service outcome goals by conducting periodic, independent and thorough consumer satisfaction assessments, assuring the confidentiality of information collected (Action Step 6.3). Following describes the status of the remaining state efforts.

- In 2003 nine states (Arkansas, Kentucky, Maryland, Missouri, North Carolina, Oklahoma, South Carolina, Texas and Virginia) reported working on enhancing customer satisfaction by conducting their own customer satisfaction assessments to all or a sampling of their customer base.
- Two states, Georgia and Virginia, have plans to implement assessments.
- In 2003 Tennessee reported discontinuing its annual assessments due to budget constraints.
- Alabama, the District of Columbia, Louisiana, Mississippi and West Virginia reported no action on this action step in 2003.

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

**GOAL EIGHT: CREATE PARTNESHIPS WITH EMPLOYERS TO EXPAND CHILD CARE ASSISTANCE FOR WORKING FAMILIES.**

## Informing Employers about Tax Benefits

Four states identified below have taken steps to inform employers on all available tax benefits related to child care assistance, including deductions for donations to tax-exempt child care organizations, capital costs for constructing a child care center and establishing a pre-tax dependent care assistance plan (Action Step 8.3). Ten of the remaining 12 states have taken action all three years of the Initiative. Below are reports from states completing the action step

- Arkansas reported in 2001 that they had developed a child care kit for employers to explain tax benefits. A survey of all businesses with less than 200 employees was conducted in 2002 to ascertain the level of involvement in child care issues. Child care kits were distributed at the Governor's Family Friendly Award Breakfast in March 2003.

- Maryland published *Employer Tool Kit – Implementing Work/Life Programs* in 2002. The CCR&R Network uses the kit in responding to questions from employers and in its outreach to the business community.
- The Texas Workforce Commission posts tax benefit information on its Web site, Work and Family Clearinghouse. The Web site also contains a link to the State Comptroller’s office, which provides information and instructions for obtaining an employer-tax-credit for on-site child care services. Staff at the Texas Workforce Commission field messages from employers and workers about tax benefits and other programs and policies to support families in the workplace and in the community. The Web site was reorganized and upgraded in June 2002.
- West Virginia held a Business Summit in August 2000 and presented information that contained a section on tax benefits for employers. West Virginia contracted with CCR&R agencies to use this material to work with businesses. In 2003 West Virginia gave copies of the material to West Virginia Kids Count to distribute through its network.

### Incentives for Employers

Florida is an excellent example of a state providing incentives for employers to invest in child care assistance. It was reported in ***Sound Investments: Financial Support for Child Care Builds Workforce Capacity and Promotes School Readiness*** that Florida has established The Florida Child Care Executive Partnership Program, a public-private partnership formed between businesses and the state of Florida to increase the availability of child care for low-income working parents.<sup>11</sup> Under the Child Care Partnership Act, the state of Florida will match dollar-for-dollar child care contributions by employers and local communities for families earning up to 200% of the federal poverty level. Participating businesses receive a tax deduction, and parents receive care for about one-third the full cost. Maryland reported that it also has established incentives for employers to create child care benefit programs for their employees or to contribute to child care purchasing pools in their state or community (Action Step 8.6). Oklahoma has also completed this action step by enacting tax credit legislation. Five other states are working on efforts to establish these incentives. Reports from respondent states completing or working on this action are provided below.

- Maryland has allocated Child Care Development Funds to match private business and local government contributions to expand the availability of care especially for low-wage employees.

- In 2003 Missouri took their first action on this action step. Through the Children's Services Commission Task Force on Early Childhood, business incentives are being considered for inclusion in an early childhood bill for introduction during the upcoming legislative session.
- In 2002 and 2003 some of North Carolina's Smart Start partnerships collaborated with local business to contribute to child care purchasing pools in their community. For example, in New Hanover County, the local Smart Start partnership created a "Share the Care" program where businesses donate scholarship funds to pay for children on the waiting list.
- In 2002 Oklahoma reported enacting tax credit legislation that provides a credit of 20% with certain limitations for employers that contribute toward employees' child care costs.
- South Carolina enacted a law for tax credits for employee child care programs (SC Code Section 12-6-3440). There also is a South Carolina tax credit for child and dependent care expenses (SC code Section 12-6-3380).
- The Tennessee General Assembly established in the spring of 2000 the Corporate-Community Partnership program. The first program was approved in 2001 and included child care benefits for employees and the child care purchasing pool in its model.
- In 2002 Texas reported establishing Employer Dependent Care Collaborative grants to focus on the assessment of employees' dependent care needs. Collaborative groups are responsible for distributing the findings to key stakeholders and developing a business plan for addressing those needs in a sustainable manner, which may include child care purchasing pools as well as vouchers for services.

**GOAL NINE: PROVIDE CHILD CARE ASSISTANCE TO WORKING FAMILIES THROUGH FEDERAL AND STATE TAX LAWS.**

Enacting Child Care Tax Relief

Goal Nine remains a difficult area in which to document improvement. Florida, Tennessee and Texas do not have a state income tax. Three states, Arkansas, North Carolina and South Carolina, reported having established refundable child and dependent care tax credits where state income tax was in force (Action Step 9.2). Four states have taken action in 2003 on this step. Seven states with income taxes report that they are not working on this action step. Highlights of states completing or making progress follow.

- Arkansas and South Carolina established a refundable child care tax credit prior to January 1, 2000.
- The District of Columbia implemented a nonrefundable child care tax credit in 2001 and a refundable Earned Income Tax Credit that is 25% of the federal Earned Income Tax Credit.
- North Carolina reported in 2001 that an individual claiming an income tax credit and dependent expenses on the federal return may also claim tax credits for these expenses on their NC return.
- Maryland has an Earned Income Tax Credit for low-income families.
- In 2003 Missouri reported that a dependent care tax credit is under discussion as a recommendation of the Children's Services Commission tax force.

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

## Achieving Coordinated Systems

Only five states, Arkansas, the District of Columbia, Louisiana, Maryland and Tennessee, reported facilitating greater coordination in eligibility policies across child care and early childhood education programs at state and local levels (Action Step 10.1). As discussed at the **SOUTHERN REGIONAL FORUM ON COLLABORATION AND COORDINATION ACROSS EARLY CARE AND EDUCATION PROGRAMS** and noted in the Forum report, ***Southern Regional Forum on Collaboration and Coordination Across Early Care and Education Programs*** improved coordination is important to enhancing early care and education services, particularly in eligibility policies.<sup>12</sup> Presented below are examples taken from reports of 10 states that are working toward this action step

- Georgia reported in 2001 that any parent who is eligible for Head Start is eligible for wrap around services financed by the child care subsidy program. Pre-K has no eligibility policy except for the age of the child.
- In 2002 North Carolina reported coordinating eligibility policies through workgroups with early childhood education programs and partners in North Carolina such as the North Carolina Partnership for Children (Smart Start), More at Four and Head Start.
- Virginia reports that child care collaborates with Head Start to coordinate and streamline eligibility policies. The Department of Social Services also regularly collaborates with state Pre-Kindergarten programs through the Department of Education.

On the whole, states are making significant progress on implementing the Action Plan. However, as noted previously, there are areas where progress is slow. The Southern Regional Task Force on Child Care will convene in January 2004 to review the status of state progress in implementing the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***.<sup>13</sup> Members will discuss barriers to completing action steps and identify opportunities for implementation. The Southern Institute is seeking support to continue the efforts of the Southern Regional Task Force on Child Care and to continue monitoring states' progress, reporting survey results and assisting states in their implementation efforts.

## **Impact of the Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South**

After three years of efforts toward implementation, states have made considerable progress in most goal areas of the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***. There are, however, some goals where action is slow, and the difficult economic environment during the last several years has caused a few states to lose ground in some action areas. Following is a summary of impact by goal area.

**Goal One – Funding:** Southern states are working hard to address the child care funding problem. This effort is demonstrated by the fact that all states have taken positive action in every year on three of the four action steps applicable to states: 1) educating policy makers; 2) educating the business community; and 3) mobilizing community resources. Since the Initiative began, all states have taken action at least once on the remaining action step to increase state funding for child care to serve all eligible families. Unfortunately, as a result of difficult economic times, four states have experienced negative action in this area in 2003 and one in 2002.

**Goal Two – State Eligibility Policy:** Since the project began in January 2000, many states have completed action steps toward more family-friendly eligibility policies. States have completed a total of 47 actions, 19 of which were completed after the Southern Regional Initiative on Child Care began. All states have eliminated asset testing. Fifteen states now provide child care assistance to students. Eleven states established co-payments of 10% or less. However, due to budget problems, three states have taken negative action by increasing co-payments. Only five states broadly define income exemptions, and no state indexes income eligibility levels for inflation.

**Goal Three – Outreach Initiatives:** States are making excellent progress with outreach efforts. With one exception, no negative action has occurred in this goal area. One state discontinued outreach activities in 2002 due to a waiting list of over 25,000. States have made progress in completing five of six action steps. All 16 states are now providing literature and assistance to help parents make informed choices. While no state has completed the action step requiring states to ensure that information is accurate, family-friendly, employer-friendly, culturally sensitive and provided in multiple languages, every state but one has made progress in this area in each year of the Initiative. Unfortunately,

three states reported taking no action to reduce the stigma associated with receiving subsidies.

**Goal Four – Simplified Eligibility Process:** All states have taken positive action to simplify the eligibility process, but states have not made progress on two important action steps. There are 10 action steps in Goal Four, and all but one has been completed by at least one state. Four action steps have been completed by 10 or more states. Unfortunately, only two states continue eligibility for full subsidy for 12 weeks if the family loses employment but can document that a job search is underway. No state has established presumptive or immediate eligibility and seven states took no action on this step in 2003.

**Goal Five – Seamless Systems:** Child care, Head Start and Pre-Kindergarten are three major programs providing care for young children. States face the challenge of blending these separate federal/state programs in ways that are family-friendly and meet the needs of the family and the child. Many states are making progress in creating this seamless system of care. Thirteen states have completed at least one of four action steps in Goal Five. One of these states has completed all action steps, and 12 others have completed two action steps. All states have either completed or taken positive action in all three years on three of four action steps. Twelve states have eliminated the need for families to reapply when eligibility categories change. Eight states assure continuity of care in programs with multiple funding sources when eligibility changes from one category to another. Unfortunately, four states report taking no action in 2003 to explore the potential for policy and procedural changes to achieve linkages with or combined applications for child care assistance, Head Start, Pre-K and Title I.

**Goal Six – Customer Service:** Reports on Action Plan implementation show that states are working to improve customer service. One state has completed all four action steps in this goal area. Three other states have completed two action steps and eight other states have completed at least one action step. Two states have conducted periodic, independent and thorough consumer satisfaction assessments, but most states are having difficulty completing this action step. Generally, states use some method to assess customer satisfaction but do not use an independent contractor to undertake thorough assessments. The 2003 status reports show that five states are taking no action to gauge customer satisfaction.

**Goal Seven – Rate Supplements:** Although many states have yet to set rates high enough to make quality care available to all families, most states are working toward establishing rates that meet provider and family needs. Eight

states set rates that are no less than the 75<sup>th</sup> percentile based on a market rate survey conducted every two years. As of 2003, seven states are taking positive action in this direction. Since January 2000 two states have taken a step back in rate setting due to budget constraints. Six states report establishing and evaluating reimbursement policies that encourage provider participation, and eight states are taking positive actions toward this objective. The biggest challenge is the action step requiring states to prohibit providers from charging above the established co-payments. Although five states have completed this action step, 10 states reported no action in 2003. Six of these 10 states philosophically disagree with this step, asserting that by prohibiting providers from charging above the established co-payments to re-coup the cost of care, the state is limiting providers available to families and, thereby, limiting parental choice.

**Goal Eight – Employer Partnerships:** There are seven action steps in this goal area and progress is mixed. The following illustrates in descending order those action steps that show the most progress. The first action step, educating employers about bottom line benefits, has been completed by eight states and seven of the other eight states are making progress. Four states have provided information to employers on all available tax benefits and 10 states reported in 2003 that they were taking action in this area. And finally, 14 states report taking action to facilitate collaborative initiatives that enable employers to share ideas as well as pool their resources to address child care needs. The last four action steps show inactivity by more states. Two states have completed and 10 states made progress to enlist business leaders to champion the involvement of southern businesses and to serve as mentors to other businesses. Unfortunately, five states are not addressing this action step. Seven states are providing matching funds or other financial incentives for employers to invest in child care, and four states are working on it. However, five states report taking no action in 2003. Two states have completed and five states taken action to establish incentives for employers to create child care benefit programs for their employees or to contribute to child care purchasing pools in their state or community. Unfortunately, nine states are taking no action in this area. Three states have reduced the administrative burden on employers participating in any joint public-private child care assistance program. Six states are making progress, but seven states are not working on this action step.

**Goal Nine – Federal/State Tax Laws:** Goal Nine presents a challenge for most southern states. Considering the difficult economic environment, it is not surprising to discover that few states have taken action related to taxes. The good news for Goal Nine is that reports from states in 2003 show that seven action steps have been completed and states are taking action on 16 action steps. The following describes the challenges remaining in this goal area. Seven of 14 states with income taxes took no action in 2003 to establish refundable

child and dependent care tax credits. Eleven of 14 states with income taxes took no action in 2003 to raise state child care tax credit expense limits to accurately reflect the price of quality care. Thirteen of 14 states with income taxes have not taken action to index credits for inflation. And seven states have not taken action to encourage the use of efficient state tax strategies to provide financial support for child care. Eleven of the 13 states with tax credits have not taken action to ensure that they are clearly identified and easy to claim by filers using either the short or long form.

**Goal Ten – Coordinated Systems:** Goal Ten also presents difficulties for states. While all states are moving toward coordinated systems, only five states report completing the first of two action steps, greater coordination in eligibility policies at both state and local levels. Two states report taking no action in this area. The second action step requires states to participate in a collaborative effort to develop and collect common data elements across states. No specific step has been taken toward accomplishment of this action step. It should be noted that 16 of 17 states responded to the Southern Institute implementation survey which collects results of states efforts to implement the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South***. States also are reporting program specific data elements to the various federal offices administering early care and education programs.

The Southern Regional Task Force on Child Care is encouraged by the progress in implementing action steps and pleased to see the impact the Action Plan is having on improving access to child care assistance. The Southern Institute realizes the importance of surveys, reporting results and Task Force meetings to making more progress and maintaining accomplishments. To this end, the Southern Institute is committed to securing additional funding to continue this worthy, results-oriented effort.



## CHAPTER THREE

### **Status Report on State Implementation Efforts: Southern Regional Action Plan to Improve the Quality of Early Care and Education**

In January 2001 the Southern Regional Task Force on Child Care and its Staff Work Group embarked on a southern regional action plan to achieve quality in early care and education programs. To assist the Task Force with this undertaking, the Southern Institute implemented several strategies designed to inform, stimulate discussion and facilitate development of an action plan.

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

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

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

Responses from the survey were compiled by the Southern Institute and key data are displayed in tables included in the October 2002 publication entitled ***Southern Regional Action Plan to Improve the Quality of Early Care and Education.***<sup>14</sup>

The Southern Regional Task Force on Child Care, with guidance from the Southern Institute and the Staff Work Group, used census data along with compiled data from the survey to develop a plan of action for improving the quality of child care in the southern region. Armed with data showing that efforts to ensure the safety and quality of child care vary considerably across the

southern region, the Task Force developed a comprehensive plan that sets forth a “gold standard” that every southern state should achieve on behalf of all children in early care and education. As it developed the action plan for children from birth to age 12, the Task Force was guided by its vision statement:

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

The convening of influential state and regional leaders who can make things happen is a key Southern Institute strategy for increasing knowledge and promoting action on critical issues affecting children and families. To this end, two region-wide forums were held as part of the effort to improve quality in early care and education. A regional forum was held in Charleston, South Carolina, in October 2002 to build momentum for action on the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***. A second forum addressing issues on quality, the **SOUTHERN REGIONAL FORUM ON COLLABORATION AND COORDINATION ACROSS EARLY CARE AND EDUCATION PROGRAMS**, was held in Washington, DC, in June 2003.

Charleston, South Carolina provided the setting for release of the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***. The Forum agenda included time for convening state caucuses to discuss and identify action steps that state representatives agreed to pursue right away to address goals in the quality action plan. Following the state caucuses, each state reported to Forum participants the actions agreed upon for immediate attention. States participating in the Forum included Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia. Information on the Forum can be found in ***Moving Forward: Southern States Take Action To Improve Access To Quality, Affordable Child Care***.<sup>15</sup>

Both Goal Five in the ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*** and Goal One in the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education*** address the need for coordination and collaboration across early care and education programs. The issues of coordination and collaboration generated considerable discussion during the development of the action plan to improve quality as well as the implementation activities of the action plan to improve access to child care. When polled on the focus of the child care initiative in 2003, Task Force members agreed that coordination and collaboration of early care and education programs were most critical and should be addressed.

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

**1. *An Analysis of Potential Barriers to Creating Coordinated Absence Policies for Collaborations Between Head Start and CCDF and TANF Funded Programs.***<sup>16</sup>

**2. *Collaboration Among Child Care, Head Start and Pre-Kindergarten: A Telephone Survey of Selected Southern States.***<sup>17</sup>

Both reports can be found on the Southern Institute Web site at [www.thesoutherninstitute.org](http://www.thesoutherninstitute.org).

The Southern Institute sponsored the **SOUTHERN REGIONAL FORUM ON COLLABORATION AND COORDINATION ACROSS EARLY CARE AND EDUCATION PROGRAMS** in Washington, DC, in June 2003 to provide an opportunity for dialogue and discussion. The Forum was designed to address issues related to Goal One in the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***, which calls upon government to coordinate across programs for families and young children. To showcase promising practices, the Forum agenda included presentations on collaboration initiatives by state and federal representatives and concluded with a discussion among representatives of early care and education professionals. Invited participants included members of the Southern Regional Task Force on Child Care and the Staff Work Group, federal officials, state child care administrators, state Temporary Assistance for Needy Families (TANF) administrators, Head Start state collaboration directors, state representatives from Title I and pre-kindergarten programs, maternal and child health representatives, child advocates and representatives of foundations and the business community. Information on the Forum can be found in the ***Southern Regional Forum on Collaboration and Coordination Across Early Care and Education Programs*** report published by the Southern Institute and on the Southern Institute's Web site, [www.thesoutherninstitute.org](http://www.thesoutherninstitute.org).<sup>18</sup>

Ten months after the Task Force finalized the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***, the Southern Institute conducted a survey of southern states in the summer of 2003 to document results of state efforts to implement the goals and action steps. The Southern Institute prepared a summary chart to display state-by-state results as of August

2003 for each action step. The state survey summary chart is presented below and reports results in the following categories:

- Action Step Completed
- Action Taken Before January 1, 2001
- Action Taken After January 1, 2001
- No Action Taken After January 1, 2001
- Negative Action Taken After January 1, 2001

Action steps reported by states as completed prior to January 1, 2001, are presented on the summary chart in bold and italics. Highlights from the state status reports are presented in the next section of this report.

**Southern Regional Action Plan to Improve the Quality of Early Care and Education  
2003 State Implementation Status Report**

Action Step	Action Step Completed	Action Taken Before 1/2001	Action Taken After 1/1/2001	No Action Taken After 1/1/2001	Negative Action Taken After 1/1/2001
<b>Goal 1 – All children and families will have the benefit of a quality, comprehensive and coordinated early care and education system.</b>					
1.1 Public policy at the federal, state and local level will require planning and coordination across major systems to improve quality, including Head Start, state pre-kindergarten, subsidized child care and licensing.	<b>AR (State level)</b> , DC, GA (State level), <b>KY (State level)</b> , <b>MD (State level)</b> , <b>MO (State and local level)</b> , <b>NC (State and local level)</b> , SC (State and local level), TX (State and local level), <b>VA (State level)</b> , WV (State and local level)	OK	MS, OK	AL, LA	
1.2 Public policy at the federal, state and local level will support families by linking early care and education programs to health coverage, physical and mental health care, nutrition, economic support, transportation and parenting education services.		AR, DC, GA, KY, MD, MO, NC, SC, TX, VA, WV	AR, DC, GA, KY, MD, MS, MO, NC, OK, SC, TX, VA, WV	AL, LA	
1.3 Federal, state and local policies and systems will ensure coordinated, seamless transitions for children moving among early care and education programs and into kindergarten.	<b>NC (State level)</b> , <b>SC (State level)</b> , WV (State and local level)	AR, DC, GA, KY, MD, MS, MO, TX, VA	AR, DC, GA, KY, MD, MS, MO, TX, VA	AL, LA, OK	
<b>Goal 2 – Rigorous licensing requirements and/or regulatory processes will be enacted to ensure that children are adequately protected in all early care and education settings.</b>					
2.1 States will establish staff-child ratios and maximum group sizes for centers and homes that meet NAEYC <sup>i</sup> , NAFCC <sup>ii</sup> , APHA <sup>iii</sup> or AAP <sup>iv</sup> national standards.	<b>DC</b>	AL, GA, KY, MD, NC, TX, WV	AR, DC, GA, KY, LA, MD, MO, NC, OK, SC, TX, VA, WV	AL (MS did not answer for licensing agency)	
2.2 States will develop and enforce health, fire and safety requirements for all early care and education settings that reflect standards set forth by the APHA and the AAP.	<b>MO</b>	DC, NC, OK, TX	AL, AR, DC, GA, MD, NC, OK, SC, TX, VA, WV	KY, LA (MS did not answer for licensing agency)	

**Notes:**

- States responding: Alabama, Arkansas, District of Columbia, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Texas, Virginia and West Virginia.
- States were asked to report actions taken prior to 2001 when the Southern Regional Task Force on Child Care embarked on a southern regional action plan to achieve quality in early care and education programs. Additionally, states were asked to report data from January 1, 2001 through August 2003. Action steps completed prior to 2001 are presented in bold and italics.
- Alabama answered "no action" for action steps beyond the authority of the Department of Human Resources.
- Mississippi answered only those questions relating to responsibilities of the Department of Human Services.
- Florida did not respond to the survey.

**Southern Regional Action Plan to Improve the Quality of Early Care and Education  
2003 State Implementation Status Report**

<b>Action Step</b>	<b>Action Step Completed</b>	<b>Action Taken Before 1/2001</b>	<b>Action Taken After 1/1/2001</b>	<b>No Action Taken After 1/1/2001</b>	<b>Negative Action Taken After 1/1/2001</b>
2.3 State law will require strict enforcement of licensing requirements. States will use a range of sanctions that will include license revocation when a provider is unable or unwilling to meet requirements.	<i>AL, AR, DC, GA, KY, LA, MD, MO, NC, OK, SC, TX, VA, WV</i>		GA, MD, MO, NC, SC	(MS did not answer for licensing agency)	
2.4 States will conduct at least three unannounced monitoring visits per year to verify compliance with requirements.	<i>AR, OK</i>	AL, DC, GA, KY, LA, MD, MO, NC, SC, TX, VA, WV	AL, DC, GA, KY, LA, MD, MO, NC, SC, TX, VA, WV	(MS did not answer for licensing agency)	
2.5 States will require that child care providers, early childhood teachers and others who have regular access to children in early childhood settings have federal and state background checks using fingerprinting and screening against the state child abuse registry.	<i>AL, AR, DC, MD</i>	AL, GA, KY, LA, MO, NC, OK, SC, TX, VA, WV	GA, KY, LA, MO, NC, OK, SC, TX, VA, WV	(MS did not answer for licensing agency)	
2.6 States will ensure that all licensing and early care and education staff are educated in recognizing signs of child abuse and are trained in the state's child abuse reporting laws.	<i>AR, KY, MD, NC, TX, VA</i>	AL, DC, GA, MO, OK, SC, TX, WV	AL, DC, GA, KY, MO, OK, SC, WV	LA (MS did not answer for licensing agency)	
2.7 States will have a well-trained regulatory workforce with average caseloads between 50 and 75 per staff person <sup>1</sup> and a system capable of providing technical assistance.	<i>AL, AR</i>	AL, DC, KY, MD, MO, NC, OK, VA, WV	GA, KY, MD, MO, NC, OK, SC, VA, WV	LA, TX (MS did not answer for licensing agency)	DC, MD
2.8 States will ensure parental right of access to their child's early care and education facilities.	<i>AL, AR, GA, KY, LA, MD, NC, OK, TX</i>	MO, SC, VA, WV	DC, MO, SC, VA, WV	(MS did not answer for licensing agency)	
<b>Goal 3 – States will support development of quality early care and education programs for all children.</b>					
3.1 States will provide all early care and education providers with resources to help them improve the quality of care and education they deliver, such as technical assistance and training, accreditation support, grants to meet health and safety requirements and grants to support family child care home networks.	<i>GA, MS, MO</i>	AL, AR, DC, GA, KY, LA, MD, MO, NC, OK, SC, TX, VA, WV	AL, AR, DC, KY, LA, MD, NC, OK, SC, TX, VA, WV		MD

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3.2 States will have Child Care Resource and Referral networks to deliver quality early care and education enhancement support services to providers, such as outreach, training and technical assistance.	<b>AL, GA, KY, NC, WV</b>	AR, DC, MD, LA, MS, MO, OK, SC, TX, VA	AR, DC, GA, LA, MD, MS, MO, NC, OK, SC, TX, VA		
3.3 States will implement a rating system to recognize providers for incremental levels of quality.	AR, <b>DC, KY, MD, NC, OK, SC, TX</b>	LA, MO, WV	GA, LA, MO, VA, WV	AL, MS	
3.4 States will implement tax and other incentives to develop and expand early care and education programs that demonstrate a higher level of quality.	<b>AR, OK</b>	DC, GA, KY, MO, OK, SC	DC, GA, KY, MO, SC, VA	AL, LA, MD, MS, NC, TX, WV	
3.5 States will use a formal mechanism to seek parental input in program evaluations and will use that information in making policy decisions related to early care and education programs.		AL, AR, GA, KY, MD, MS, MO, NC, SC, TX, VA	AL, AR, DC, GA, KY, MD, MS, MO, OK, SC, TX, VA	LA, NC, WV	
3.6 States will identify and support the use of effective research based curricula.	<b>AR, KY, MO, NC, SC</b>	MD, NC, TX	DC, GA, KY, MD, MS, NC, OK, TX, WV	AL, LA, VA	
<b>Goal 4 – Staff in early care and education settings will be appropriately credentialed and adequately compensated.</b>					
4.1 States will maintain a professional development system that ensures, at a minimum, providers in early care and education settings meet standards set forth by NAEYC, NAFCC, APHA or AAP.		AL, DC, KY, MD, MO, NC, OK, SC, TX, VA	AL, DC, GA, KY, LA, MD, MO, NC, OK, SC, TX, VA, WV	AR (MS did not answer for licensing agency)	
4.2 States will require approved ongoing annual professional development for staff, appropriate to their education levels and job requirements, as specified in APHA and AAP. States will provide and implement a professional development system that verifies trainers, approves training and tracks the training of participants.		AL, AR, DC, KY, MD, MS, MO, NC, OK, SC, TX, VA	AL, AR, DC, GA, KY, MD, MS, MO, NC, OK, SC, TX, VA, WV	LA	

**Notes:**

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4.3 The federal government and states will provide universally available, comprehensive scholarships to early care and education providers who are pursuing a CDA or two- or four-year degree in child development, early childhood education, early childhood special education or child care administration. Scholarships will address the costs of tuition, fees and books and will support components such as travel costs, paid release time and child care.	<b>MO, NC, OK</b>	AL, AR, DC, GA, KY, MD, SC, TX, VA, WV	AL, AR, DC, GA, KY, LA, MD, MS, SC, TX, VA, WV		MD, OK
4.4 States will work with educational institutions to ensure that coursework is accessible in order to meet the early care and education workforce training needs, such as courses offered at night, on weekends, in accelerated formats, on-line and in various languages. Courses will address the varying educational levels of the workforce.	<b>KY</b>	AL, AR, DC, GA, MD, MO, NC, SC, TX	AL, AR, DC, GA, LA, MD, MS, MO, NC, OK, SC, TX, WV	VA	
4.5 The federal government and states will provide financial incentives that reward completion of approved levels of professional development.	AL, <b>GA, KY</b> , MD, <b>NC</b> , OK	DC, MD, MO, SC	AR, DC, MO, SC, TX	LA, MS, VA, WV	
4.6 The federal government and states will provide college loan forgiveness programs for persons earning an approved degree who work for a specified period of time in early care and education programs.	<b>NC</b>		AR, DC, GA, MS, TX	AL (AL responded that this action is beyond the authority of the Department), KY, LA, MD, MO, OK, SC, VA, WV	
4.7 States will work toward a system whereby staff with approved degrees or credentials will receive employment benefits and compensation at comparable levels to the state's public education system.	<b>NC</b>	DC, MD	AR, DC, MD, MO, NC, OK, SC, WV	AL, GA, KY, LA, MS, TX, VA	
4.8 States will ensure meaningful agreements and processes to enable the transfer of credits between and among approved two- and four-year degree programs.	GA, KY, TX	DC, KY, MD, MO, NC, SC, TX, VA, WV	AL, AR, DC, MD, MS, MO, NC, OK, SC, VA, WV	LA	

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<b>Goal 5 – Families will have the information to make well-informed decisions about the quality of their child’s care and education and to be actively involved in their child’s care and education.</b>					
5.1 States will support Child Care Resource and Referral networks that are easily accessible to parents and that provide information on child development, quality indicators, provider choices, vacancies and linkages to additional information.	<i>AL, KY, MO, NC, WV</i>	AR, DC, GA, LA, MD, NC, OK, SC, TX, VA	AR, DC, GA, LA, MD, MS, NC, OK, SC, TX, VA		
5.2 States will support early care and education providers in promoting parental involvement and in seeking parental input into the development and improvement of their programs.	<i>GA, KY, MD, OK</i>	AR DC, MO, NC, SC, TX, VA	AR, DC, MO, NC, OK, SC, TX, VA, WV	AL, LA (MS did not answer for Education)	
<b>Goal 6 – Quality early care and education programs will be financially accessible to all children.</b>					
6.1 Federal and state governments will adjust the child care tax credit expense limits to accurately reflect the cost of quality care.				AL (AL responded that this action is beyond the authority of the Department), AR, DC, GA, KY, LA, NC, OK, SC, VA  MD, MS, MO & WV have no child care tax credit.  TX has no state income tax.	
6.2 States with income taxes will establish refundable child and dependent care tax credits.	<i>AR, NC, SC</i>	DC, VA	DC, MO, VA	AL (AL responded that this action is beyond the authority of the Department), GA, KY, LA, MD, MS, OK, WV  TX has no state income tax.	

**Notes:**

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6.3 State and federal child and dependent care tax credit income-eligibility and expense limits will be indexed for inflation.			AR	AL, DC, GA, KY, LA, NC, OK, SC, VA  MD, MS, MO & WV have no child care tax credit.  TX has no state income tax.	
6.4 Federal, state, local and private funds will be sufficient to meet 100% of the need for direct early care and education financial aid, based on initial eligibility levels at 85% of the state median income. Federal law will allow and states will implement redetermination policies that allow families to retain early care and education financial aid until they reach 100% of the state median income.		AL, MD, NC, TX	AL, MD, MS, MO, NC, OK, TX, VA	AR, GA, KY, LA, SC, WV	DC
6.5 Federal and state governments should develop policies and systems to assure families receiving financial aid pay no more than 10% of their gross income for early care and education.	<b>AL, DC, GA, MS, MO, NC, SC, VA, WV</b>	AR, KY, MD	AR, GA, KY, MD, OK, VA	LA, TX	WV
6.6 States will set payment rates at no less than the 75 <sup>th</sup> percentile based on a market rate survey conducted every two years for each level and type of care. Annual inflation adjustments to payment rates will be made between market surveys.	<b>AR, SC</b>	AL, DC, GA, KY, MD, MO, NC, OK, VA, WV	AL, GA, KY, MD, MS, MO, NC, OK, VA, WV	LA, TX	DC, WV
6.7 States will implement payments to providers commensurate with the quality-rating level achieved by the early care and education programs.	<b>DC, KY, MD, NC, OK, SC, TX</b>	MO, WV	AR, GA, MO, SC, VA, WV	AL, LA, MS	

**Notes:**

- States responding: Alabama, Arkansas, District of Columbia, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Texas, Virginia and West Virginia.
- States were asked to report actions taken prior to 2001 when the Southern Regional Task Force on Child Care embarked on a southern regional action plan to achieve quality in early care and education programs. Additionally, states were asked to report data from January 1, 2001 through August 2003. Action steps completed prior to 2001 are presented in bold and italics.
- Alabama answered "no action" for action steps beyond the authority of the Department of Human Resources.
- Mississippi answered only those questions relating to responsibilities of the Department of Human Services.
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## Southern Regional Action Plan to Improve the Quality of Early Care and Education 2003 State Implementation Status Report

Action Step	Action Step Completed	Action Taken Before 1/2001	Action Taken After 1/1/2001	No Action Taken After 1/1/2001	Negative Action Taken After 1/1/2001
6.8 States will examine the financing of quality early care and education in their state and work toward providing payment rates that recognize the cost commensurate with the standards set forth in this action plan.		DC, KY, MD	AR, DC, GA, KY, MD, MS, MO, NC, OK, SC, VA	AL, LA, TX, WV	
6.9 States will design and aggressively implement outreach initiatives to provide families with easy-to-understand early care and education financial aid information and application assistance.	AR, NC	AL, DC, GA, KY, MD, MO, NC, TX, VA	AL, DC, GA, MD, MS, MO, OK, TX, VA	KY, LA, SC, WV	
<b>Goal 7 – States will ensure that accountability is built into all systems, programs and activities undertaken to achieve the goals of this action plan.</b>					
7.1 States will convene appropriate stakeholders to develop written strategic plans for improving the quality of early care and education programs in the state. These plans will include key goals, quantifiable measures of progress and program outcomes for all quality enhancement activities.	AR, <b>GA, KY</b> , MD	AR DC, MO, NC, VA	AL, DC, GA, MS, MO, NC, OK, SC, TX, VA, WV	LA	
7.2 States will collect and analyze data and produce written annual reports on progress toward identified goals. Reports will be made readily available to the public.	<b>KY</b>	AL, AR, DC, GA, MO, NC, OK, SC	AL, AR, DC, GA, MD, MS, MO, NC, OK, SC, VA	LA, TX, WV	
7.3 States will use data and annual reports to make continuous policy improvements and evaluate quality enhancement activities.	AL, <b>KY, NC</b>	AR DC, MD, SC, VA	AR, DC, MD, MS, MO, OK, SC, VA	GA, LA, TX, WV	

**Source:** Southern Institute on Children and Families

<sup>i</sup> NAEYC – National Association for the Education of Young Children

<sup>ii</sup> NAFCC – National Association of Family Child Care

<sup>iii</sup> APHA – American Public Health Association

<sup>iv</sup> AAP – American Academy of Pediatrics

<sup>v</sup> American Public Health Association & American Academy of Pediatrics. 2002. *Caring for Our Children: National Health and Safety Performance–Guidelines for Out-of-Home Child Care Programs*. Washington, DC: American Public Health Association.

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## Highlights from the State Implementation Surveys

Fifteen southern states responded to the 2003 Southern Institute Survey on the Status of State Implementation Efforts through August 2003. They are Alabama, Arkansas, District of Columbia, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Texas, Virginia and West Virginia. (State survey contacts are listed in Appendix D.)

Information that follows presents each goal with highlights related to selected action steps from the 2003 state responses to the Southern Institute state status implementation survey.

**GOAL ONE: ALL CHILDREN AND FAMILIES WILL HAVE THE BENEFIT OF A QUALITY, COMPREHENSIVE AND COORDINATED EARLY CARE AND EDUCATION SYSTEM.**

The **SOUTHERN REGIONAL FORUM ON COLLABORATION AND COORDINATION ACROSS EARLY CARE AND EDUCATION PROGRAMS** was held in Washington, DC in June 2003, to address issues related to Goal One in the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***.<sup>19</sup> To improve the quality of care, many states in the southern region are actively engaged in collaborating across early care and education programs by undertaking initiatives in early literacy, universal pre-kindergarten, comprehensive professional development systems and a strong infrastructure for ongoing collaboration. This message came across loud and clear at the third regional child care forum hosted by the Southern Institute on Children and Families. To showcase promising practices in collaborating across early care and education programs, the Forum agenda included presentations on collaboration initiatives by state and federal representatives and concluded with a discussion among representatives of early care and education professionals.

Results from the survey of state efforts to implement the action plan to improve quality confirm that states are working hard to coordinate and collaborate in early care and education. However, state reports also indicate a need to increase efforts in specific areas included in the quality action plan. The following sections highlight state efforts to address goal one and provide status reports on progress in completing selected actions to coordinate and collaborate.

## Planning and Policy Coordination

Confirming that planning and policy coordination is a key action step for Goal One, 11 of 15 responding states reported planning and coordinating policy across major systems to improve quality (Action Step 1.1). These states are Arkansas, District of Columbia, Georgia, Kentucky, Maryland, Missouri, North Carolina, South Carolina, Texas, Virginia and West Virginia. Two states are working toward comprehensive planning and policy coordination. The following information contains examples excerpted from state reports.

- The District of Columbia Office of Early Childhood Development was awarded a Kellogg Foundation SPARK grant. An ongoing partnership across District of Columbia systems has been building since early 2001. This partnership includes city agencies, the Department of Parks and Recreation, the Department of Health, DC Public Schools, City Council members, Head Start programs, representatives from the university community and community based groups. The partnership has been working to develop common early learning guidelines, school readiness expectations, clear agreements for alignments within the school readiness system and public awareness campaigns. As a result, additional initiatives and grants were awarded to enhance school readiness plans.
  - Assure Ready Kids (SPARK) Grant, administered by the National Black Child Development Institute;
  - Regional Pre-kindergarten Planning Project administered by the Council of Chief State School Officers;
  - District of Columbia City Councilman Chavous' "UNIVERSAL SCHOOL ACCESS" legislation; and US DHHS/ACF "Early Learning Opportunities Grant."
  
- Missouri reported that the Southern Institute on Children and Families has been an important impetus for maintaining momentum in the state around early care and education issues. The Governor's appointment of the Director of the Department of Social Services (DSS) to the Southern Institute's Task Force on Child Care reignited planning efforts. The DSS director ordered assessment and planning to be undertaken within DSS regarding early care and education and a blueprint for action was developed. The forum for discussing the policy implication of the school readiness indicators has been the Missouri Children's Services Commission (MCSC). The MCSC is comprised of eight state agency directors, eight legislators, two judges and ex-officio members. The MCSC has the statutory charge to work across state agencies to integrate services for children and to create a statewide plan for coordinated services. Specifically, the task force was asked to bring forward recommendations for public policy that would move Missouri toward a system of high quality early care and education for all children. Legislation is expected to emerge for consideration during the FY'04 legislative session.

Coordination at the local level began in the mid 1990's when Missouri launched a systemic reform initiative under executive order of the late Governor Mel Carnahan and with support from the Annie E. Casey, Danforth and Ewing Marion Kauffman Foundations among others. Under the leadership of the then Family Investment Trust, a public-private partnership, Missouri began to build a statewide infrastructure of community partnerships, which would assume accountability for improving results in six core areas. One of those areas was "children ready to enter school." The process was a partnership between communities and state government to effect change that would positively improve outcomes. State agencies were charged with identifying barriers, blending funding and coordinating services to achieve better results.

- Fostering collaboration in early care and education at the local level, the South Carolina legislature enacted First Steps in 1999, a community-based, comprehensive early childhood initiative to support school readiness for children birth to age five. The law directed the state to accomplish the goal by improving the efficiency and coordination of existing services and providing new services where gaps are identified.

South Carolina also reported that Governor Jim Hodges signed an Executive Order on September 23, 2001, to create a coordinated child care system by establishing linkages that maximize resources and promote more effective planning to assist families in accessing affordable, quality child care when they need it. Completed initiatives from the July 1, 2002, plan include:

- Opening a Center of Excellence at the University of South Carolina to provide a model program for infant/toddler care, preschool and after-school care housed with a Research Center equipped with distance education capabilities. This initiative is a public-private partnership that includes three state agencies, higher education, a private for-profit provider, Head Start and two foundations.
- Implementation of a public-private four-year-old kindergarten pilot to utilize the existing resources of private child care providers to meet the needs of working parents of four-year-old children.
- Completion of the Financing Universal Early Care and Education for America's Children Project, a national study undertaken to analyze the costs and impacts of alternative policy options and financing mechanisms for a quality early care and education system for South Carolina children birth to age five.
- Successful partnership with the United Way of South Carolina and the South Carolina Department of Health and Human Services to encourage employers to strategize to expand the affordability and availability of quality child care for working families.

- Draft of revised Child Day Care Licensing Regulations completed and in public review process.
  - Increased coordination of federal and state agency funding, services and resources to promote efficiency and better utilization of limited funds.
  - Expansion of the existing three-level child care rating system to become a universal statewide voluntary rating system to measure the quality of early care and education programs in process.
- The 2003 Texas Legislature created a new Office of Early Childhood Coordination within the Texas Health and Human Services Commission. The Texas Workforce Commission (TWC), as the CCDF Lead Agency, is represented on and actively participates in the statewide Advisory Committee established by that Office. The Head Start/Child Care/Pre-K Collaboration Task Force was created in the spring of 2002 to increase the coordination of services between Head Start, Child Care and Pre-K across the state. The goals are to share best practices in early child development and school readiness and to promote and expand full-day/full-year programs for children.

In addition to the above coordination activities, the 2003 Texas Legislature enacted legislation requiring information sharing among early learning programs. The legislation charged the Texas Center for Early Childhood Development (Texas Center) and its advisory committee to support early learning programs that coordinate services at the local level. Also at the local level, Texas Workforce Commission Boards have child care advisory committees comprised of representatives from school districts, community colleges, Head Start, employers, early childhood education programs, child care providers, child care resource and referral (CCR&R) contractors and related community-based organizations.

- In March 2002 the West Virginia Legislature passed Senate Bill 247, now WV Code 18-5-44. This legislation called for the implementation of voluntary, universal Pre-K for four-year-olds by school year 2012-13. Dual responsibility between the WV Departments of Education and Health and Human Resources was assigned for implementation of the pre-kindergarten program. Coordination of resources by public school, child care, Head Start and others was mandated. A policy that supports quality early education was established collaboratively. Each county must develop an implementation plan that demonstrates the coordination and maximization of community resources as well as compliance with the program policy. The Partners Implementing the Early Care and Education System (PIECES) Advisory Council was established in May 2002 to support planning and coordination across the systems for the pre-kindergarten as well as for a birth through age five system. The Advisory Council and sub-committees are

working with state and local public and private schools, agencies, child care and Head Start to develop a comprehensive early childhood system.

### Linking Families to Support Services

Unfortunately, not one state has completed action to establish policy that links early care and education programs to health coverage, physical and mental health care, nutrition, economic support, transportation and parenting education services (Action Step 1.2). However, since the quality initiative began, all but two states report working on this action step. Following are examples of states that are making notable progress on linking families to support services.

- Georgia reported the Childcare and Parent Services (CAPS) case managers received training at a statewide conference in October 2002 on linking families to resources. Case managers at the local Department of Family and Children's Services (DFCS) office refer families to Medicaid and to PeachCare for Kids, the state's health insurance program. In addition, families are referred to the Food Stamp and TANF programs that are available through the local DFCS office. CAPS offers seamless child care services for families as they transition from TANF to self-sufficiency. The transfer of funds from the TANF program to CAPS increases the number of families who receive subsidized child care. Adults interested in attending technical school programs are told of the state's HOPE grants which pay for tuition and books for adults who attend technical school. Families potentially eligible for Women, Infants, and Children (WIC) and health services are referred to the local health departments. Childcare and Parent Services (CAPS) case managers link families to the local child care resource and referral agency, Head Start and Early Head Start programs and Georgia's Pre-K program.

The statewide network of Child Care Resource and Referral agencies links families to child care providers and to community services. In 2002, Child Care and Development Funds began supporting the Inclusion Project and the work of the Inclusion Coordinators within each child care resource and referral district. The goal is to increase the number of high quality, inclusive child care settings available to families. The program refers families to child care providers, including family child care homes, child care centers and school age care programs for parents of children with disabilities; refers families to community resources that link parents to support services, financial aid information, medical equipment and other information; distributes materials on finding child care, inclusive child care programs, benefits of inclusion, Americans with Disabilities Act, the Individual with Disabilities Education Act, etc.; furnishes free technical assistance to providers through telephone consultation and site visits; offers training on a variety of topics related to children with special needs and the legal

requirements for service provision; and offers access to a lending system of toys, manipulatives, books, posters, curriculum kits, etc. that can be checked out by providers and parents of children with disabilities. The Childcare and Parent Services Section collaborates with Healthy Child Care Georgia initiative.

- There are a number of programs in Kentucky which are included in the KIDS NOW early childhood initiative that link early care and education to programs in health coverage, physical and mental health care, nutrition and parenting education services. Programs include: Healthy Babies Campaign; Folic Acid Campaign; Universal Newborn Hearing Screening; Immunizations for Underinsured Children; Substance Abuse Treatment Program for Pregnant and Post-partum Women; Eye Examinations for Children; HANDS voluntary home visitation program; increased eligibility of families to child care subsidy; STARS for KIDS NOW quality rating system; KIDS NOW scholarship program; increased licensing personnel; and formation of Community Early Childhood Councils.

Social and emotional issues for early care and education, included in the KIDS NOW early childhood initiative, have resulted in the hiring of 14 early childhood mental health specialists with the responsibility of providing technical assistance and support for early care and education programs that have children and families with social and emotional issues. Funding is being provided for First Steps, Kentucky's Early Intervention System; Child Advocacy Centers; an Oral Health Education and Prevention Program is being implemented statewide; and an extensive Professional Development seamless system with a Trainers Credential and in-depth training is being implemented statewide.

- West Virginia reported its 2002-2003 contract with Child Care Resource and Referral (CCR&R) agencies expanded their services to include the following:
  - CCR&R agencies will assist families in securing appropriate financial, health, social and family support services through referral and coordination with other local, state and federal programs by:
    - Conducting an annual assessment of financial, education, social, family support and health resources available to families and children in each county.
    - Utilizing the resource list to refer families and children to appropriate agencies.
    - Coordinating with other agencies in offering services to families and children.
    - Developing resource booklets and providing copies to parents applying for child care. Resource books shall be updated every two years.

- Placing resource lists on-line for access by parents and providers.

CCR&R agencies will work collaboratively with health organizations and other early childhood entities to offer vision, hearing and developmental screening and immunizations for children according to the following guidelines:

- Screening is available twice annually
- Parents are provided with health information and resources
- CCR&R agencies work with existing providers of “health fairs” where possible to avoid duplication of efforts and target counties that do not have these resources for extensive work

Policy 2525, West Virginia’s Universal Access to Early Education System, effective February 2003, requires:

- Children entering an approved West Virginia pre-kindergarten program be screened for impairments or delays in hearing, vision, speech, language, development and dental health. Local collaborative teams provided assessment data on current availability of screenings in plans due June 2003. Counties are responsible for identifying ways to coordinate among partners and community resources to provide the screenings free of charge to all children entering West Virginia pre-kindergarten.
- Counties examine and coordinate transportation possibilities for children participating in West Virginia pre-kindergarten.

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

### Monitoring Child Care

While Arkansas and Oklahoma are the only states conducting at least three unannounced monitoring visits per year to verify compliance with requirements (Action Step 2.4), 12 of the remaining 13 states report actions in this area. Following are examples.

- Georgia reports that the Department of Human Resources Office of Regulatory Services inspects licensed centers and group homes before opening and, on average, three times annually. The surveyors inspect all new applicants for family day care homes within six months of application. Each year they inspect 20% or more of the current registered homes. The

Office of School Readiness (OSR) licenses child care centers that participate in Georgia's Pre-K program. OSR makes at least three visits per year to each center to evaluate the center's compliance with state licensing rules. These visits include visits to provide technical assistance related to health and safety issues and quality improvements.

- North Carolina reported that in 1999 monitoring visits were changed from being announced to unannounced. Additional staff were hired in July 2001 to facilitate making visits annually to family child care homes. Currently each home receives one unannounced visit annually. Each center receives, at a minimum, one unannounced visit annually and two as time allows. Visits are also completed for complaint investigations and these visits are also unannounced.
- In 2000, the South Carolina Department of Social Services implemented a plan to conduct unannounced visits to 10% of licensed facilities. After January 1, 2001, with enhanced funding from the South Carolina Department of Health and Human Services, the South Carolina Department of Social Services was able to hire additional licensing staff and began monitoring all licensed facilities twice a year. With the passage of Bill 199, registered churches began receiving two unannounced inspections per year.

### Protecting Children from Abuse and Neglect

Six states, Arkansas, Kentucky, Maryland, North Carolina, Texas and Virginia have completed Action Step 2.6 which requires states to ensure that all licensing and early care and education staff are educated in recognizing signs of child abuse and are trained in the state's child abuse reporting laws. Eight of the remaining ten states are taking steps to train staff on fulfilling their roles in protecting children from abuse and neglect. Reports from states are provided below.

- For many years Maryland child care licensing regulations have contained the definitions of child abuse and child neglect and specified the steps that each person with child care responsibilities must take if he/she suspects that abuse or neglect may have occurred. In addition, each family child care provider and child care center director is provided with a regulation guideline manual that describes the signs of abuse and neglect. Under licensing regulations, family providers are required to orient their substitutes regarding these matters, and center directors are required to do likewise with their child care staff. In addition, Child Care Administration (CCA) licensing staff review child abuse/neglect monitoring and reporting requirements with each applicant for a family child care or child care center license during the orientation process that must be completed before a license can be issued. Subsequently, these requirements are reviewed again with each home

provider and center director at each re-licensing inspection. New licensing staff are fully oriented to child abuse/neglect requirements during the Child Care Administration's centralized licensing staff training curriculum

- Virginia reported that licensing staff continue to be trained in recognizing signs of child abuse and the state's child abuse reporting laws. Additionally, under a proposed change in regulations, child care staff also will be trained. The Child Day-Care Council approved on July 10, 2003, a proposed center regulation. There will be a 60-day comment period on this regulation and consideration of comments before it is finalized. Proposed changes to this regulation include requiring staff to receive by the end of their first day of assuming job responsibilities, training in recognizing child abuse and neglect and the law requirements for reporting suspected child abuse as required by the Code of Virginia. The proposed regulations require the following:
  - Continuation of staff from local departments of social services providing child abuse training upon request for child care providers.
  - Increasing the frequency of the statewide, four-hour provider training sessions from every 18 months to every 12 months (offered during the fall of each year).
  - Continuation of providing child abuse information in technical assistance material sent to providers.
  - Continuing to offer the booklet entitled Assistance for Child Care Providers in Recognizing and Reporting Child Abuse and Neglect.
  - Development of a video/DVD entitled Protecting Children: A Mandated Reporter's Guide to Recognizing and Reporting Child Abuse and Neglect (2003, 26 minutes total running time). This video/DVD was developed in partnership with the Virginia Bar Association/Young Lawyer's Division and the Family and Children's Trust Fund of Virginia. The Video/DVD is available from VideoWorks of Virginia Incorporated (804-282-2003) at a cost of \$7.00 for a single copy with lower rates depending on the quantity ordered. An order form to obtain this video/DVD was sent to providers in June 2003.
  - Development of a brochure entitled Recognizing, Reporting and Preventing Child Abuse and Neglect in Virginia (10/02). The brochure is available in English or Spanish and was distributed to providers in June 2003.

Plans are underway to offer child abuse training for providers via teleconferencing at approximately six sites in the spring of 2004.

### Regulatory Workforce

Only two states, Alabama and Arkansas, report having a well-trained regulatory workforce with average caseloads between 50 and 75 per staff person and a

system capable of providing technical assistance (Action Step 2.7). Nine states report working on this action step. Due to budget constraints, two states report increasing caseloads for regulatory staff since January 2001. Below are examples from state reports.

- The District of Columbia reported that prior to 2001 the average caseload for regulatory staff was 73. Unfortunately, after January 1, 2001, the caseload was between 95 and 100.
- Georgia reports using collaboration to increase monitoring staff and to expand resources for technical assistance. The Georgia Childcare and Parent Services collaboration with Child Care Licensing funds increased monitoring for family day care homes. Before this collaboration, licensing surveyors monitored new family day care homes but did not have adequate staff to monitor existing family day care homes. Now, in addition to monitoring all new family day care homes, the licensing surveyors monitor 20% of existing family day care homes annually.

Child care providers are linked to local agencies that can offer on-site technical assistance to meet standards. The local agencies include child care resource and referral agencies, Child Care Health Consultants and various technical assistance projects that assist programs working to meet standards. Through the Office of School Readiness (OSR), technical assistance is available to OSR-licensed centers from licensing consultants for health and safety topics as well as quality improvement areas. Licensing consultants also provide training to groups of center staff and owners when requested. This training is provided to improve the center's compliance and level of quality services to children. Training also is available for child care center directors and staff through regional meetings and the Standards of Care program (a statewide, voluntary quality improvement program for out-of-home care). This training is available for OSR-licensed centers statewide and for Department of Human Resources (DHR)-licensed centers in the 14 Smart Start Georgia Plus counties for directors and early childhood educators for children birth through age five.

Some Child Care and Development Fund quality set aside funds provide technical assistance and training for school age programs in selected locations across the state. Currently operating programs, as well as start-up programs, may qualify. The technical assistance emphasizes best practices and is provided to programs that serve elementary children, middle school youth and children with disabilities. Mini-grants are available to programs seeking to improve the quality of their environment and staff. Programs seeking accreditation from the National School Age Care Association may also receive mini-grants to purchase equipment, learning materials and supplies.

Each Child Care Resource and Referral district is staffed with an Inclusion Coordinator. Inclusion Coordinators support children with disabilities in child care settings throughout the state. They provide training and on-site technical assistance to programs that serve a child with special needs. The technical assistance is specific to the child's disability. Inclusion Coordinators work to increase the number of high quality, inclusive child care settings available to families and link families to community services.

The Infant Toddler Network initiative is increasing the quality and capacity of infant and toddler care in the state by providing individualized on-site technical assistance that is based on an evaluation of program needs. The Infant Toddler Environmental Rating Scale (ITERS) is used. A quality improvement plan for infant and toddler programs is developed based on the evaluation. The project also provides technical assistance to centers and homes with a low regulatory compliance history to bring them to and above an 80% licensure compliance level.

- Maryland reported an average caseload of 107 prior to 2001, with 90 for family child care homes and 17 for child care centers. By July 31, 2003, due to a state hiring freeze, the average caseload had risen to 116, with 93 for family child care homes and 23 for centers.
- North Carolina reports hiring additional staff after January 1, 2001, which reduced the overall caseload to 90 programs. An additional group of staff were hired that were designated as lead licensing consultants. The role of the lead consultants is to provide technical assistance to new programs that are opening, to work with existing programs that are encountering difficulties based on failure to comply and/or administrative action, and to mentor new child care consultants. These lead consultants are not included when determining caseloads, but are an effective resource for providing technical assistance.

**GOAL THREE: STATES WILL SUPPORT DEVELOPMENT OF QUALITY EARLY CARE AND EDUCATION PROGRAMS FOR ALL CHILDREN.**

### Providing Resources to Improve Quality

Three states, Georgia, Mississippi and Missouri, provide all early care and education providers with resources to help them improve the quality of care and education they deliver, such as technical assistance and training, accreditation

support, grants to meet health and safety requirements and grants to support family child care home networks (Action Step 3.1). All 12 remaining states report taking action in this area. Examples below are partial responses taken from state reports.

- The Georgia Infant and Toddler Network formed in 2000, serves teachers and family child care providers caring for infants and toddlers. The focus is on counties with high concentrations of infant and toddler programs and/or a high need for child care but limited availability. In August 2002 the network completed the Georgia Outcome and Indicator Framework for Birth through Three-Year-Olds. The framework provides measurable outcomes to evaluate programs serving children up to age four years. The framework is designed to provide benchmark indicators for tracking and to guide policy decisions and proposal-funding initiatives. The four goals of focus within the Georgia Outcome and Indicator Framework focuses on developmental outcomes for young children; child and family well-being; quality of and access to services; and systems capacity. The Infant Toddler Network initiative is designed to increase the quality and capacity of infant and toddler care in the state through the following:
  - Provides individualized on-site technical assistance that is based on an evaluation of program needs. The ITERS is used. A quality improvement plan for infant and toddler programs is developed based on the evaluation.
  - Supplements technical assistance with quality improvement grants based on an evaluation of program needs to ensure that classrooms and facilities are safe and well-equipped.
  - Recruits accomplished teachers to mentor the less experienced teachers. Mentors new and existing child care centers through the NAEYC national accreditation process.
  - Provides technical assistance to centers and homes with a low regulatory compliance history to bring them to and above an 80% licensure compliance level.
  - Increases the availability and accessibility of training for infant and toddler teachers and family child care providers that advance their careers.
  - Provides financial assistance to centers engaged in accreditation programs.
  - Provides scholarships to support infant and toddler teachers who wish to enroll in formal certificate, diploma and degree programs at technical colleges, four-year colleges and universities.

At this time, the project is collecting baseline data for the identified measures of quality in the Georgia Outcome and Indicator Framework for Birth through Three-Year-Olds. Continuation of the Infant Toddler Network initiatives is contingent on CCDF reauthorization and funding availability.

- Beginning in 1999, Missouri has offered grants to providers to assist them in expanding their capacity through both the Department of Social Services and Department of Elementary and Secondary Education. Through the Start Up and Expansion Program and Missouri Pre-School Project grants, providers have access to monies to help them meet licensing standards, establish or expand program, invest in professional development, etc. These grants continue to be offered.

Professional development plans are required through the Request for Proposal process and the Missouri Pre-school Project program has offered technical assistance and support to its grantees through a contract with the Project Construct National Center.

In 2000, the Missouri Department of Social Services and Department of Health and Senior Services also began supporting accreditation through contracting for accreditation facilitation with Missouri Child Care Resource and Referral Network, community partnerships and others. These projects throughout the state continue to provide technical assistance and support for child care providers pursuing the accreditation process.

Missouri also has two pilot compensation projects that have made significant strides in reducing the turnover rate and increasing the educational level of staff. One project exists in the Kansas City area and another multi-county project is administered through a grant to the Center for Family Research and Policy at the University of Missouri, Columbia.

- In addition to continuing to allocate grants to providers to improve infant and toddler care, South Carolina recognized the need to upgrade the state's expertise in infant care. To this end a partnership was created among the WestEd Program for Infant/Toddler Caregivers, the University of South Carolina and the South Carolina Department of Health and Human Services. A plan was developed to create a training/educational infrastructure to support infant and toddler providers receiving quality grants and others providing services to infants and toddlers by building expertise within the state's higher education institutions and key state agencies. The Program for Infant/Toddler Caregivers certified training for Modules I, II, III and IV was chosen as the core philosophy and curriculum to build a cadre of expertise statewide. The training was provided through two three-hour 800 graduate level classes for the summer of 2001 and 2002. The 45 scholarship recipients were required to develop and implement an action plan to show how they had provided training or technical assistance to a specified provider population of their choice. Early childhood college faculty had to commit to revise a current course or to develop a new course using the newly acquired knowledge about infants and toddlers. This training has

resulted in a wide variety of training sessions, conference presentations, college coursework, technical assistance and mentors who are now available to caregivers and directors statewide. The cadre of 45 faculty, agency staff and others represents the geographic regions of the state and cuts across agency lines to meet the state's long-term professional development needs for infant and toddler staff. The second phase of the certification training began in the summer of 2003, combining the faculty of South Carolina institutions who are certified Program for Infant/Toddler Caregivers trainers and faculty from WestEd. Providers who apply for infant and toddler grants from the South Carolina Department of Health and Human Services are required to attend free training provided by agency staff certified as Program for Infant/Toddler Caregivers trainers. Agency staff have created three manuals: Setting Up a Room for Infants (0-12 months), Setting Up a Room for Young Toddlers (12-24 months) and Setting Up a Room for Older Toddlers (24-36 months) and a fourth manual to specifically address the needs of family and group providers (Setting Up a Family/Group Home for 0-36 Months) has been added. The training, coupled with grants and the manuals on setting up appropriate environments for infants and toddlers have created a comprehensive, coherent strategy for quality improvement in infant and toddler child care programs. This approach is recognized by the State Department of Education.

The South Carolina Department of Health and Human Services has partnered with the University of South Carolina, the University of South Carolina Foundations, the Schuyler and Yvonne Moore Family Foundation, Gateway Academy, Head Start, South Carolina Educational Television and the State Department of Education to create the USC/Gateway Child Development and Research Center. This "Center of Excellence" is designed to be a model program with classrooms implementing the WestEd infant and toddler approach, High Scope model and a Head Start classroom. This quality initiative operates in a private child care center classroom that is mandated to become accredited by the National Association for the Education of Young Children. The Center, which opened in September 2003, will be used for on-site observation by other child care programs and will interface with the Research Center located on the second floor of the facility for research and training. A state-of-the-art mediated studio classroom in the Research Center will be used to meet the education and training needs of the South Carolina early care and education community to improve the quality of child care statewide. This mediated classroom will be linked to South Carolina Educational Television for downlinking capability to their 1,800 sites. With the large private sector presence in the ABC Child Care Program in South Carolina, this program will provide an example of high quality child care in the private sector and an example of a public-private partnership that maximizes resources.

## Rating System

All but two states report either having completed or taken action to implement a rating system to recognize providers for incremental levels of quality (Action Step 3.3). Eight states have completed this action step. Arkansas and Maryland completed action after the quality initiative began. The District of Columbia, Kentucky, North Carolina, Oklahoma, South Carolina and Texas completed this action step prior to January 1, 2001. Below are examples of states with a rating system that recognizes quality.

- Prior to January 2001, the District of Columbia established a tiered reimbursement program for both centers and homes with a Level 1, Level 2 and Level 3 Tier System. The Level 1 tier represents bronze rate providers, the Level 2 tier represents silver rate providers and the Level 3 tier represents gold rate providers. Currently, gold is the highest tier and represents the highest reimbursement rate attainable. Providers at the gold level or tier must be accredited. On July 22, 2003, the DC Office of Early Childhood Development (OECD) held a “Group Genius” session in a very unique and creative setting in Baltimore, Maryland, with outside facilitators where a new method of learning and resolving complex work problems was experienced by a diverse group of stakeholders including bronze, silver and gold tiered providers, OECD program monitors and OECD administrative staff. The purpose of this session was to re-address the issues surrounding the District’s Tiered Rate Reimbursement program and resolve and finalize the criteria. The effort enabled DC to build a strong foundation upon which to move toward goals effectively and efficiently. The District of Columbia OECD established a goal to have an improved Tiered Rate Reimbursement Model for implementation by November 2003.
- In July 2001 Maryland began implementation of a system of tiered reimbursement that recognizes four levels of quality achievement. The highest level is the award of accreditation from a state or nationally recognized organization. Also required are program evaluation, using environmental rating scales, parental involvement, staff credentialing and compensation and continued training.
- North Carolina implemented a five-star rated license for child care centers and homes in 1999 to recognize progressive levels of voluntary standards leading to higher quality programs. The ratings are based on scores for program standards, staff education and experience and history of compliance with licensing regulations. A one-star rating is mandatory for all licensed programs, with programs applying for ratings of two to five stars based on criteria met. Environment rating scale assessments to evaluate the quality of care are included in the program standards component of the rated license. Ratings of licensed programs were tied to subsidized child

care reimbursement rates in 2000. Market rates progress up the five levels of star ratings.

- South Carolina reported being the first state to create a strategy of tiered reimbursement as a financial incentive for the subsidy program to recognize quality through higher payments to child care providers in 1992. Initially the rating system consisted of two levels – programs meeting voluntary standards higher than state licensing standards and accreditation by the National Association for the Education of Young Children (NAEYC). In the mid-1990's the system was expanded to the three level system that is currently in place. The voluntary standards, known as the ABC Child Care Program Standards, were designed to move child care providers toward the direction of NAEYC standards. The ABC Standards address: regulatory requirements, staff qualifications and development, health and safety, nutrition and food service, staff-parent interaction, staff-child ratios, staff-child interactions, activities and physical environment. Providers are rated through regular unannounced on-site reviews and observations and must maintain a passing score to remain a provider in the state's subsidy program. There are standards designed for centers, family child care homes and group child care homes and specific standards for age groups 0-2, 3-5 and 6-12 years of age. Payment of subsidy to providers is based on the age of the child, level of program quality and urban vs. rural location. The ABC standards were recognized in the legislation creating the South Carolina First Steps program as criteria to be addressed in receiving state grants to promote quality.

South Carolina is currently revising the three tiered system to expand it to a universal voluntary rating system for all child care providers and to expand the number of levels recognized. Recommendations from the South Carolina Task Force on the Cost of Quality Early Care and Education as well as other planning entities are being considered for the new system.

### Parental Input

Twelve states report taking steps to use a formal mechanism to seek parental input in program evaluations and to use that information in making policy decisions related to early care and education programs (Action Step 3.5).

Examples of state reports are provided below.

- Prior to January 1, 2001, Arkansas conducted two formal surveys involving parents. One was a customer satisfaction survey and the other a facility survey. Arkansas reported that they plan to complete additional surveys involving parents in 2003.

- Kentucky reports that parents are part of work groups, committees and boards of early care and education programs as well as local Early Childhood Councils that evaluate and develop policy for programs.
- Missouri's Early Head Start Program fosters the Head Start policy of convening policy councils for the purpose of program evaluation and policy recommendations. The councils consist of Early Head Start parents who are given an opportunity to provide feedback on individual Early Head Start programs. Parents are an integral part of the council's process of program evaluation. The Missouri Department of Social Services has an Early Childhood Advisory Council that provides guidance and policy recommendations to the Office of Early Childhood. Members of this council include parent representation. Beginning in 2001, the Department of Social Services posted the CCDF state plan on their Internet Web site. The Web site has an area in which the public may submit comment to the Department about the state plan and the programs that CCDF funding supports. In July 2003 a statewide stakeholders' meeting was convened to present a proposed design for the state's continuous growth of its resource and referral and professional development system. Parents were encouraged to attend this meeting as a venue in which they could provide comment on the state's plan to coordinate the resource and referral and professional development activities in the state.

**GOAL FOUR: STAFF IN EARLY CARE AND EDUCATION SETTINGS WILL BE APPROPRIATELY CREDENTIALLED AND ADEQUATELY COMEPENSATED.**

### Professional Development

All states but one reported working on Action Step 4.2 that requires approved ongoing annual professional development for staff, appropriate to their education levels and job requirements, as specified by American Public Health Association/American Academy of Pediatrics (APHA/AAP) and a professional development system that verifies trainers, approves training and tracks the training of participants.<sup>20</sup> Below are examples of these states' efforts.

- Georgia reported activities conducted after January 1, 2001. Georgia has a training approval process before training for child care providers becomes "Department of Human Resources approved." The Office of Regulatory Services contracts with the University of Georgia to review training curriculum. The reviewer holds a master's degree in Early Childhood

Education. Approximately 70 applications for the approval of training modules/curriculum are reviewed each month. All training curricula are expected to be task-focused, competency-based, accurate and relevant. Training modules that have specialized content (such as early intervention, brain research, nutrition and health) are referred to experts in each field for review. Additionally, trainers must meet standards before they are “DHR approved.” The Professional Development Competencies for trainers include professionalism, instructional design and development, knowledge of content, presentation skills and program management. The Office of Regulatory Services maintains a database of approved trainers and the curriculum/workshops that they are authorized to provide.

- Missouri child care licensing regulations required 12 clock hours of training per year for all licensed providers. After January 1, 2001, Opportunities in a Professional Education Network (OPEN) implemented a trainer registry and in conjunction with the state departments (primarily Child Care Licensing) is working toward both trainer and training approval. Child Care Licensing is also working on proposed rules that will increase the training requirements of licensed child care providers. The Department of Social Services is working on a proposed statute revision to allow for the authority to implement minimum training requirements for registered providers.
- Oklahoma’s Center for Early Childhood Professional Development (CECPD) maintains a professional development registry to track provider’s training and an educator registry of approved trainers. In August 2003, CECPD implemented a three-tier training approval system.
- In 2001 West Virginia began to implement the WV STARS trainer approval and training registration system. Individuals apply to be approved trainers. Approval is based on education, practical experience and training experience. Approved trainers then register their individual training and provide an agenda and core competency area. The WV STARS registry tracks training for those that are voluntarily registered on the pathway. To maintain credentialed status on the pathway, 45 clock hours of training must be completed over a three-year period.

### Scholarships for Child Care Workforce

Recognizing the importance of helping the child care workforce advance their professional training, all states either completed or took action to provide universally available, comprehensive scholarships to early care and education providers who are pursuing a Child Development Associate or two- or four-year degree in child development, early childhood education, early childhood special education or child care administration. Scholarships must address the costs of tuition, fees and books and will support components such as travel costs, paid

release time and child care (Action Step 4.3). Three states, Missouri, North Carolina and Oklahoma, have completed this action step. Below are examples taken from state responses.

- The Missouri Child Care Resource and Referral Network purchased the license for T.E.A.C.H.<sup>®</sup> and has implemented it with financial support from various sources. In 1998, a portion of state gaming funds was set aside in an Early Childhood Development Education and Care Fund to be jointly administered by the Departments of Social Services and Elementary and Secondary Education. These funds provide for Start Up/Expansion of Early Childhood Programs, state funded Early Head Start, and Accreditation Facilitation. Within each of these programs are components to assist with the cost of Child Development Associates (CDA's), and two- and four-year degrees appropriate to the specific program (i.e. Start Up assists with CDA's, Accreditation facilitation assists with two- and four-year degrees, Early Head Start provides professional development opportunities consistent with staff needs.)
- In 1990, Child Care Services Association (CCSA) in Chapel Hill, North Carolina created the Teacher Education and Compensation Helps (T.E.A.C.H.<sup>®</sup>) Early Childhood<sup>®</sup> Project to address the issues of under-education, poor compensation and high turnover within the early childhood workforce. Each T.E.A.C.H.<sup>®</sup> scholarship program has four components:
  - Scholarship. The scholarship usually covers partial costs for tuition, books and assessment fees. Many scholarships provide paid release time and a stipend for travel expenses.
  - Education. In return for receiving a scholarship, each participant must successfully complete a certain number of semester credit hours at a college or community college within a certain length of time.
  - Compensation. Upon completion of the different levels of education, students are eligible to receive increased compensation in the form of a bonus (ranging from \$100 to \$700) or a raise (4% or 5%).
  - Commitment. Participants then must honor their commitment to stay in their child care program.

The T.E.A.C.H. Early Childhood<sup>®</sup> Project has been successful in improving the education, compensation and retention of the early childhood workforce. For example, in 2001-2002:

- Over 4,300 teachers, directors and family child care providers received T.E.A.C.H. Early Childhood<sup>®</sup> Project scholarships.
- Thirty-two percent (32%) of North Carolina's child care centers had at least one participant on scholarship.
- Over 3,000 of those scholarships supported child care professionals taking courses leading to an associate degree in early childhood education.

- Teachers participating in the associate degree scholarship program completed an average of 14 semester hours per contract, saw their compensation improve by over 13% annually and left their child care centers at a rate of less than 9% per year.

Providers searching for information about financial assistance for education can link from the Division of Child Development's (DCD) Web site [http://ncchildcare.dhhs.state.nc.us/providers/pv\\_sn2\\_eres.asp](http://ncchildcare.dhhs.state.nc.us/providers/pv_sn2_eres.asp) to Child Care Services Association's (CCSA) Web site <http://www.childcareservices.org/> to learn more about The T.E.A.C.H. Early Childhood® Project.

- Oklahoma implemented the T.E.A.C.H.® scholarship program in 2000. T.E.A.C.H.® includes all of the components recommended in Action Step 4.3. Unfortunately, travel costs will no longer be paid effective July 2003 due to budget constraints.

### Financial Incentives for Professional Development

Six states, Alabama, Georgia, Kentucky, Maryland, North Carolina and Oklahoma, provide financial incentives that reward completion of approved levels of professional development, (Action Step 4.5). Alabama, Maryland and Oklahoma completed this action step after January 1, 2001. Five of the remaining nine states are taking action in this area. Below are reports from states completing the action step.

- Smart Start Georgia (formerly the Georgia Early Learning Initiative) continues to administer the Early Childhood Educators INCENTIVE\$ Program. INCENTIVE\$ rewards teachers of children age five and under for staying in the profession and for increasing their skill and knowledge through formal education programs. The supplement is paid directly to eligible early childhood teachers, directors and family child care providers. By supplementing teachers' salaries, INCENTIVE\$ encourages those who work directly with young children to stay in the field and continue to gain knowledge and refine their skills.
- Kentucky established Milestone achievement awards as part of its KIDS NOW early childhood initiative.
- Maryland implemented the credentialing and tiered reimbursement programs after January 1, 2001. The credential consists of six levels, each one based on higher levels of education, experience and professional activity. A participant at Level Two or higher is eligible to receive an achievement bonus based on continued training, remaining in the child care field and professional activity. Bonuses are awarded one time at each level in amounts of \$200 - \$1,000.

- Child Care Services Association (CCSA) created the Child Care WAGE\$<sup>®</sup> Project in 1994 in Orange County, North Carolina to address the issues of low compensation and high turnover in the early childhood workforce. The Child Care WAGE\$<sup>®</sup> Project has been successful in improving child care quality by reducing turnover and encouraging the continued education of teachers, directors and family child care providers. During the fiscal year 2001-2002:
  - CCSA administered the statewide Child Care WAGE\$<sup>®</sup> Project in 63 North Carolina counties.
  - The annual turnover rate was 17% for WAGE\$<sup>®</sup> Project participants, far less than the statewide turnover rate of 31% per year.
  - Sixty-four percent (64%) of WAGE\$<sup>®</sup> Project participants indicated that they had taken college level coursework since applying to the Child Care WAGE\$<sup>®</sup> Project and 84% plan to do so in the future.
  - Fifteen percent (15%) of WAGE\$<sup>®</sup> Project participants moved up a level on the supplement scale due to continued education.
  - More than 8,700 providers in North Carolina participated in the WAGE\$<sup>®</sup> Project.
  - Child care providers can get more information on WAGE\$<sup>®</sup> by linking from DCD's web page [http://ncchildcare.dhhs.state.nc.us/providers/pv\\_providres.asp](http://ncchildcare.dhhs.state.nc.us/providers/pv_providres.asp) to CCSA's Web site <http://www.childcareservices.org/>
  
- Oklahoma created the REWARD wage supplement program in May 2001. Providers receive bonuses every six months based on educational achievement.

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

### Parental Involvement

Four states, Georgia, Kentucky, Maryland and Oklahoma, support early care and education providers in promoting parental involvement and in seeking parental input into the development and improvement of their programs, (Action Step 5.2). Eight of the 11 remaining states report working on this action step. Below are reports from states completing the action step.

- Georgia reports that in order to participate in the voluntary Standards of Care programs or Tiered Reimbursement, programs must demonstrate that they promote parental involvement and seek parental input into the development and improvement of their programs.
- Maryland established a tiered reimbursement program in July 2001. For Level 2 of the tiered reimbursement program parents must be involved at least two ways; at Level 3, parents must be involved at least four ways; and at Level 4, parents are involved at least six ways.
- Oklahoma's tiered level of standards, Reaching for the Stars, has a criterion that requires enhanced parental involvement activities and the use of parent surveys to establish program improvement goals. Requirements for parent involvement were strengthened in the August 2003 center licensing requirement revisions.

**GOAL SIX: QUALITY EARLY CARE AND EDUCATION PROGRAMS WILL BE FINANCIALLY ACCESSIBLE TO ALL CHILDREN.**

### Refundable Child Care Tax Credits

Fourteen states responding to the survey have income taxes. Three of these states established refundable child and dependent tax credits, (Action Step 6.2). These states are Arkansas, North Carolina (completed after January 1, 2001) and South Carolina. Three of the remaining states have taken action to establish tax credits. Examples are presented below.

- Arkansas has a 20% tax credit for all parents and a refundable tax credit available for parents who choose to place their children in a quality approved/accredited program.
- The District of Columbia has a child and dependent care tax credit that helps families pay for child care they need in order to work or to look for work.
- Missouri reported that prior to January 1, 2001, Missouri's attempts to establish such a tax credit were unsuccessful. However, the Children's Services Commission Task Force on Early Childhood is now recommending the establishment of a refundable child and dependent care tax credit and is working for inclusion of such a tax credit in early care and education legislation for the 2004 legislative session.

- After January 1, 2001, North Carolina established a child and dependent care tax credit that is dependent upon one claiming the tax credit on his federal return. The state credit will either increase the refund or decrease the tax he owes. Total expenses cannot exceed \$2,400 for one dependent or \$4,800 for two or more dependents.

### Tax Credits Indexed for Inflation

Unfortunately, no state has indexed tax credits and income eligibility for inflation, (Action Step 6.3). However, one state reports taking action on Action Step 6.3, despite a weak economic environment.

- Arkansas reported that in the 2003 Legislative session the state dependent care tax credit was increased to meet the Federal dependent care tax credit.

### Financing Sufficient to Meet the Need

Eight states report taking action to use federal, state, local and private funds to meet 100% of the need for direct early care and education financial aid, based on initial eligibility levels at 85% of the state median income, (Action Step 6.4). Unfortunately, six states report taking no action on this step and one state reports negative action. Following are examples:

- In May 2000 Maryland raised eligibility for child care subsidy from 40% to 45% of the state median income. In January 2002 Maryland raised eligibility from 45% to 50% state median income.
- Currently, eligibility guidelines in Missouri permit access to financial support through the subsidy program at approximately 45% of the state median income. The Children's Services Commission's Task Force on Early Childhood is recommending that income guidelines be established in legislation that would increase eligibility over a period of time to 85% of the median income. This provision is recommended for inclusion in legislation during the FY'04 legislative session.
- New efforts are now in place in North Carolina that accurately identifies the need for child care in each county. Empirical data is gathered by the Division of Child Development for each county and used in a needs allocation formula. Data gathered includes the number of children age 11 and under whose parent or parents work and whose income does not exceed 75% of state median income. This result is then adjusted to reflect the additional Smart Start subsidy dollars available in each county to children age five and under. When this assessment of need was complete, North Carolina needed more than \$1.3 billion for fiscal year 2003-2004. Revenues from all funding sources, however, amount to only \$356 million. In July 2003, subsidy funds were allocated on a pro rata basis according to this need allocation formula.

Due to the gap in measured need and available resources, the Division of Child Development is currently preparing and distributing county “fact sheets” which will be distributed to county departments of social services, families, providers and local businesses with the goal of educating citizens about the increased need for subsidy funds and the benefits of children receiving a quality early childhood education.

- Oklahoma reports that eligibility for child care subsidy is at 85% of the state median income.
- Since 1997, income eligibility in Virginia for child care subsidy has been set at 150%, 160% and 185% of the federal poverty level, depending upon the area of the state and the cost of living in the area. Virginia is evaluating options for increasing the maximum income levels for areas of the state with higher costs of living. Virginia also will waive the annual eligibility re-determination requirement for Head Start families as long as they remain enrolled in Head Start.
- The District of Columbia is unable, because of budget challenges, to serve all children at 85% of the state median income. In June 2002 a waiting list was established for persons who do not receive Temporary Assistance for Needy Families (TANF). The District continues to serve all TANF customers who are in a countable activity, disabled children, children in foster care and child protective services and children of teen parents in school.

Proposed rules have been published that will lower the eligibility level from 250% of Federal Poverty Level (FPL) to 200% of FPL for new applicants and from 300% of FPL to 200% of FPL for current recipients. 200% of FPL for a family of three is equal to 57% of the State Median Income in the District. The change in rule, if finalized, will be implemented sometime in FY'04.

As a result of the waiting list for subsidized child care that was implemented June 1, 2002, numerous documents have been created and disseminated to inform elected and agency officials, stakeholders and the provider community about the cost of providing services to children. The source for child care funding is federal and local dollars. The local budget has remained flat for six years and federal dollars, primary TANF, have decreased since 2001. Budget and community hearings discussing these issues are all televised.

Presentations on these issues have been made to:

- Elected Officials;
- National League of Cities;

- Business groups;
- Community-based organizations;
- Stakeholders and the general public.

### Payment Rates Sufficient to Cover Costs

All but three states report completing or taking action to set payment rates at no less than the 75<sup>th</sup> percentile based on a market rate survey conducted every two years for each level and type of care and making annual inflation adjustments to payment rates, (Action Step 6.6). Arkansas and South Carolina have completed this action step. Unfortunately, two states report not being able to increase rates since 2000. Examples taken from state responses appear below.

- Arkansas sets payment rates at the 75<sup>th</sup> percentile based on a market rate survey. Starting 2003 Arkansas will conduct annual market rate surveys and adjust accordingly.
- Based on the 2002 market rate survey, all maximum payment rates for regulated providers in South Carolina are above the 75<sup>th</sup> percentile. In the tiered reimbursement system, accredited provider rates are around the 95<sup>th</sup> percentile, enhanced centers are between the 85<sup>th</sup> and 90<sup>th</sup> percentiles, enhanced group homes are at the 90<sup>th</sup> percentile and enhanced family homes are at the 95<sup>th</sup> percentile. Licensed center rates are around the 92<sup>nd</sup> percentile, licensed group homes are at the 80<sup>th</sup> percentile and licensed/registered family homes are between the 80<sup>th</sup> and 85<sup>th</sup> percentile.
- Although Georgia's child care reimbursement rate is less than the 75<sup>th</sup> percentile for most providers, child care programs that receive Tiered Reimbursement for exceeding minimum quality standards may receive payments at or above the 75<sup>th</sup> percentile.
- District of Columbia increased reimbursement rates in 1999 and 2000 with the implementation of the Tiered Rate Reimbursement system. At that time, the highest level, or Gold Tier, was set at the 1998 market rate, the most recent survey at the time. The Market Rate is at the 75<sup>th</sup> percentile. Unfortunately, since the above action reimbursement rates have not been increased due to budget challenges that began in late 2001.
- In October 2000 West Virginia set its base rates at the 75<sup>th</sup> percentile of the local market rate as determined by the 1999 market rate survey. New market rate surveys were conducted in 2001 and 2003. Funds have not been available to increase "base" rates which are, in general, below the 75<sup>th</sup> percentile of the 2003 market rates. However, accredited programs are eligible for an extra \$4 per day incentive rate. Based on this tiered rate

schedule, all accredited child care programs are eligible to be paid a rate that is equal to or more than the 75<sup>th</sup> percentile of the 2003 market rate.

### Working Toward Payment Rates for Quality Care

Although no state has completed Action Step 6.8, which requires states to examine the financing of quality early care and education in their state and work toward providing payment rates that recognize the cost commensurate with the standards set forth in this Action Plan, 11 states report taking action. Examples are provided below.

- Arkansas has been participating in an Educational Adequacy Study for the past several months. At this time, included in the Study's matrix, which specifies what is needed for an adequate education in the state, is \$100 million dollars for pre-kindergarten education. The study also specifies that staff with approved degrees will receive employment benefits and compensation at comparable levels to the state's public education system.
- In Maryland, the Judith Hoyer Blue Ribbon Commission on Child Care Financing issued its final report in 2001. The Commission examined the total costs and availability of funding from a variety of sources for early care and education.
- Included were recommendations for improving provider compensation, increasing accessibility to quality care, strategies for increasing public financing and engaging the business and non-profit communities.
- Mississippi reported that it was engaged in an initiative to examine financing of quality care.
- The Early Childhood Task Force of the Missouri Children's Services Commission is recommending that rates be incrementally increased and that the rate structure be reconfigured to coincide with a quality rating system and to allow access to the market at the 75<sup>th</sup> percentile.
- A new initiative was launched by North Carolina's Smart Start's Technical Assistance Center to focus on the financing of early care and education systems. This effort was offered as a pre-conference session at the National Smart Start Conference in January 2003 resulting in a national Web site, list-server discussion groups, resource materials and the establishment of the North Carolina Finance Task Group. This group will host the first Early Childhood Finance Meeting in September 2003 which will present a forum for researchers, economists and early childhood education leaders. The purpose of the forum is to discuss the feasibility of a study that links the

relationship between investments in early childhood education and the economic benefits.

- South Carolina, under the leadership of the South Carolina Department of Health and Human Services, was one of three states chosen to participate in the Universal Financing of Early Care and Education for America's Children Project co-directed by Dr. Richard Brandon and Dr. Sharon Lynn Kagan from February 2002 through May 2003. The South Carolina Task Force examined specific policy domains that impact child care quality including financing, tax policy, professional development, compensation, regulation and governance and then developed recommendations which Dr. Brandon incorporated into the project's early care and education financing simulation model. The model produced detailed estimates of the cost and impact of different financing mechanisms, incorporating alternative policy specifications, and reflecting how financing changes affect parents' choices about type and amount of child care and employment. A public policy report and recommendations will be released in early 2004. As a part of this initiative, a statewide study of 1,200 parents was conducted to understand parental decisions about types and amount of child care used and the employment of parents under the supervision of Clemson University.

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

### Reporting Progress

Only Kentucky collects and analyzes data, produces a written annual report on progress toward identified goals and makes reports readily available to the public, (Action Step 7.2). Eleven states are working on this action step. Examples of states taking action in this area follow.

- The Arkansas Division of Child Care and Early Childhood Education and Arkansas Advocates for Children and Families serve as joint administrators of the Arkansas team for the School Readiness Indicators Initiative. This is a multi-state initiative that uses child well-being indicators to build a change agenda in states and local communities in order to improve school readiness and ensure early school success. Data will be collected state-wide and at the county level to indicate school readiness.

- The University of the District of Columbia's Center for Applied Research and Urban Policy has been the source of consistent data collection on the early care and education community since 1998. They collect demographic, market rate, capacity utilization, compensation, benefits, provider and employee data. Reports are made available in various formats with the same basic data yet targeted to different audiences. This data has been cited by the District of Columbia City Council, the legislative body of the District of Columbia and has been quoted in newspapers/reports produced by other groups. The data is presented at meetings of the Mayor's Advisory Committee on Early Childhood Development and is cited in proposals provided by health, education, recreation and human services agencies.
- Projects funded by the Georgia Department of Human Resources and the Office of School Readiness include outcomes that are measurable. Studies include: *Improving Early Childhood Education in Georgia: Progress Report on Year One of the Georgia Early Learning Initiative*, Jennifer L. Antinozzi, MSPP, Monica Herk, PhD, March 2002; *Benefits Associated with Improved Child Care in Georgia*, Laura Wheeler, Ph.D. and Lauren Waits, M.S., September 2001; and *Regional Child Care Trends: Comparing Georgia to its Neighbors*, Lauren Waits, Malina Monaco, Lisa Beck, Jennifer Edwards, September 2001, available on the Internet at: <http://www.gsu.edu/%7Ewwwghp/children/childpolicycenter/index.htm>.

Current research available from Advancing Careers through Education and Training (ACET) (<http://www.acetonline.org/>) includes comparisons of quality of centers based on teacher education and experience and an analysis of compensation by education level. Similarly, the Smart Start Georgia ([www.smartstartga.org](http://www.smartstartga.org)) has data demonstrating the increase in the number of child care programs that have attained national accreditation, Centers of Distinction and Homes of Distinction as a result of participating in the program.

The Georgia Child Care Council ([www.gachildcare.org](http://www.gachildcare.org)) is legislatively charged with developing an annual Georgia report on child care including both an evaluation of the state planning process and of the state child care statistics. Council staff is working on this annual report.

- In May 2002, Missouri's Governor Bob Holden appointed a team to participate in the 17-state, school readiness indicators initiative. This team evaluated the historical lists, created a matrix of indicators and worked through a process to methodically consider each indicator's value in terms of measurability, communication and proxy power in terms of results. The purpose has been to reach agreement across state agencies regarding the measures that will be monitored over time and upon which Missouri's statewide strategic plan will be built. The list is nearly finalized, and is slated

for release by the end of 2003. Status on the indicator list will be published annually.

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

One year after finalizing the Action Plan, states have made significant progress in most goal areas of the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***. As anticipated, there are some areas where more action is needed. The weak economic environment during the last several years has made it difficult to take action in areas where additional financial resources or tax reform are required. Following is a summary of impact by goal area.

**Goal One – Coordinated Systems:** Coordinating across early care and education systems is a priority for most states. All states except three either completed or took action on all three action steps during the last year. All states except four completed action at the state level to plan and coordinate across systems. Five of these 11 states also completed action at the local level. Work is being done by all but two states to link early care and education programs with other family support services, including health coverage, physical and mental health care, nutrition, economic support, transportation and parenting education services. However, more work is needed because no state has completed this action step.

**Goal Two – Licensing and Regulatory Processes:** Licensing and regulatory processes provide the foundation for quality standards in the early care and education system. All eight action steps have been completed by at least one state. Two action steps have been completed by only one state. States are challenged to establish staff-child ratio standards and health and fire safety standards that meet national guidelines. These standards are critical to a quality system of care but only one state meets recommended staff-child ratio standards and one state meets recommended health and safety standards.

Monitoring programs and requiring background checks for the child care workforce are important activities in ensuring the safety of children in care. Sufficient resources to monitor child care operations are a challenge for states, demonstrated by the fact that only two states meet recommended standards for caseloads and provide a system of technical assistance. Insufficient monitoring staff directly impacts a state's ability to make three unannounced monitoring visits to each child care program. Only two states meet this recommendation. And only four states require child care personnel be checked against both the federal and state criminal fingerprint registers and against the state's child abuse

registry. Six states reported either no action or negative action on at least one area of Goal Two.

**Goal Three – Quality Improvement:** Results are mixed for Goal Three. All states have either completed or taken action to provide resources to early care and education providers to improve quality and to have child care resource and referral networks. Eight states have established rating systems to recognize quality and five of the remaining six states are working in this area. Unfortunately, eight states have at least one report of no action in at least one area of this goal, and one state reports negative action in one area. Areas that need more activity include incentives to expand and develop higher quality programs, formal mechanisms to seek parental input and using effective research-based curricula.

**Goal Four – Professional Credentials and Compensation:** States are making progress in several areas to improve the early care and education workforce.

Almost all states are taking steps to:

- Maintain a professional development system consistent with national standards;
- Provide approved, ongoing annual professional development for staff;
- Provide scholarships to staff pursuing their education;
- Offer continuing educational opportunities in ways that are targeted to the workforce; and
- Ensure meaningful articulation agreements.

Although five states have completed action to provide financial incentives to reward completion of approved levels of professional development, only one state provides college loan forgiveness programs and employment benefits and compensation comparable to the public education system. Four states report no action to provide financial incentives. Nine states are not working to provide college loan forgiveness programs. Seven states report no action to work toward employment benefits and compensation comparable to early care and education staff in the public school system.

**Goal Five – Parental Relationships:** States are taking steps to engage parents in meaningful ways. Five states have completed action and all remaining states report taking action to support child care resource and referral networks. Four states completed action to support providers in promoting parental involvement and in seeking parental input into the development and improvement of their programs. Three states took no action in this area.

**Goal Six – Financial Support:** Goal Six presents challenges for many southern states. Considering the difficult economic environment, it is not surprising to discover that few states have taken action related to taxes, rates and funding.

Only three of 14 responding states with income taxes report having refundable child and dependent care tax credits. Three other states report taking action to establish tax credits. Unfortunately, eight remaining states report taking no action. No state has taken action to adjust the child care tax credit expense limits to accurately reflect the cost of quality care. Likewise, no state indexes for inflation the income eligibility and expense limits for tax credits, but one state has taken action in this area.

Three action steps in Goal Six are related to payment rates. Seven states pay higher rates to providers with higher quality-ratings, and five remaining states are taking action in this area. However, only two states set payment rates at no less than the 75<sup>th</sup> percentile and make annual inflation adjustments. Two states report negative action in this area, and two states report taking no action. Eleven states are taking action to examine the financing of quality early care and education in their state and to work toward rates that cover the cost of quality.

No state reports meeting 100% of the need as defined by the quality action plan. Six states report taking no action in this area and one state reports negative action. Four states report taking no action to aggressively implement outreach initiatives.

**Goal Seven – Accountability:** States are taking action to demonstrate accountability for public funds directed to early care and education. Four states have completed and nine states have taken action for collaborative strategic planning that includes key goals, quantifiable measures of progress and program outcomes for all quality enhancement activities. One state has completed and 11 states are taking action to collect and analyze data and produce annual written reports on progress toward identifiable goals. Three states are using data and annual reports to improve policy and evaluate quality enhancement activities and eight states are making progress in this area.

The Southern Regional Task Force on Child Care is encouraged by the progress states have made one year after finalizing the quality action plan. Task Force members have indicated that seeing results each year and examining the impact after several years of action is valuable in helping them assess their programs and promote action. The Southern Institute realizes the importance of surveys, reporting results and Task Force meetings in making more progress and maintaining accomplishments. To this end the Southern Institute is committed to securing additional funding to continue this worthy, results-oriented effort.

## CHAPTER FOUR

### Achieving Results

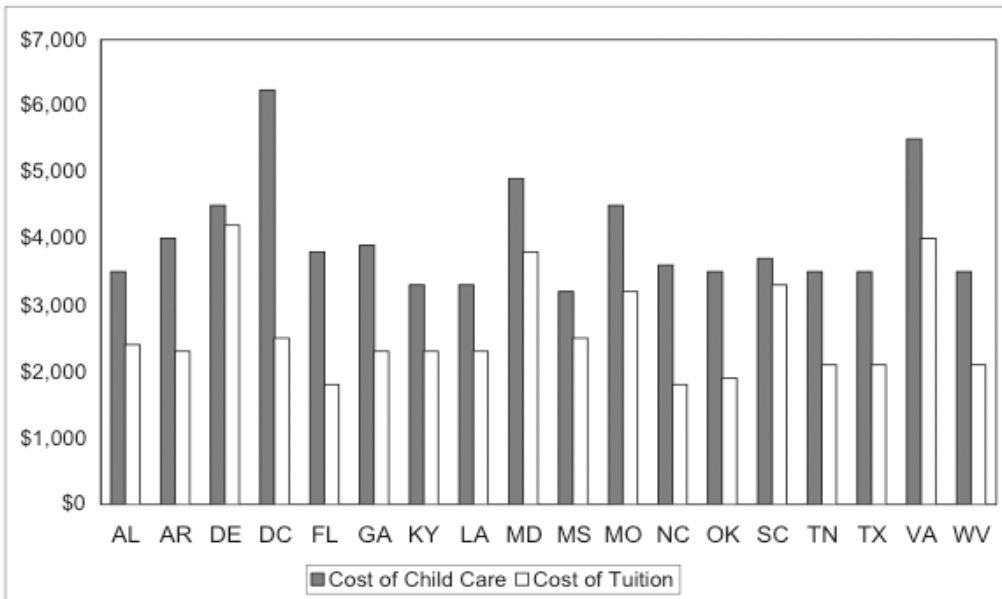
The Southern Regional Task Force on Child Care strongly believes that quality, affordable child care and early childhood programs are central to achieving results in school readiness, workforce development and welfare reform. Lack of immediate and significant attention to child care and development will hinder local and state efforts to prepare our children for success in school and will restrict efforts across the southern region to build capacity in our current and future workforce.

In establishing the Southern Regional Initiative on Child Care, the Southern Institute brought together southern leaders from the public and private sectors to formulate specific action steps to move the region forward in meeting its responsibilities to improve opportunities for our children. Through hard work and dedication, the Southern Regional Task Force produced a blueprint for action and has begun the important work of implementation. In no other region of the nation is a regional initiative of this scope underway.

As discussed in preceding chapters, the Southern Institute has been tracking progress by southern states to address the action steps set forth by the Southern Regional Task Force on Child Care. The ***Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*** has been tracked for three years and the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education*** has been tracked for one year. Although still in the early stages of implementation, states are reporting progress in many areas included in the quality action plan.

The major barrier to significant progress is lack of adequate local, state and federal resources. To achieve access for all low-income families who need and desire child care and to raise quality to a level required to prepare children for school will require a significant infusion of public and private resources. Expecting parents, especially low-income working parents, to bear the full cost of affordable, quality child care and early education is unrealistic, as it would be unrealistic to expect them to bear the full cost of sending their children to college. Chart 1 illustrates the problem by showing that in every southern state, the annual cost of placing one four-year-old child in a full-time child care center exceeds the cost of annual public college tuition in that state.

**Chart 1**  
**Southern Regional Initiative on Child Care**  
**Child Care Costs More Than Public College Tuition**



Source: Southern Institute on Children and Families, December 2000, derived from data in *Child Care Challenges*, Children's Defense Fund, May 1998. Data for District of Columbia provided by Center for Applied Research and Urban Policy, University of the District of Columbia, 2001.

Chapters two and three reported implementation progress of the action plans in terms of the following categories:

- Action step completed;
- Action reported 2001 or 2002;
- Action reported 2003;
- Negative action 2002 – 2003; or
- No action 2003.

The following information focuses attention on completed action steps and summarizes significant results achieved by southern states in their efforts to implement the goals set forth by the Southern Regional Task Force on Child Care.

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

After three years of implementation, 16 southern states have responded to three surveys reporting considerable progress in most goal areas of the *Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*. Below is a listing of the action steps completed by more than half the states. States which completed action prior to January 1, 2000, the beginning of the initiative to improve access to financial aid, are shown in **bold**.

The Task Force recommended that states and communities should broaden their child care eligibility, work and education needs of families. In an effort to achieve this goal:

- Eleven states established co-payments not to exceed 10% of gross family income:

Alabama	<b>Kentucky</b>	<b>Missouri</b>	<b>West Virginia</b>
District of Columbia	Louisiana	<b>North Carolina</b>	
Georgia	<b>Mississippi</b>	<b>Virginia</b>	

- Fifteen states provide child care assistance to students who qualify under income guidelines:

Alabama	<b>Louisiana</b>	<b>North Carolina</b>	Texas
Arkansas	Maryland	Oklahoma	<b>Virginia</b>
<b>District of Columbia</b>	Mississippi	South Carolina	<b>West Virginia</b>
Kentucky	Missouri	Tennessee	

- Sixteen states have eliminated asset testing (e.g. automobile or savings account) from criteria for child care assistance:

<b>Alabama</b>	<b>Kentucky</b>	<b>Missouri</b>	<b>Tennessee</b>
Arkansas	<b>Louisiana</b>	<b>North Carolina</b>	<b>Texas</b>
<b>District of Columbia</b>	<b>Maryland</b>	<b>Oklahoma</b>	<b>Virginia</b>
<b>Georgia</b>	<b>Mississippi</b>	<b>South Carolina</b>	<b>West Virginia</b>

Task Force members also have worked under the premise that outreach initiatives should be designed and aggressively implemented to assure that families have accessible and easy-to-understand information on child care assistance and are provided assistance in applying.

- Sixteen states provide literature and assistance to help parents make informed provider choices:

Alabama	<b>Kentucky</b>	Missouri	Texas
Arkansas	Louisiana	North Carolina	Tennessee
District of Columbia	Maryland	Oklahoma	<b>Virginia</b>
Georgia	Mississippi	South Carolina	West Virginia

Task Force members established a goal that child care application redetermination processes should be uncomplicated and family friendly.

- Eleven states simplified applications for child care assistance:

Alabama	Maryland	North Carolina	<b>Texas</b>
Arkansas	Mississippi	<b>Oklahoma</b>	<b>Virginia</b>
<b>District of Columbia</b>	Missouri	South Carolina	

- Ten states do not require face-to-face interviews:

Kentucky	Mississippi	<b>Oklahoma</b>	<b>Virginia</b>
<b>Louisiana</b>	Missouri	<b>South Carolina</b>	
<b>Maryland</b>	<b>North Carolina</b>	<b>Texas</b>	

- Ten states provide consultation on making appropriate choices when excessive requests for provider changes are filed:

Alabama	<b>Georgia</b>	<b>North Carolina</b>	West Virginia
Arkansas	<b>Kentucky</b>	<b>Texas</b>	
<b>District of Columbia</b>	Maryland	<b>Virginia</b>	

- Ten states have established a 12-month redetermination period:

<b>Georgia</b>	<b>Maryland</b>	<b>Oklahoma</b>	<b>Virginia</b>
<b>Kentucky</b>	<b>Missouri</b>	<b>South Carolina</b>	
Louisiana	<b>North Carolina</b>	Tennessee	

Task Force members recommended establishment of a coordinated, seamless eligibility system so funding sources are invisible to families and support continuity of care.

- Twelve states do not require families to reapply when eligibility categories change by automatically searching to exhaust all eligibility categories before closing cases:

Alabama	Georgia	<b>Mississippi</b>	<b>Oklahoma</b>
Arkansas	Kentucky	<b>Missouri</b>	<b>Texas</b>
<b>District of Columbia</b>	<b>Maryland</b>	<b>North Carolina</b>	<b>West Virginia</b>

- Ten states work collaboratively with all public and private programs and funding sources to assure that children receive stable and consistent early child care services:

Alabama	Maryland	<b>North Carolina</b>	West Virginia
Arkansas	Mississippi	South Carolina	
<b>District of Columbia</b>	Missouri	Texas	

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

Fourteen southern states responded to the quality implementation survey and analysis of state reports yields several indicators of significant progress after only one year of implementation. Action after January 1, 2001, when the quality initiative began, has occurred in all goal areas of the ***Southern Regional Action Plan to Improve the Quality of Early Care and Education***. The following information lists action steps that have been completed by five or more reporting states. States which completed actions prior to the initiative are shown in **bold**.

Task Force members established a goal that all children and families will have the benefit of a quality, comprehensive and coordinated early care and education system.

- Eleven states plan and coordinate across major early care and education systems to improve quality including Head Start, state pre-kindergarten, subsidized child care and licensing.

<b>Arkansas</b>	<b>Kentucky</b>	<b>North Carolina</b>	<b>Virginia</b>
District of Columbia	<b>Maryland</b>	South Carolina	West Virginia
Georgia	<b>Missouri</b>	Texas	

The Task Force also established a goal that rigorous licensing requirements and/or regulatory processes will be enacted to ensure that children are adequately protected in all early care and education settings.

- Fourteen states have enacted a law that requires strict enforcement of licensing requirements and use a range of sanctions that include license revocation.

**Alabama**                      **Kentucky**   **North Carolina**   **Virginia**  
**Arkansas**                      Louisiana   **Oklahoma**       **West Virginia**  
**District of Columbia**   **Maryland**   **South Carolina**  
**Georgia**                      **Missouri**   **Texas**

- Six states ensure that all licensing and early care and education staff are educated in recognizing signs of child abuse and are trained in the state’s child abuse reporting laws.

**Arkansas**   **Maryland**                      Texas   **Virginia**  
**Kentucky**   **North Carolina**

- Nine states ensure parental right of access to early care and education facilities.

**Alabama**   **Kentucky**   **North Carolina**   **Texas**  
**Arkansas**   **Louisiana**   **Oklahoma**  
**Georgia**   **Maryland**

Task Force members recommended states to support development of quality early care and education programs for children.

- Five states have child care resource and referral networks to deliver quality early care and education enhancement support services to providers, such as outreach, training and technical assistance.

**Alabama**   **Kentucky**   **North Carolina**   **West Virginia**  
**Georgia**

- Eight states have established a rating system to recognize providers for incremental levels of quality.

**Arkansas**                      **Kentucky**   **North Carolina**   **South Carolina**  
**District of Columbia**   **Maryland**       **Oklahoma**       **Texas**

- Five states identify and support the use of effective research based curricula.

**Arkansas** Missouri **North Carolina** **South Carolina**  
**Kentucky**

The Task Force established the goals that staff in early care and education settings will be appropriately credentialed and adequately compensated.

- Six states provide financial incentives that reward completion of approved levels of professional development.

Alabama **Kentucky** **North Carolina** Oklahoma  
**Georgia** Maryland

Task Force members recommended that families should have the information to make well-informed decisions about the quality of their child’s care and education and to be actively involved in their child’s care and education.

- Five states support child care resource and referral networks that are easily accessible to parents and that provide information on child development, quality indicators, provider choices, vacancies and linkages to additional information.

**Alabama** Missouri **North Carolina** West Virginia  
**Kentucky**

The Task Force also established that quality early care and education programs will be financially accessible to all children.

- Seven states implement payments to providers commensurate with the quality-rating level achieved by the early care and education programs.

**District of Columbia** Maryland **Oklahoma** **Texas**  
**Kentucky** **North Carolina** **South Carolina**

## Implementation Issues and Opportunities

Preceding chapters referred to surveys conducted, forums held and issues researched to inform Task Force members, the broader early care and education field and federal and state policy makers. Information presented included data on access to child care and implications for economic development, financing child care, data on the status of states meeting nationally recognized standards, collaboration in the early care and education system, legal barriers to implementation of the action plan to improve access to care and legal barriers to coordination of absence policies.

At a meeting of the Task Force in January 2004, members identified funding shortages as a barrier to maintaining hard won progress and continuing progress. Included in the actions states are taking to accommodate for funding shortages are:

- Reducing the number of children or families receiving subsidized child care
- Starting waiting lists for child care
- Decreasing the amount of funds for quality enhancement efforts
- Reducing family eligibility income levels
- Not raising child care provider rates
- Increasing the co-payments families are required to pay to receive their child care subsidies.

The Task Force requested that the Southern Institute conduct a survey of the southern states to collect information on child care funding and identify state-initiated policy changes related to funding shortages. Sixteen states responded to the survey (Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Texas, Virginia and West Virginia). Survey results are provided in an April 2004 report titled *Child Care Survey Results on Funding and Related Policies in the Southern States*.

Other opportunities to advance progress in implementing the action plans were identified at the January 2004 meeting of the Task Force and are listed below.

**Institutionalizing Actions Sustains Achievements:** In order to sustain achievements, the experience of Task Force members shows that states should protect successful strategies by establishing them in the most authoritative manner. For example, a collaborative body with governance authority and with budgeting authority is more stable when established in legislation rather than by executive order.

**Identification of Promising Practices Promotes Implementation:**

Identification of promising practices and strategies will benefit states in their efforts to establish effective systems and programs.

**Local Level Implementation is Critical to Achieving Results:**

State administrators agree that states must concentrate on implementation of policy at the local level. Some states are concerned that hard-won policy decisions at the state level are not carried out at the local level in practice.

**System Improvements Will Significantly Enhance Progress:**

Southern states are interested in engaging in analyzing and resolving complex system improvements such as establishing a single port of entry for families with young children, moving to the next level in establishing a system of early care and education that appears seamless to families and combining funding sources to establish a single system of early care and education.

In addition to identifying opportunities to address action plan goals, Task Force members identified two issues concerning child care administrators in southern states. These issues are listed below:

**The Early Care and Education System Can Assist States in Preventing**

**Child Abuse and Neglect:** Task Force members discussed the important role of the child care system in preventing child abuse and neglect and expressed an interest in more effectively integrating the early care and education system into the state's prevention efforts.

**Child Mental Health Resources Are Important to Child Care Providers:**

Many state child care programs are experiencing an increased demand for mental health resources for children. It was reported by Task Force members that state child mental health resources are in short supply. Southern states will benefit from further exploration of this issue and strategies to address the problem.

Members of the Southern Regional Task Force on Child Care remain strongly committed to implementation of the Action Plans to improve access to financial aid and quality in early care and education. While significant progress has been made, the work has only begun. The Southern Institute and the Task Force are grateful for the opportunities provided by the child care initiative since its inception in January 2000 and to The David and Lucile Packard Foundation for making it possible to collaborate across the region to improve access to child care financial aid and the quality of early care and education.

Specific information on the Southern Regional Initiative on Child Care, including reports on state-by-state progress in implementing action plans, is available on the Southern Institute Web site at [www.thesoutherninstitute.org](http://www.thesoutherninstitute.org).

## ENDNOTES

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- <sup>1</sup> Southern Institute on Children and Families, *Action Plan to Improve Child Care Assistance for Low-Income Families in the South* (Columbia, SC: Southern Institute on Children and Families, December 2000).
- <sup>2</sup> Stoney Associates, Derived From Data in *Access to Child Care Assistance: A Survey of Sixteen Southern States and the District of Columbia*, September 2000 (Columbia, SC: Southern Institute on Children and Families, December 2000).
- <sup>3</sup> Mark Greenberg, Rachel Schumacher and Jennifer Mezey, Center for Law and Social Policy, *Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South: An Analysis of Legal Issues* (Columbia, SC: Southern Institute on Children and Families, August 2001).
- <sup>4</sup> Ibid
- <sup>5</sup> Southern Institute on Children and Families, *Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South: Survey Results on the Status of State Implementation Efforts* (Columbia, SC: Southern Institute on Children and Families, February 2002).
- <sup>6</sup> Southern Regional Initiative on Child Care, *Building Momentum-Taking Action: Southern States Collaborate on Child Care Financial Aid and Quality Initiatives* (Columbia, SC: Southern Institute on Children and Families, February 2002).
- <sup>7</sup> Southern Regional Initiative on Child Care, *Action Plan to Improve Access to Child Care Assistance for Low Income Families in the South: Survey Results on the Status of State Implementation Efforts in 2001 and 2002* (Columbia, SC: Southern Institute on Children and Families, November 2002).
- <sup>8</sup> Dottie Campbell, *Collaboration Among Child Care, Head Start, and Pre-Kindergarten: A Telephone Survey of Selected Southern States* (Columbia, SC: Southern Institute on Children and Families, December 2002).
- <sup>9</sup> Rachel Schumacher, Jennifer Mezey, Mark Greenberg, Center for Law and Social Policy, *Analysis of Potential Barriers to Creating Coordinated Absence Policies for Collaborations Between Head Start and CCDF and TANF-Funded Programs* (Columbia, SC: Southern Institute on Children and Families, December 2002).
- <sup>10</sup> Southern Regional Initiative on Child Care, *Southern Regional Forum on Collaboration and Coordination Across Early Care and Education Programs* (Columbia, SC: Southern Institute on Children and Families, June 2003).
- <sup>11</sup> Southern Regional Task Force on Child Care, *Sound Investments: Financial Support for Child Care Builds Workforce Capacity and Promotes School Readiness*, (Columbia, SC: Southern Institute on Children and Families, December 2000).
- <sup>12</sup> Southern Regional Initiative on Child Care, *Southern Regional Forum on Collaboration and Coordination Across Early Care and Education Programs* (Columbia, SC: Southern Institute on Children and Families, June 2003).
- <sup>13</sup> Southern Institute on Children and Families, *Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South: Survey Results on the Status of State Implementation Efforts in 2001 and 2002* (Columbia, SC: Southern Institute on Children and Families, November 2002).
- <sup>14</sup> Southern Regional Task Force on Child Care, *Southern Regional Action Plan to Improve the Quality of Early Care and Education* (Columbia, SC: Southern Institute on Children and Families, October 2002).
- <sup>15</sup> Southern Institute on Children and Families, *Moving Forward: Southern States Take Action To Improve Access To Quality, Affordable Child Care* (Columbia, SC: Southern Institute on Children and Families, May 2003).

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<sup>16</sup> Rachel Schumacher, Jennifer Mezey, Mark Greenberg, *An Analysis of Potential Barriers to Creating Coordinated Absence Policies for Collaborations Between Head Start and CCDF and TANF-Funded Programs* (Columbia, SC: Southern Institute on Children and Families, December 2002).

<sup>17</sup> Dottie Campbell, *Collaboration Among Child Care, Head Start, and Pre-Kindergarten: A Telephone Survey of Selected Southern States* (Columbia, SC: Southern Institute on Children and Families, December 2002).

<sup>18</sup> *Southern Regional Initiative on Child Care. Southern Regional Forum on Collaboration and Coordination Across Early Care and Education Programs* (Columbia, SC: Southern Institute on Children and Families, June 2003).

<sup>19</sup> Ibid

<sup>20</sup> American Public Health Association/American Academy of Pediatrics



## **APPENDIX A**

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

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

**Goal 1**

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

**Action Steps**

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

**Goal 2**

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

**Action Steps**

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

### **Goal 3**

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

#### **Action Steps**

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

### **Goal 4**

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

#### **Action Steps**

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

- 4.10 Continue eligibility for full subsidy for 12 weeks if family loses employment but can document job search is underway.

## **Goal 5**

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

### **Action Steps**

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

## **Goal 6**

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

### **Action Steps**

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

## **Goal 7**

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

### **Action Steps**

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

## **Goal 8**

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

### **Action Steps**

- 8.1 Educate employers about the bottom line benefits associated with public and private child care assistance.
- 8.2 Enlist business leaders to champion the involvement of southern businesses and to serve as mentors to other businesses.
- 8.3 Provide information to employers on all available tax benefits related to child care assistance, including deductions for donations to tax-exempt child care organizations, capital costs for constructing a child care center and establishing a pre-tax dependent care assistance plan.
- 8.4 Facilitate collaborative initiatives that enable employers to share ideas as well as pool their resources to address child care needs.
- 8.5 Provide matching funds or other tax or financial incentives for employers to invest in child care.
- 8.6 Establish incentives for employers to create child care benefit programs for their employees or to contribute to child care purchasing pools in their state or community.
- 8.7 Reduce the administrative burden on employers participating in any joint public/private child care assistance program.
- 8.8 Educate employers on the Earned Income Tax Credit advance as a potential funding source to help families pay for child care.

## **Goal 9**

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

### **Action Steps**

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

## **Goal 10**

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

### **Action Steps**

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

## **APPENDIX B**

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

## **APPENDIX B**

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

**VISION STATEMENT: ALL CHILDREN WHO ARE IN EARLY CARE AND EDUCATION PROGRAMS WILL BE IN ENVIRONMENTS THAT ARE SAFE, NURTURING AND ENCOURAGE THEIR DEVELOPMENT.**

#### **Goal 1**

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

#### **Action Steps**

- 1.1 Public policy at the federal, state and local level will require planning and coordination across major systems to improve quality, including Head Start, state pre-kindergarten, subsidized child care and licensing.
- 1.2 Public policy at the federal, state and local level will support families by linking early care and education programs to health coverage, physical and mental health care, nutrition, economic support, transportation and parenting education services.
- 1.3 Federal, state and local policies and systems will ensure coordinated, seamless transitions for children moving among early care and education programs and into kindergarten.

#### **Goal 2**

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

#### **Action Steps**

- 2.1 States will establish staff-child ratios and maximum group sizes for centers and homes that meet NAEYC, NAFCC or APHA /AAP national standards.
- 2.2 States will develop and enforce health, fire and safety requirements for all early care and education settings that reflect standards set forth by the APHA and the AAP.
- 2.3 State law will require strict enforcement of licensing requirements. States will use a range of sanctions that will include license revocation when a provider is unable or unwilling to meet requirements.
- 2.4 States will conduct at least three unannounced monitoring visits per year to verify compliance with requirements.
- 2.5 States will require that child care providers, early childhood teachers and others who have regular access to children in early childhood settings have

- federal and state background checks using fingerprinting and screening against the state child abuse registry.
- 2.6 States will ensure that all licensing and early care and education staff are educated in recognizing signs of child abuse and are trained in the state's child abuse reporting laws.
  - 2.7 States will have a well-trained regulatory workforce with average caseloads between 50 and 75 per staff person and a system capable of providing technical assistance.
  - 2.8 States will ensure parental right of access to their child's early care and education facilities.

### **Goal 3**

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

#### **Action Steps**

- 3.1 States will provide all early care and education providers with resources to help them improve the quality of care and education they deliver, such as technical assistance and training, accreditation support, grants to meet health and safety requirements and grants to support family child care home networks.
- 3.2 States will have Child Care Resource and Referral networks to deliver quality early care and education enhancement support services to providers, such as outreach, training and technical assistance.
- 3.3 States will implement a rating system to recognize providers for incremental levels of quality.
- 3.4 States will implement tax and other incentives to develop and expand early care and education programs that demonstrate a higher level of quality.
- 3.5 States will use a formal mechanism to seek parental input in program evaluations and will use that information in making policy decisions related to early care and education programs.
- 3.6 States will identify and support the use of effective research based curricula.

## Goal 4

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

### Action Steps

- 4.1 States will maintain a professional development system that ensures, at a minimum, providers in early care and education settings meet standards set forth by APHA/AAP, NAEYC or NAFCC.
- 4.2 States will require approved ongoing annual professional development for staff, appropriate to their education levels and job requirements, as specified in APHA/AAP. States will provide and implement a professional development system that verifies trainers, approves training and tracks the training of participants.
- 4.3 The federal government and states will provide universally available, comprehensive scholarships to early care and education providers who are pursuing a CDA or two- or four-year degree in child development, early childhood education, early childhood special education or child care administration. Scholarships will address the costs of tuition, fees and books and will support components such as travel costs, paid release time and child care.
- 4.4 States will work with educational institutions to ensure that coursework is accessible in order to meet the early care and education workforce training needs, such as courses offered at night, on weekends, in accelerated formats, on-line and in various languages. Courses will address the varying educational levels of the workforce.
- 4.5 The federal government and states will provide financial incentives that reward completion of approved levels of professional development.
- 4.6 The federal government and states will provide college loan forgiveness programs for persons earning an approved degree who work for a specified period of time in early care and education programs.
- 4.7 States will work toward a system whereby staff with approved degrees or credentials will receive employment benefits and compensation at comparable levels to the state's public education system.
- 4.8 States will ensure meaningful agreements and processes to enable the transfer of credits between and among approved two- and four-year degree programs.

## **Goal 5**

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

### **Action Steps**

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

## **Goal 6**

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

### **Action Steps**

- 6.1 Federal and state governments will adjust the child care tax credit expense limits to accurately reflect the cost of quality care.
- 6.2 States with income taxes will establish refundable child and dependent care tax credits.
- 6.3 State and federal child and dependent care tax credit income-eligibility and expense limits will be indexed for inflation.
- 6.4 Federal, state, local and private funds will be sufficient to meet 100% of the need for direct early care and education financial aid, based on initial eligibility levels at 85% of the state median income. Federal law will allow and states will implement redetermination policies that allow families to retain early care and education financial aid until they reach 100% of state median income.
- 6.5 Federal and state governments should develop policies and systems to ensure families receiving financial aid pay no more than 10% of their gross income for early care and education.
- 6.6 States will set payment rates at no less than the 75<sup>th</sup> percentile based on a market rate survey conducted every two years for each level and type of care. Annual inflation adjustments to payment rates will be made between market surveys.
- 6.7 States will implement payments to providers commensurate with the quality-rating level achieved by the early care and education programs.

- 6.8 States will examine the financing of quality early care and education in their state and work toward providing payment rates that recognize the cost commensurate with the standards set forth in this action plan.
- 6.9 States will design and aggressively implement outreach initiatives to provide families with easy-to-understand early care and education financial aid information and application assistance.

## **Goal 7**

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

### **Action Steps**

- 7.1 States will convene appropriate stakeholders to develop written strategic plans for improving the quality of early care and education programs in the state. These plans will include key goals, quantifiable measures of progress and program outcomes for all quality enhancement activities.
- 7.2 States will collect and analyze data and produce written annual reports on progress toward identified goals. Reports will be made readily available to the public.
- 7.3 States will use data and annual reports to make continuous policy improvements and evaluate quality enhancement activities.

**Information Referenced in Goal 4 - Action Step 4.1  
Qualifications for Early Care and Education Center Personnel**

<b>Position</b>	<b>Standards of the American Public Health Association and the American Academy of Pediatrics</b>	<b>Standards of the National Association of the Education of Young Children</b>
<b>Director</b>	<p>Twenty-one years of age (plus, if more than 60 children, 3 years experience as a teacher of children in the age groups enrolled in the center, and at least 6 months experience in administration) and the following:</p> <ol style="list-style-type: none"> <li>1. A Bachelor's degree in early childhood education, child development, social work, nursing, or other child related field OR a combination of college coursework and experience, including:               <ol style="list-style-type: none"> <li>(a) A minimum of four courses in child development and early childhood education;</li> <li>(b) Two years of experience, under qualified supervision, working as a teacher serving the ages and developmental abilities of the children enrolled in the center where the individual will act as the director;</li> <li>(c) A course in business administration or early childhood administration, or at least 6 months of on-the-job training in an administrative position</li> </ol> </li> <li>2. A valid certificate in pediatric first aid, including management of a blocked airway, and rescue breathing;</li> <li>3. Knowledge of community resources available to children with special needs and the ability to use these resources to make referrals or achieve interagency coordination;</li> <li>4. Administrative and management skills in facility operations;</li> <li>5. Capability in curriculum design;</li> <li>6. Oral and written communication skills;</li> <li>7. Demonstrated life experience skills in working with children in more than one setting.</li> </ol>	<p>Formal education and experience in both early childhood education/child development and administration such as human resource and financial management.</p>

<b>Teacher</b>	<p>Twenty-one years of age and the following:</p> <ol style="list-style-type: none"> <li>1. A bachelor's degree in early childhood education, child development, social work, nursing, or other child-related field, or a combination of experience and relevant college coursework;</li> <li>2. One year or more years of experience, under qualified supervision, working as a teacher serving the ages and developmental abilities of the children in care;</li> <li>3. On-the-job training to provide a nurturing environment and to meet the child's out-of-home needs;</li> <li>4. A valid certificate in pediatric first aid, including management of a blocked airway and rescue breathing;</li> <li>5. Knowledge of normal child development and early childhood education, as well as knowledge of children who are not developing typically;</li> <li>6. The ability to respond appropriately to children's needs;</li> <li>7. The ability to recognize signs of illness and safety hazards;</li> <li>8. Oral and written communication skills.</li> </ol>	<p><i>At least</i> a CDA credential or an associate degree in early childhood/child development or equivalent, preferably teachers have baccalaureate degrees in early childhood/child development. If a teacher has a degree in a related field, the program should document the amount of coursework specifically related to early childhood education.</p>
<b>Teacher Assistant</b>	<p>Eighteen years of age; a high school diploma or GED; participate in on-the-job training, including a structured orientation to the developmental needs of young children and access to consultation, with periodic review by a staff person.</p>	<p>High school graduate or the equivalent; trained in early childhood education/child development, and/or participate in ongoing professional development programs.</p>

**Information Referenced in Goal 4 - Action Step 4.1  
Qualifications for Family Child Care Providers**

<b>Standards of the American Public Health Association and the American Academy of Pediatrics</b>	<b>Standards of the National Association for Family Child Care</b>
<ol style="list-style-type: none"> <li>1. Twenty-one years of age, hold an official credential as granted by the authorized state agency; 12 hours training in child development and health management; knowledgeable and demonstrate competency in tasks associated with caring for infants and toddlers:               <ol style="list-style-type: none"> <li>a.) Diapering;</li> <li>b.) Bathing;</li> <li>c.) Feeding;</li> <li>d.) Holding;</li> <li>e.) Comforting;</li> <li>f.) Putting babies down to sleep positioned on their backs and on a firm surface to reduce the risk of SIDS;</li> <li>g.) Providing responsive and continuous interpersonal relationships and opportunities for child-initiated activities.</li> </ol> </li> <li>2. Current accreditation by NAFCC and a college certificate representing a minimum of 3 credit hours of family child care leadership or master caregiver training or hold an associate degree in early childhood education or child development;</li> <li>3. A valid certificate in pediatric first aid, including management of a blocked airway and rescue breathing;</li> <li>4. Pre-service training in health management in child care, including the ability to recognize signs of illness and safety hazards;</li> <li>5. Knowledge of normal child development, as well as knowledge of children who are not developing typically;</li> <li>6. The ability to respond appropriately to children's needs;</li> <li>7. Oral and written communication skills.</li> </ol> <p>Additionally, large family child care home caregivers shall have at least 1 year of experience, under qualified supervision, serving the ages and developmental abilities of the children in their large family child care home.</p>	<p>Twenty-one years old; high school diploma or GED and at least 90 clock hours of relevant training, or a current CDA credential; and have at least 18 months of experience in family child care, regulated at the highest level available in the state (12 months if participating in an intensive training program).</p>



## **APPENDIX C**

### **Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South 2003 Implementation Status Survey Contacts**

**APPENDIX C**  
**Action Plan to Improve Access to Child Care Assistance for**  
**Low-Income Families in the South**  
**2003 Implementation Status Survey Contacts**

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<p><b>West Virginia</b>  Kay Tilton  Director  WV Department of Health and Human Services  Phone: (304) 558-2993  Email: ktilton@wvdhhr.org</p>	

## **APPENDIX D**

### **Southern Regional Action Plan to Improve the Quality of Early Care and Education 2003 Implementation Status Survey Contacts**

**APPENDIX D**  
**Southern Regional Action Plan to Improve the**  
**Quality of Early Care and Education**  
**2003 Implementation Status Survey Contacts**

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<p><b>District of Columbia</b>  Barbara Ferguson-Kamara  Executive Director  Department of Human Services  Phone: (202) 727-1839  Email: barbara.kamara@dc.gov</p>	<p><b>Georgia</b>  Bonnie Murray  Section Director  Georgia Department of Human Resources  Phone: (404) 657-3434  Email: bomurray@dhr.state.ga.us</p>
<p><b>Kentucky</b>  Paula Woodworth  Assistant Director  Commonwealth of KY/Division of Child Care  Phone: (502) 564-2524  Email: paula.woodworth@mail.state.ky.us</p>	<p><b>Louisiana</b>  Gwendolyn Hamilton  Secretary  Department of Social Services  Phone: (225) 342-0286  Email: gwen.hamilton@dss.state.la.us</p>
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<p><b>Missouri</b>  Deborah Scott  Director  Office of Early Childhood  Phone: (573) 751-6793  Email: dscott@mail.dss.state.mo.us</p>	<p><b>North Carolina</b>  Peggy Ball  Director  North Carolina Division of Child Development  Phone: (919) 662-4499  Email: peggy.ball@ncmail.nct</p>
<p><b>Oklahoma</b>  Nancy vonBargen  Director of Child Care Services  Department of Human Services  Phone: (405) 522-1512  Email: nancy.vonbargen@okdhs.org</p>	<p><b>South Carolina</b>  Kitty G. Casoli  Department Head  Department of Health and Human Services  Phone: (803) 898-2733  Email: casoli@dhhs.state.sc.us</p>
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## **APPENDIX E**

### **Southern Regional Initiative on Child Care Publications**

**APPENDIX E**  
**Southern Regional Initiative on Child Care**  
**Publications**

Southern Regional Initiative on Child Care, *Southern Regional Action Plan to Improve the Quality of Early Care and Education: Survey Results on the Status of State Implementation Efforts 2003* (Columbia, SC: Southern Institute on Children and Families, January 2004).

Southern Regional Initiative on Child Care, *Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South: Survey Results on the Status of State Implementation Efforts 2001-2003* (Columbia, SC: Southern Institute on Children and Families, January 2004).

Campbell, Dottie, *Collaboration in Southern Regional Early Care and Education Systems* (Columbia, SC: Southern Institute on Children and Families, December 2003).

Southern Regional Initiative on Child Care, *Southern Regional Forum on Collaboration and Coordination Across Early Care and Education Programs* (Columbia, SC: Southern Institute on Children and Families, December 2003).

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Schumacher, Rachel, Jennifer Mezey, and Mark Greenberg, *Analysis of Potential Barriers to Creating Coordinated Absence Policies for Collaborations Between Head Start and CCDF and TANF-Funded Programs* (Columbia, SC: Southern Institute on Children and Families, December 2002).

Dottie Campbell, *Collaboration Among Child Care, Head Start, and Pre-Kindergarten: A Telephone Survey of Selected Southern State* (Columbia, SC: Southern Institute on Children and Families, December 2002).

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Louise Stoney, *Child Care in the Southern States: Expanding Access to Affordable Care for Low-Income Families and Fostering Economic Development* (Columbia, SC: Southern Institute on Children and Families, April 2000).