

THE SOUTHERN INSTITUTE  
on Children and Families

Building Momentum —  
Taking Action:

Southern States Collaborate  
on Child Care Financial Aid  
and Quality Initiatives

February 2002

Alabama

Arkansas

Delaware

District of Columbia

Florida

Georgia

Kentucky

Louisiana

Maryland

Mississippi

Missouri

North Carolina

Oklahoma

South Carolina

Tennessee

Texas

Virginia

West Virginia

**Building Momentum — Taking Action:**

**Southern States Collaborate on Child  
Care Financial Aid and Quality Initiatives**

**The Southern Regional Initiative on Child Care**

**February 2002**

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The David and Lucile Packard Foundation.**

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Kentucky – Kim Townley, Ph.D., and Andy Downs

Louisiana – Gwen Hamilton. Special appreciation goes to Governor M.J. "Mike" Foster for his participation.

Maryland – Linda Heisner

Missouri – Kathy Martin

North Carolina – Marjorie Tate, Peggy Ball and Sue Russell

Oklahoma – Robert Harbison and Nancy vonBargen

South Carolina – Candy Y. Waites  
Tennessee – Natasha Metcalf  
West Virginia – First Lady Sandy Wise and Kay Tilton

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# Chapter One

## Introduction

In January 2000, at the invitation of the Southern Institute on Children and Families, governors from 16 southern states and the mayor of the District of Columbia appointed representatives to the Southern Regional Task Force on Child Care. The Southern Institute and the Southern Growth Policies Board made additional appointments to complete the 23-member Task Force. The Task Force supports the Southern Regional Initiative on Child Care, established with a grant from The David and Lucile Packard Foundation. The initiative provides southern states and the District of Columbia with the opportunity to collaborate on strategies to bring about more informed leadership, to develop policy recommendations and to achieve results in improving access to child care assistance for families who are unable to pay for child care on their own. The initial charge to the Task Force was to collaborate in the development of a plan of action to improve access to child care assistance for low-income families in the southern region.

The Task Force recognized the many reasons priority attention must be given to making quality child care more accessible and affordable for low-income families, including the positive effect child care can have on workforce capacity, the advantages it can bring to the welfare reform effort and the much-needed financial support it can provide for early learning opportunities for children in low-income families.

**The Task Force recognized the many reasons priority attention must be given to making quality child care more accessible and affordable for low-income families, including the positive effect child care can have on workforce capacity, the advantages it can bring to the welfare reform effort and the much-needed financial support it can provide for early learning opportunities for children in low-income families.**

During its deliberations, the Task Force received testimony from professionals, families and representatives of the business community, identified barriers that impede access to child care assistance for low-income families and developed a plan of action to improve access to financial aid for families who need and seek assistance.

To assist the Task Force in identifying issues and opportunities, a survey of the 17 participating states was conducted during the Summer of 2000 to collect detailed information on the state/federal subsidy system policies and procedures in each state.

With their deliberations augmented by valuable information gleaned from the survey, Task Force members identified the following issues as barriers to child care financial assistance:

- Significant underfunding of the federal/state child care subsidy system;
- Eligibility policies and systems that hinder access to public child care subsidies;
- Inadequate attention to developing employer child care assistance partnerships; and
- Lack of federal and state tax strategies, e.g. refundable child care and dependent tax credits.

To address identified barriers, the Task Force developed the *Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*. The Action Plan calls on public and private sector leaders to support specific initiatives, including greater public investment in child care financial aid, eligibility simplification, improved customer services, implementation of tax strategies and the creation of employer partnerships.

The Action Plan contains 10 goals and 52 action steps. The goals are:

- 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.
- States and communities should broaden their child care eligibility and subsidy policies to meet the economic, work and education needs of families.
- 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.
- The child care application and redetermination processes should be uncomplicated and family friendly.
- Establish a coordinated, seamless eligibility system so that funding sources are invisible to families and support continuity of child care.
- 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.

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.  
Create partnerships with employers to expand child care assistance for working families.  
Provide child care assistance to working families through federal and state tax laws.  
States should have effective, coordinated systems to guide child care and early childhood policy decisions and direct use of resources.

With the development of the Action Plan, Task Force members initiated a review of current policies and procedures to determine whether changes should be made in their respective states to improve upon current systems and to create new opportunities. The entire Action Plan appears in Appendix A.

### **Implementation Actions to Improve Access to Child Care Financial Aid**

Implementation of the Action Plan during 2001 included state site visits to brief public and private officials, a state survey to record the status of efforts toward achievement of the action steps and a comprehensive assembly of child care leaders at the Southern Regional Invitational Forum on Child Care.

#### **State Site Visits**

Task Force members from 12 of the 16 participating states and the District of Columbia hosted site visit meetings during 2001. The meetings included an Action Plan working session attended by staff from state and local government agencies, child care

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providers, child care resource and referral staff, faith-based representatives and advocates. Breakfast meetings were held on the second day to brief public and private sector leaders. Participants included representatives of the executive branch, state legislators, legislative staff,

business representatives, as well as key individuals who attended the state working session. Chapter Two outlines the state site visit activities and discusses identified issues.

### **Survey of State Implementation Efforts**

A survey to determine the status of state efforts to address the Action Plan was conducted in the Fall of 2001. The survey results are presented in a summary chart that documents each action step as “Action Step Completed,” “Action Taken Toward Goal” or “No Action Reported.” Results of the survey are discussed in Chapter Three.

### **Southern Regional Invitational Forum on Child Care**

Convened in October 2001, the Southern Regional Invitational Forum on Child Care included presentations and panel discussions focused on the Action Plan. Participants shared ideas and progress on child care initiatives in their states. They also identified barriers to implementation as well as opportunities for replication. Highlights from the Forum are discussed in Chapter Four.

### **Addressing Quality**

In the Spring of 2001, the Task Force decided to pursue development of an Action Plan to Improve Child Care Quality. This southern regional quality initiative began with a state survey initiated in November 2001. During 2002, responses to the quality survey will be analyzed and provided to the Task Force to further inform its deliberations toward development of the Action Plan to Improve Child Care Quality. Chapter Five describes the Task Force’s initial work in the area of quality, and Chapter Six outlines Task Force plans to address child care quality improvements, as well as other activities planned by the Southern Regional Initiative on Child Care, during 2002.

## Chapter Two

### State Site Visits to Promote Awareness and Action

With the initiative platform now clearly outlined by the Task Force in its published *Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South*, Southern Institute staff in 2001 conducted site visits to 12 southern states to promote implementation of the Action Plan. The site visits were hosted by Task Force members and were attended by approximately 400 individuals.

The site visits provided an opportunity for public and private sector representatives to come together to discuss the Action Plan, to review information on child care financial aid issues in their states and to collaborate on strategies to accomplish the action steps. Site visits were made to the following states:

Alabama	Missouri
Arkansas	North Carolina
District of Columbia	Oklahoma
Kentucky	South Carolina
Louisiana	Tennessee
Maryland	West Virginia

To facilitate constructive site visit dialogue on policies that govern child care subsidy programs, the Southern Institute displayed data 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 conducted in September 2000.<sup>1</sup> An Action Plan briefing booklet,<sup>2</sup> developed for and disseminated during the site visits, displays these state-by-state data in a user-friendly format and can be found on the Southern Institute website located at [www.kidsouth.org](http://www.kidsouth.org). The Action Plan is included in Appendix A.

Participants at the site visit meetings included staff from state and local governments, legislative representatives, business representatives, child care providers,

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<sup>1</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), Appendix.

<sup>2</sup> Southern Regional Task Force on Child Care, Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South, Briefing Book (Columbia, SC: Southern Institute on Children and Families, December 2000).

child care resource and referral staff, faith-based representatives and advocates. Two meetings were held in each state. The first meeting was a lengthy work session to review the Action Plan goals and action steps, and the second meeting was a briefing session for public and private sector leaders.

Governors from two states participated in their state's site visit. Governor M.J. "Mike" Foster of Louisiana hosted a breakfast briefing session at the Governor's Mansion. Governor Don Siegelman of Alabama held a special meeting with Southern Institute staff, the Task Force chairman, the Task Force member from Alabama and other key state and business representatives to hear an overview of the Action Plan.

Governor Foster and Governor Siegelman subsequently arranged for the Southern Institute to conduct a similar briefing on the Action Plan at the "Governors Only" session of the Southern Governors' Association meeting in September 2001. This session, attended by governors from seven southern states and staff from the Southern Governors' Association, provided the Southern Institute with the opportunity to present and discuss information from the *Sound Investments* report and Action Plan with the governors.

The following discussion outlines the issues raised during the 12 state site visit meetings. Research and further dialogue on the identified issues will take place during 2002, and findings will be included in the report of the Southern Regional Initiative on Child Care to be published in December 2002.

### **Funding**

The Child Care and Development Fund (CCDF) is the primary source of federal funding for child care subsidies for low-income families. Estimates by the U.S. Department of Health and Human Services, Administration for Children and Families, indicate that in 1999 only 12% of the children who were potentially eligible for subsidies under the maximum allowable federal income guidelines (85% of State Median Income) actually were receiving such assistance.<sup>3</sup>

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<sup>3</sup> U.S. Department of Health and Human Services, Administration for Children and Families, press release, "New Statistics Show Only Small Percentage of Eligible Families Receive Child Care Help" (Washington, DC: U.S. Department of Health and Human Services, December 2000).

Site visit discussions in every state documented that lack of funding is the number one problem states face in attempting to meet the need for child care subsidies.

**One point of agreement across the southern states was that providing financial assistance to only 12% of eligible families was far from adequate.**

There is enthusiastic support across the southern states to substantially increase the number of eligible families receiving child care financial aid. To do so will

require greater investment in public subsidies and increased participation by the business community through pooling partnerships and tax incentives. Discussions also made it clear that without increased federal funding for the CCDF, states will not be able to make substantial progress toward the goal of providing financial aid to all eligible families who need and seek child care assistance.

Estimating the cost of fully funding the need for child care financial aid produced discussions that raised more questions than answers. States shared the difficulties encountered in developing cost information for policymakers and indicated a need for technical assistance in developing cost estimates. One point of agreement across the southern states was that providing financial assistance to only 12% of eligible families was far from adequate.

### **Engaging the Business Community**

The presentation of information on business initiatives highlighted in the *Sound Investments* report produced a great deal of interest among site visit participants. For many states, the examples included in the briefing booklet on business initiatives in Florida, Georgia and Texas raised the possibility of replication. Numerous requests for additional information resulted, and the Southern Institute facilitated contact with individuals who could provide more detail and assistance.

**The point was made in several states that government is a large employer and should be setting the example for providing assistance to employees who are unable to afford safe, quality child care.**

Discussion among site visit participants resulted in a number of suggested strategies to involve more employers and create business “champions” for child care. Suggestions included the need to develop succinct business-friendly materials explaining why it is to the benefit of employers to assist low-income families with child care, development of intermediaries to “buffer” employers from the bureaucracy of public child care subsidy systems and establishment of employer recognition awards.

The point was made in several states that government is a large employer and should be setting the example for providing assistance to employees who are unable to afford safe, quality child care.

It also was suggested that public agencies and advocates should endeavor to educate and engage business lobbyists in helping to convince policymakers of the need for greater investments in child care.

### **Application and Redetermination Policies**

The *Sound Investments* report showed wide variation among the southern states on application and redetermination policies and procedures. State site visit discussions produced thoughtful dialogue on the simplification and outreach steps included in the Action Plan.

Participants in several states expressed interest in the action steps calling for improved accessibility of applications through mail, phone, fax and the internet, offering more opportunities to apply on evening and weekend hours, as well as providing applications at multiple sites.

Several states that require face-to-face application interviews were resistant to the elimination of the requirement as recommended in Action Step 4.7.

**Eliminating the requirement for face-to-face contact for redetermination of child care eligibility appeared to be an action several states were willing to consider.**

Concerns were expressed regarding increased potential for error rates. States that do not require a face-to-face application interview indicated that they had no evidence that this action increased error rates. Also, in several states there was a strong desire by child care agency staff to provide advice and counseling on selecting a provider, and

the application process was viewed as the best opportunity to do so. The Southern Institute pointed out that Action Step 4.8 recommended providing consultation to families on making appropriate choices when “excessive requests for provider changes are filed.”

Eliminating the requirement for face-to-face contact for redetermination of child care eligibility appeared to be an action several states were willing to consider.

Action Step 4.9, calling for establishment of a 12-month eligibility period, generated discussion in states with six-month periods of eligibility. Administrators in several states expressed concern that a 12-month eligibility period could precipitate increased incidences of fraud

whereby, for example, families may become unemployed or drop out of school and thus become ineligible for a subsidy yet continue to receive it due to the extended eligibility period.

**In several states, it was pointed out that a 12-month eligibility period provides greater stability of child care assistance and thus improves job stability and employability.**

States with 12-month eligibility periods reported no major fraud problems by granting a longer period of eligibility. In several states, it was pointed out that a 12-month eligibility period provides greater stability of child care assistance and thus improves employability and job stability.

In some states, child care providers expressed concern about parents who experienced problems obtaining required verification documents in a timely manner. Difficulty on the part of parents in making contact with their caseworkers was reported in some states.

The difficulty many states experience staying in touch with eligible families who receive subsidies was a subject of concern in several states. Southern Institute staff shared information on the importance of providing family friendly materials to effectively communicate to families why it is important to their continued eligibility that they notify their caseworker about any changes in address or circumstances.

In several states, issues were raised regarding the need to ensure that counties implement statewide simplification policies. Assuring that policy equals practice will improve the accessibility of public child care subsidies.

## Co-Payments

Across the southern states, child care subsidy co-payments for families at the state income eligibility ceiling range from 4% to 30%. For families at or below the federal poverty level, the range across the southern states is 0% to 16%.<sup>4</sup>

Action Step 2.1 calls on states to establish co-payments that do not exceed 10% of family gross income. This recommended policy generated considerable discussion in several states.

**Reasons given for families dropping out of the subsidy program included inadequate preparation of families who are in line for co-payment increases and the inability of families to afford a higher co-payment.**

Discussion in many states indicated that when child care co-payments go up, families drop out of the subsidy program. One state official described it as “sticker shock” for many families.

Reasons given for families dropping out of the subsidy program included inadequate preparation of families who are in line for co-payment increases and the inability of families to afford a higher co-payment. Site visit participants indicated that the inability or unwillingness of families to pay a higher co-payment was a major concern because often it resulted in parents placing children in less expensive, unregulated care settings or leaving them in the care of older siblings.

A number of states indicated a willingness to reevaluate co-payment levels. One state indicated that action might be taken to waive the co-payment during the summer months to discourage sibling care.

Advocates participating in the discussions in several states indicated that states should aggressively pursue the development and dissemination of understandable information regarding the need to prepare families for paying co-payments or eventually the full cost of child care. This is particularly important because child care fees usually are due in advance of services, and lack of preparation for a higher co-payment presents a barrier to receipt of the subsidy despite the need for it.

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<sup>4</sup> Southern Regional Task Force on Child Care, Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South — Briefing Book (Columbia, SC: Southern Institute on Children and Families, December 2000), Table 4.

### **Disallowing Charges Above Established Co-Payments**

Action Step 7.3 calls on states to prohibit providers from charging above established co-payments. Concern was expressed about this recommendation during discussions in several states. It was pointed out that implementation of this action in states that pay inadequate rates could have a negative impact on access to all types of child care. The Southern Institute explained that this action step was presented in the context of two additional actions: 1) the need for states to cap reimbursement rates at no less than the 75<sup>th</sup> percentile based on a recent market rate survey and 2) the need for states to establish reimbursement policies that encourage provider participation and are responsive to family needs.

A legal analysis of the Action Plan commissioned by the Southern Institute indicated that states should proceed cautiously with regard to disallowing charges above established co-payments due to the need to preserve family choice of provider and equal access requirements.<sup>5</sup> A summary of the legal analysis appears in Appendix B.

### **Collaborations Across Head Start and State Child Care Subsidy Programs**

Differences between the missions of Head Start and the CCDF were cited in several states as major barriers to collaboration across the two child care programs. Head Start was developed as a national program providing comprehensive developmental services to help low-income children enter school ready to learn and succeed. Child care subsidy policies were designed to help low-income parents participate in work or education/training programs.

Site visit discussions produced examples of how Head Start and state child care subsidy policies differ:

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<sup>5</sup> Mark Greenberg, Rachel Schumacher and Jennifer Mezey, The Southern Regional Task Force on Child Care 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), 14-15.

Free care versus subsidized care. Head Start programs are not allowed to require parents to pay for participation in Head Start. State child care subsidy programs use sliding fee scales that require many parents to share in the cost of their child's care.<sup>6</sup>

Income eligibility levels. Head Start families primarily serve children at or below the federal poverty level. State child care subsidy program income eligibility may be up to 85% of a State's Median Income.<sup>7</sup>

Work status. Head Start parents are not required to work so long as the family meets the income guidelines. State child care subsidy families must include a parent who is working or is enrolled in a recognized education or training program.<sup>8</sup>

Lack of common data elements. Head Start grantees submit data annually to the Head Start Bureau. Data include information on staff qualifications, enrollment, full-time versus part-time care, etc. Child care subsidy systems require that data be submitted quarterly to the Child Care Bureau regarding child and family eligibility, types of care and hours of operation. For states that use TANF funds for child care, TANF levies additional, separate reporting requirements.<sup>9</sup>

Absence policies. Head Start programs receive payment for a child regardless of a child's attendance record. Absences are viewed as a reason to look into the needs of the child. Children who drop out of Head Start produce "enrollment vacancies" that can be filled by other children. State child care subsidy policies limit the number of days a provider will be paid when a child is absent. This number varies by state, and there is no guarantee that a child who drops out of a child care center slot will be immediately replaced. Child care providers indicate that state subsidy absence policies place them at financial risk.

**During the discussion of absence policy differences, it was observed that a primary issue is that the CCDF child care subsidy program policies are designed to support working parents and that the policies may not always be in the best interests of children.**

<sup>6</sup> Nicole Oxendine Poersch and Helen Blank, Working Together for Children: Head Start and Child Care Partnerships (Washington, DC: Children's Defense Fund, January 1996), 22.

<sup>7</sup> Rachel Schumacher, Mark Greenberg and Joan Lombardi, State Initiatives to Promote Early Learning: Next Steps in Coordinating Subsidized Child Care, Head Start and State PreKindergarten (Washington, DC: Center for Law and Social Policy, April 2001), 14.

<sup>8</sup> *Ibid.*, 14.

<sup>9</sup> *Ibid.*, 29.

During the discussion of absence policy differences, it was observed that a primary issue is that the CCDF child care subsidy program policies are designed to support working parents and that the policies may not always be in the best interests of children. Participants suggested that both goals should be considered when establishing child care policies.

A number of other issues were mentioned, such as half-day care for Head Start versus full-day care, as well as age requirements. A number of states have initiated efforts to successfully coordinate these programs to allow for a seamless system that ensures continuity of care. Individual state initiatives can be found in Chapter Three.

### **Consumer Satisfaction Surveys**

Considerable interest was expressed in Action Step 6.3, which calls on states to conduct periodic, independent, and thorough consumer satisfaction assessments, assuring the confidentiality of information collected.

A number of states requested additional information on consumer satisfaction surveys conducted by states. In response, the Southern Institute collected and provided copies of state consumer satisfaction surveys to interested states.

### **Site Visits in 2002**

During 2002, the Southern Institute will conduct additional site visits to the five states not visited in 2001. They are Delaware, Florida, Georgia, Mississippi and Virginia. During these visits, meetings will be held with key policymakers, legislative staff, advocates, child care providers and business representatives. These meetings will provide the opportunity to promote implementation of the Action Plan, to review information on child care financial aid issues and to collaborate on strategies for accomplishing the plan's action steps.

## Chapter Three

### Survey Results on the Status of State Implementation Efforts

While the development of a substantive and pragmatic Action Plan to address child care financial aid issues was no small feat, the Southern Institute acknowledged that even the most well-designed and comprehensive of plans would have little value unless it were promoted and translated into real action.

An important aspect of executing an Action Plan of this nature is determining which steps can be implemented under current law and identifying any instances in which implementation of an action step needs clarification or even changes in the law. With that in mind, the Southern Institute commissioned the Center for Law and Social Policy to undertake a legal analysis of the Action Plan. This analysis resulted in an August 2001 report that reviews each step identified in the Action Plan and seeks to identify any legal issues affecting a state's ability to implement the step when a state is using funds under the Child Care and Development Fund (CCDF) or the Temporary Assistance for Needy Families (TANF) block grant — the two principal federal/state funding streams that provide child care assistance for low-income families.

The report states: “While implementation of a few steps would require changes in federal law, the great majority either raise no legal issue or are clearly permissible under current laws.”<sup>10</sup> A summary chart from that legal analysis can be found in Appendix B.

In an effort to ascertain measurable progress in implementing the 10 goals and 52 action steps, the Southern Institute in the summer of 2001 distributed an Implementation Survey to Task Force members in the participating southern states and the District of Columbia. The survey was designed to capture actions taken on or after January 1, 2000, so that policies already in place before development of the Action Plan were appropriately recognized and documented.

Fifteen southern states responded to the Southern Institute Survey on the Status of State Implementation Efforts. They are: **Alabama, Arkansas, the District of**

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<sup>10</sup> Mark Greenberg, Rachel Schumacher and Jennifer Mezey, The Southern Regional Task Force on Child Care 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).

**Columbia, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas** and **West Virginia**. State survey contacts are listed in Appendix C.

Table I, which displays results of state implementation efforts at a glance, appears at the end of this chapter. Each Action Step in Table I is categorized as “Action Step Completed,” “Action Taken Toward Goal” or “No Action Reported.”

Presented below are highlights from the 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.***

Twelve out of 15 states (80%) have taken action toward the goal of increasing state funding to provide child care subsidies to all eligible families who seek child care assistance (Action Step 1.4). For example:

In **Kentucky**, the Governor’s Early Childhood Initiative, HB 706, mandates that the Cabinet for Families and Children evaluate at least annually the adequacy of the child care subsidy to enable low-income families to obtain needed child care services. HB 706 combines funding from the CCDF and Kentucky’s Phase I Tobacco Settlement money. As a result, eligibility for participation in the Child Care Assistance Program may be increased to the extent that funds are available, from 165% to 170% of the federal poverty level (FPL) during the effective period of the FFY 2002 and 2003 CCDF Plan. Kentucky currently is able to serve all income-eligible families who seek child care assistance and has no waiting list.

**Missouri**’s total appropriation for child care increased dramatically, from \$20 million in 1995 to more than \$79 million in its 2002 appropriation. Missouri is able to serve all income-eligible families seeking child care subsidy, those with incomes at or below 121% of the federal poverty level. There is no waiting list, and guidelines are reassessed annually.

**North Carolina** increased Smart Start funding in SFY 00-01, which provided more state funds for child care subsidies. However, Smart Start funds were reduced for SFY 01-02 due to a state budget crisis. Smart Start expenditures for child care subsidies are used to leverage both TANF and CCDF funds.

While state funding has not increased, **Oklahoma** currently has adequate funding in place to serve all eligible families who seek child care assistance.

In **Tennessee**, the Department of Human Services shifted state funds to create 400 additional child care slots for eligible low-income families.

In October 2000, **West Virginia** used TANF funding to increase child care eligibility guidelines from 150% to 200% of the federal poverty level (an increase from 57% to 77% of State Median Income [SMI]). While still not at 85% of SMI, West Virginia was serving the highest percentage of SMI of any state in its region.

All 15 states reported actions taken toward the goal of mobilizing federal, state and community resources in support of families who need child care assistance (Action Step 1.5). For example:

The **District of Columbia** held two large forums at the DC Convention Center involving parents and child care providers. In addition, the Early Childhood Collaborative of DC and the DC Child Care Corporation raised funds to support centers serving subsidized children.

Action Step 1.2 calls on states to educate the business community on the need for leadership in achieving state, federal and community resources to meet 100% of need. Twelve out of 15 states reported taking action in this regard. The discussion that follows under Goal Eight addresses business and employer partnerships that will result in greater awareness and enhanced support for child care. State business initiatives are highlighted.

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

The majority of states (10) reported that state child care co-payments do not exceed 10% of gross family income (Action Step 2.1). An additional two states — **Oklahoma** and **Tennessee** — reported progress in that direction.

The **District of Columbia** recently implemented a new co-payment system that does not exceed 10% of gross family income.

While **Maryland** set as a FY 2002 goal that 74% of families receiving child care subsidies have co-payments at or below 10% of gross family income, it has capped co-payments to help reduce the burden on families.

A large majority of states (12 of 15 surveyed, or 80%) reported that they provide child care assistance to students who qualify under the state's income guidelines (Action Step 2.2), with the remaining three states all taking action in the direction of that objective. However, the definition of "student" varied widely across the region.

**Arkansas** amended its State Plan to reduce the number of semester hours required for subsidy eligibility from 15 hours to 12 hours. As TANF money becomes available, these families will receive assistance.

In **South Carolina**, students may apply for child care assistance if they are 18 years of age or an emancipated minor and are working, in school or a training program, or are disabled. The South Carolina Department of Health and Human Services has a contract with the Family Literacy program through the state Department of Education to provide child care for those students who are participating in a Family Literacy program to earn their high school diploma or GED. In addition, at least five South Carolina First Steps counties are providing child care assistance specifically to teen parents who are continuing their education.

***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 and are provided assistance in applying.***

Most states reported overall progress with outreach. Eleven states (73%) reported that they had taken action toward the objective of ensuring that child care information is accurate, family friendly, employer friendly, culturally sensitive and provided in multiple languages, as appropriate (Action Step 3.2). All states reported progress with providing language-appropriate materials. Cultural sensitivity still is seen as an area needing improvement, and the survey highlighted the specific need to develop materials that directly appeal to and target employers.

In September 2001, **Arkansas** conducted its first English as a Second Language (ESL) Academy for Preschool Teachers. Participants discussed cultural sensitivity issues and how to engage parents in the local community. The special training included a session on utilizing technology to “get the word out” about child care assistance.

**Missouri** provides application forms in both English and Spanish and utilizes a toll-free translation hotline. In addition, the state has formed partnerships in several counties to utilize resources such as foreign language parent educators to provide linguistic assistance to families.

With large growth in the state’s Hispanic population, **North Carolina** has begun the process of translating forms and information about the subsidy program into Spanish.

In addition, **Texas** provides brochures and other materials in multiple languages. Information available through websites and brochures is developed at state and local levels to target both employers and families in customer-friendly language and formats. Periodic checks are employed to ensure information is accurate and up to date.

Several states also indicated that they test the reading level of their materials and take steps to make appropriate reading-level modifications as warranted.

***Goal Four: The child care application and redetermination processes should be uncomplicated and family friendly.***

Two states — **Arkansas** and **Texas** — have completed the objective to allow easier filing of child care assistance applications by mail, phone, fax or internet (Action Step 4.2). An additional 10 states have taken some form of action toward achieving this objective. For example:

The agency that oversees child care subsidies in **Georgia** has begun a dialogue to explore the possibility of alternative application methods.

**Kentucky** currently is piloting a program that allows renewals by mail or fax in the county with the largest subsidy population.

**Maryland** currently accepts mail-in applications and plans to implement electronic/internet filing after it acquires a new computer system in 2003.

Like many states, **South Carolina** allows filing by mail, phone or fax but does not have the technical mechanisms in place to support internet filing of applications. However, the state is exploring the facilitation of internet application as a goal.

Five states reported achievement of Action Step 4.3, to minimize requests for documentation at initial application and utilize documents already on file.

In **Alabama**, applicants for child care subsidy are not required to produce copies of any documents already on file from previous applications submitted with the state, such as birth certificates. Income and other documentation provided on client referrals from other programs such as TANF are deemed to be sufficient without requiring additional verification documentation from the parent.

**Missouri** also uses documents already on file and requests documentation only of missing items necessary to determine eligibility.

Eight other states reported some action in that direction. For example:

In **Kentucky**, families referred by Community-Based Services workers do not have to re-verify information already provided on the referral form.

The **Mississippi** Office for Children and Youth requires designated agents to use information already on file for families when applying or reapplying for child care assistance.

**North Carolina** in 2000 began working on a project that eventually will allow a case management system to share eligibility information across public assistance programs.

**South Carolina** employs a seamless eligibility system for former welfare recipients who remain eligible for transitional child care services after welfare benefits cease. The state Department of Health and Human Services is exploring the possibility of utilizing information from Partners for Healthy Children applications (the state's Medicaid program) to determine eligibility for child care.

In **Texas**, for families referred for child care assistance by staff from TANF Employment, Food Stamp Employment and Training, Workforce Investment Act and Welfare-to-Work Services, initial eligibility is determined by staff in those services, and child care intake workers do no further documentation.

Twelve states (80%) reported action in the direction of offering non-conventional hours of operation for eligibility offices and providing toll-free phone lines to include evening and weekend hours (Action Step 4.5).

Several of **Alabama**'s Child Care Management Agencies (CMAs), particularly those located in urban areas, have extended hours of operation 1-2 nights per week.

**Maryland**'s local departments of social services schedule evening hours at least one day per week.

In **Mississippi**, hours are extended for eligibility determination as needed based on volume and specific program schedules, particularly during the roll-over process.

Approximately 24 of 115 county offices in **Missouri** offer extended-day services. Some offer services either before 8:00 a.m. or after 5:00 p.m., or both, either by appointment or by extended hours of operation.

The **North Carolina** Division of Child Development encourages county departments of social services at their discretion to offer extended hours, but it is a decision made at the local level.

A recent **Oklahoma** initiative on customer service requires county offices to evaluate their hours of operation and ensure that all families have access to services.

The majority of Child Care Contractors in **Texas** offer a toll-free phone line for clients as well as non-conventional hours of operation, including weekend and extended weekday hours, during peak enrollment periods.

More than half of states responding to the survey (9) reported that they do not require a face-to-face interview either for initial application or for redetermination (Action Step 4.7). They are **Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, and Texas**. An additional two states had taken steps in that direction.

Seven states reported establishment of a 12-month redetermination period where there are no changes in income or job status (Action Step 4.9). They are the **District of Columbia, Georgia, Kentucky, Missouri, North Carolina, Oklahoma and South Carolina**. Five other states have taken action toward achieving that objective.

The **District of Columbia** implemented 12-month redetermination period effective October 1, 2001.

**Tennessee** recently initiated a pilot program to evaluate the 12-month eligibility period.

The **District of Columbia** was the only survey respondent that reported completion of Action Step 4.10 to continue eligibility for full subsidy for 12 weeks if a family loses employment but can document that a job search is underway. However, 10 respondents (67%) indicated that they had taken steps toward satisfaction of that objective. They are **Alabama, Arkansas, Kentucky, Louisiana, Maryland, Missouri, North Carolina, Oklahoma, South Carolina** and **West Virginia**. Many extend eligibility but for a shorter period of time than outlined in the formal recommendation. For example:

In **Alabama**, eligibility can continue for an additional 10 days and up to 20 days after the loss of employment if the parent reports the change of circumstance within 10 days of its occurrence.

Effective in January 2002 in **Oklahoma**, families receiving child care assistance can continue to receive child care assistance for up to 30 days while seeking employment.

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

Eleven states (73%) 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).

Some Child Care Management Agencies (CMAs) in **Alabama** receive supplemental local funding (beyond CCDF) for subsidized child care. Parents who become ineligible for CCDF but remain eligible for local funding subsidy are automatically transferred to the new funding category without the need to reapply.

The **District of Columbia, Missouri, North Carolina, Oklahoma** and **Texas** all have had seamless systems in place for many years. In North Carolina, funds are blended at the state level so that funding is invisible to county agencies and to parents. Oklahoma has always had a seamless system where eligible parents can move from one funding source to another without reapplying or experiencing a break in eligibility.

Since the implementation of the Family Support Act in 1988, **West Virginia** has continued to operate a seamless system. All available state and federal child care funds are managed by the same agency, and a generic application determines the source of funds to be used. In December 2000, the state decided to guarantee eligibility for the six-month period, regardless of changes in a family's circumstances. Parents still are required to report those changes to ensure the system has current information on the family.

Two other states — **Arkansas** and **South Carolina** — are working toward that objective.

In **Arkansas**, category changes are made without case closure so long as Transitional Employment Assistance (TEA) parents are moving into transitional care.

For children under the age of 13, **South Carolina** has a Continuity of Care (COC) policy for clients remaining eligible at redetermination. The state Department of Health and Human Services does not close cases, but a new application must be completed when a family moves from one eligibility category to another because of existing computer systems issues. The state plans to explore improvements after pending computer system upgrades are completed.

Seven states (40%) reported that they 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 (Action Step 5.3). Of these seven, four states — the **District of Columbia**, **Oklahoma**, **South Carolina** and **Texas** — reported that this policy was in place prior to development of the Action Plan. Five other states are making progress toward Action Step 5.3.

In **Maryland** and **North Carolina**, funding is pooled or blended to ensure continuity of services.

In **Mississippi**, child care certificates are written for a 12-month period irrespective of funding source.

***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.***

An overwhelming 13 out of the 15 states (87%) reported taking steps to address customer service outcomes goals by conducting periodic, independent and thorough consumer satisfaction assessments, assuring the confidentiality of information collected (Action Step 6.3). For example:

**Arkansas** just completed a customer satisfaction survey with parents and providers that indicated parents are receiving respectful treatment from workers at the state Department of Human Services, and their needs are being met.

In the Fall of 2001, **Georgia** began conducting focus groups with parents on the child care subsidy waiting list to determine how not receiving assistance has affected their family.

**Missouri's** Department of Family Services provides mail-in consumer comment cards at all of its 115 DFS county offices.

**Oklahoma** conducts ongoing, random surveys of clients to ask questions about customer services and child care needs. Input from child care providers is obtained through ongoing surveys and hearings around the state.

**Tennessee** conducts an annual survey of child care providers, clients and staff. The survey measures both consumer and provider satisfaction, as well as administrative performance.

During the fiscal year that ended August 2001, **Texas** performed a child care "mystery shopper" survey in which child care agency staff went incognito to workforce centers across the state posing as parents applying for child care assistance. The survey focused on overall customer service performance. Results were shared with the respective Workforce Boards. In addition, 16 of the Boards have conducted their own customer satisfaction surveys, the results of which have been used to determine resource and staff training needs.

**West Virginia** piloted a survey for parents and providers in October 2001. The decision is pending on whether to distribute the survey to the full population or to a random sample.

***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.***

Seven states (47%) indicated that they had achieved Action Step 7.1, which specifies that states should cap reimbursement at no less than the 75<sup>th</sup> percentile based on a market rate survey conducted every two years. All eight remaining states reported taking steps toward this objective.

**Alabama** concluded its market rate survey in July 2001 and established new rates based on the survey. The new rates, which represent an overall 10.3% increase, went into effect in October 2001.

Effective in July 2001, **Arkansas** raised reimbursement rates to reflect the current market rate survey, an increase totaling \$2.6 million.

In its most recent market rate survey completed in January 2001, **Georgia's** rates fell below the 75<sup>th</sup> percentile. As part of the Georgia Early Learning Initiative, five pilot counties were selected to receive tiered reimbursements based on increased quality, up to 150% of the current rate.

New child care rates that became effective in October 2001 brought rates in higher-quality facilities to the 75<sup>th</sup> percentile across the state of **Oklahoma**.

**South Carolina** bases rates on the 75<sup>th</sup> percentile of the market rate. Rates are then adjusted to provide higher maximum rates for higher quality centers and for providers of infant/toddler care. Under the tiered reimbursement system, effective in October 2001, rates for ABC Level 2 enhanced providers and ABC Level 3 accredited providers range from the 85<sup>th</sup> percentile to the 100<sup>th</sup> percentile of the market rate, with most Level 3 accredited centers being reimbursed at the 100<sup>th</sup> percentile.

In October 2000, **West Virginia** increased reimbursement rates to the 75<sup>th</sup> percentile of the 1999 market rate. The latest market rate survey conducted in June 2001 showed regular reimbursement rates falling below the 75<sup>th</sup> percentile. However, the state offers a daily supplemental rate of \$4 for accredited programs.

***Goal Eight: Create partnerships with employers to expand child care assistance for working families.***

Four states — **Georgia, Maryland, Texas and West Virginia** — (27%) indicated that they had taken significant steps to educate employers about the bottom line benefits associated with public and private child care assistance (Action Step 8.1). Action Step 8.2 and Action Step 8.3 have closely related objectives that recommend enlisting business leaders to serve as mentors to other businesses and providing employers with information about available tax benefits related to child care assistance. Examples of state initiatives in employer education appear below.

Businesses helped develop the strategic plan for early care and education in **Alabama**. The state is working with the Alabama Partnership for Children to educate and develop more business support for early care and education issues.

The **Arkansas** Corporate Champions for Children Task Force made recommendations to the Governor in 2001, contributing to the establishment of the Foundation for Early Care and Education. The Foundation will accept and match child care contributions from private businesses and individuals. Foundation resources also will be applied toward enhancing the quality, affordability and availability of child care and early education for children in that state.

The **District of Columbia** has partnerships with the Chambers of Commerce, the Metro Bankers Association and community development groups. Groups have been established by prominent business people in the District of Columbia since 1991. In 2001, the District of Columbia sponsored and facilitated discussions with human resources staff in area businesses. One of the major employers in the District established a Corporate Voices group to educate businesspeople.

The **Georgia** Child Care Council has developed a presentation for businesses that can be used by Child Care Resource and Referral agencies or any community organization to make the case for business support for child care assistance in many forms. Also, the Georgia Early Learning Initiative (GELI) has developed a presentation that is easily adaptable for use with businesses explaining the importance of a quality early childhood environment for all children.

In **Kentucky**, the Early Childhood Authority and its local Early Childhood Councils include the business community in their membership. An Early Childhood Business Council is being formed as a result of passage of HB 706, state legislation designed to involve the corporate community, county judges/executives and mayors in supporting issues of importance to working families with young children. It also will collect and disseminate information about the various ways businesses and local governments can become involved in supporting early childhood initiatives.

**Maryland's** Child Care Business Partnership sponsors a series of breakfast meetings for businesses, local and state government officials and representatives from the child care community to develop strategies for addressing common needs. To date, three initiatives have resulted, including the construction of an onsite child care center in an industrial park, an employer-sponsored financial subsidy program for low-wage employees in a large metropolitan hospital and a resource and referral service targeting parents of special needs children. All were funded with CCDF monies with a 25% match from the business sector and local government.

Late last year, the **South Carolina** Governor's Office, in conjunction with the South Carolina Chamber of Commerce, announced the establishment of the South Carolina Family Friendly Workplace Award Initiative to recognize businesses that consistently demonstrate family friendly practices through workplace programs, policies and practices. A flier promoting the initiative stated: "Family friendly workplaces establish and sustain programs and policies meant to ease the stress inherent in managing both job and family responsibilities. Child care and dependent care practices, education and family leave, job flexibility and wellness benefits are among many commonly cited family friendly practices found in today's workplaces." This state-level recognition is designed to draw attention to the critical employment and economic development benefits to be gained by establishing family friendly workplaces. Seven South Carolina business entities received the first annual Family Friendly Workplace Awards at a gala dinner on January 30, 2002.

In **Texas**, a five-year effort to provide information to employers and promote their leadership in community child care issues provides grants to communities, primarily to help pay for administrative costs.

In August 2000, the **West Virginia** Child Care Division developed a display for the annual state Chamber of Commerce summit. The display utilized materials and a video developed by the Child Care Partnership Project and added state information. The display offered a variety of handouts for employers, including a PowerPoint presentation. All the materials have been duplicated and distributed to the Child Care Resource and Referral agencies for use with local businesses. In September 2001, a book on family friendly business practices was developed in conjunction with the West Virginia

Governor's Cabinet on Children and Families, the West Virginia Chamber of Commerce, the Wellness Council and the Department of Health and Human Services. The effort is designed to educate employers about the business benefits of providing child care assistance and provides ways employers can help expand and support child care programs.

Action Steps 8.4, 8.5 and 8.6 all are closely related with regard to recommending establishment of employer incentives and the pooling of resources to facilitate employer-supported child care assistance. Action Step 8.4 recommends facilitating collaborative initiatives that enable employers to share ideas as well as to pool resources to address child care needs. Eight states reported taking steps toward this objective. Only five out of 15 respondent states (33%) have 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).

Some examples of states' cooperative, incentive-generating steps for employers and businesses appear below.

Through a Ford Foundation grant called "Healthy, Wealthy and Wise," VOICES for **Alabama's** Children is focusing on tax and financial incentives for employers to invest in child care.

**Arkansas** Act 1271 established the Early Care Foundation, which will accept and match contributions from private business and individuals for child care. The Department of Human Services will provide \$1 million in matching funds over the next two years to initiate this project.

Of the four states that provide matching funds or other tax incentives for employers to invest in child care, **Georgia** since 1999 has had a substantial state corporate tax credit for employers who provide on-site child care or help pay child care costs for their employees.

**Maryland** uses CCDF funds to match private business and local government contributions to expand the availability of child care, especially for low-wage employees.

**South Carolina** has established a law for tax credits for employee child care programs (SC Code Section 12-6-3440). There also is a SC tax credit for child and dependent care expenses (SC Code Section 12-6-3380).

In **Texas**, local funds raised by employers to make improvements to the child care system through Employer Dependent Care Collaborations are eligible for federal match consideration by local Workforce Boards. Many Boards have utilized the funds to meet local match goals.

The **Tennessee** Child Care Facilities Corporation (TCCFC) fosters public-private partnerships to improve the availability and quality of child care services. Through its corporate partnership grant program, TCCFC provided matching funds to child care agencies that had collaborated with local communities, corporations or companies to provide child care services.

***Goal Nine: Provide child care assistance to working families through federal and state tax laws.***

Three southern states (Florida, Tennessee and Texas) do not have a state income tax. Of those states that do, only two — **Arkansas** and the **District of Columbia** — reported that they had established refundable child and dependent care tax credits (Action Step 9.2).

Advising families of available child care tax benefits is an important step in helping families with the cost of child care. Only two states — the **District of Columbia** and **Kentucky** — indicated that they had completed Action Step 9.5 to ensure that child and dependent care tax credits are clearly identified and easy to claim by filers using either the short or long form.

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

Only two states — **Arkansas** and the **District of Columbia** — reported completing Action Step 10.1 to facilitate greater coordination in eligibility policies across child care and early childhood education programs at the state and local levels.

The **District of Columbia** City Council promulgated a piece of legislation in 1986 to bring about coordination of all child care funding and regulations (16 departments and offices) into the Office of Early Childhood Development (OECD). Licensing has remained in a separate agency. OECD provides funds

to agencies to help implement various components of the DC system and to develop and implement new initiatives. An Early Care and Education Strategic Plan was developed to include the health department, public schools, licensing divisions, libraries, the universities, the maternal and family health agency, Head Start, housing, Parks and Recreation and the Mayor's Office. Each agency now follows this strategic plan, which is directly linked to the Mayor's strategic plan.

Eight states reported movement toward achieving Action Step 10.1, and five states reported no action.

**Georgia** assumes that any parent eligible for Head Start is eligible for wrap-around services financed by the state's subsidy program. Georgia's Pre-K program has no eligibility policies other than the age of the child.

The **South Carolina** Department of Health and Human Services is working with the Office of First Steps to enhance coordination of child care strategies by First Steps County Partnerships. In addition, the Healthy Child Care South Carolina Steering Committee helps coordinate initiatives and share information between the public and private sectors.

Recent legislation enacted by the **Texas** legislature requires that children co-enrolled in Pre-K or Head Start and child care services will remain eligible for child care services without redetermining eligibility as long as they are enrolled in the Head Start or Pre-K program.

Action Step 10.2 calls on southern states to collaborate across the region to develop common data elements. No specific action has been taken toward accomplishment of Action Step 10.2. It should be noted that all southern states participate in a national effort to collect common data elements as required by federal regulations. Developing a purpose statement and specific objectives will move this action step forward but will require a working group approach so as to determine what additional data are needed and in what form to help southern states work effectively together in their efforts to improve the availability, accessibility and quality of child care.

A second state implementation status survey will be distributed to participating states in Summer 2002 to monitor progress in implementing the action steps recommended in the Action Plan. The results of the 2002 survey will be issued in October 2002.

**Table I**  
**Southern Regional Initiative on Child Care**  
**Action Plan to Improve Access to Child Care Assistance**  
**for Low-Income Families in the South**  
**State Implementation Status**

<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>			
<b>Action Steps</b>	<b>Action Step Completed</b>	<b>Action Taken Toward Goal</b>	<b>No Action Reported</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	
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, MS, NC, <b>OK</b> , SC, TN, TX	LA, MO
1.3. Increase federal 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	Not Applicable	Not Applicable
1.4. Increase state funding to provide child care subsidies to all eligible families who seek child care assistance.		AL, AR, DC, GA, KY, MD, MS, MO, <b>OK</b> , SC, TN, WV	LA, NC, TX
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	
<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>			
<b>Action Steps</b>	<b>Action Step Completed</b>	<b>Action Taken Toward Goal</b>	<b>No Action Reported</b>
2.1. Establish co-payments not to exceed 10% of gross family income.	AL, DC, GA, KY, MD, MS, MO, <b>NC</b> , SC, <b>WV</b>	OK, TN	AR, LA, TX
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>DC</b> , KY, <b>LA</b> , MD, MS, MO, <b>NC</b> , SC, TN, <b>WV</b>	GA, <b>OK</b> , TX	
2.3. Explore broad use of income exemptions to address affordability of child care.	AR, DC, <b>OK</b> , SC	AL, GA, KY, <b>LA</b> , MD, MS, MO, NC, TN, WV	TX
2.4. Eliminate asset testing (e.g. automobile or savings account) from criteria for child care assistance.	<b>AL</b> , AR, <b>DC</b> , <b>GA</b> , <b>KY</b> , <b>LA</b> , <b>MD</b> , <b>MS</b> , <b>MO</b> , <b>NC</b> , <b>OK</b> , <b>SC</b> , <b>TN</b> , <b>TX</b> , <b>WV</b>		
2.5. Index income eligibility levels for inflation.	AR, MD, SC	DC, NC, TN	AL, GA, KY, LA, MS, MO, OK, TX

Notes:

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. Respondents were asked to enter "N/A" or "Not Applicable" if no action was taken. Action Steps reported by states as completed prior to January 1, 2000, are presented in bold italics.  
Data are not reported for Florida, Delaware and Virginia. A response was not received from Florida in time for publication. Delaware's position to the Task Force has been vacant since January 2001. Thus, Delaware did not participate in the survey. In January 2000, Virginia declined to participate as a member of the Southern Regional Initiative on Child Care and thus no information is included on Virginia.  
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<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>			
<b>Action Steps</b>	<b>Action Step Completed</b>	<b>Action Taken Toward Goal</b>	<b>No Action Reported</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, <b>GA</b> , LA, NC, OK, SC, TN	
3.2. Ensure that information is accurate, family friendly, employer friendly, culturally sensitive and provided in multiple languages, as appropriate.		AL, AR, DC, KY, LA, MD, MS, MO, NC, SC, TX	GA, OK, TN
3.3. Present information in a manner that would remove the stigma associated with receiving subsidies.	AR, MD, MS, SC, <b>WV</b>	DC, KY, LA, MO, NC, OK, TX	AL, GA, TN
3.4. Provide literature and assistance to help parents make informed provider choices.	AL, AR, DC, <b>GA</b> , MS, MO, OK, SC, TX, WV	KY, LA, MD, NC, TN	
3.5. Coordinate ongoing and strategic outreach activities among common organizations and providers.	DC, MD, MO, SC, TX	AL, AR, KY, <b>LA</b> , MS, NC, OK, TN, <b>WV</b>	GA
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>	KY, <b>LA</b> , MD, MS, NC	GA, TN
<b>GOAL 4: The child care application and redetermination processes should be uncomplicated and family friendly.</b>			
<b>Action Steps</b>	<b>Action Step Completed</b>	<b>Action Taken Toward Goal</b>	<b>No Action Reported</b>
4.1. Simplify applications for child care assistance.	AL, <b>DC</b> , MD, MS, MO, <b>OK</b> , SC, <b>TX</b>	AR, GA, KY, LA, NC	TN
4.2. Allow filing by mail, phone, fax or internet.	AR, <b>TX</b>	AL, GA, KY, LA, MD, MS, MO, NC, <b>OK</b> , <b>SC</b>	DC, TN
4.3. Minimize requests for documentation at initial application and utilize documents already on file.	AL, DC, MD, MO, <b>OK</b>	AR, GA, KY, LA, MS, NC, SC, TX	TN
4.4. Provide applications at multiple sites.	AL, AR, DC, MO, OK, <b>TX</b>	GA, KY, LA, MD, MS, NC, SC, 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.		AL, DC, GA, KY, MD, MS, MO, NC, OK, <b>SC</b> , TN, TX	AR, LA
4.6. Explore presumptive eligibility or otherwise provide immediate eligibility contingent upon final approval.		AR, GA, KY, LA, MS, OK, SC, TX	AL, DC, MD, MO, NC, TN
4.7. Eliminate requirements for a face-to-face interview both for initial application and for redetermination.	KY, <b>LA</b> , <b>MD</b> , MS, MO, <b>NC</b> , <b>OK</b> , <b>SC</b> , <b>TX</b>	AL, AR	DC, GA, TN
4.8. Provide consultation on making appropriate choices when excessive requests for provider changes are filed.	AL, AR, <b>DC</b> , <b>GA</b> , MD, <b>NC</b> , <b>TX</b> , WV	KY, MO, SC, TN	LA, MS, OK

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Action Steps (continued)	Action Step Completed	Action Taken Toward Goal	No Action Reported
4.9. Establish a 12-month redetermination period where there are no changes in income or job status.	DC, GA, KY, MO, <b>NC, OK</b> , SC	AR, LA, MD, TN, TX	AL, MS
4.10. Continue eligibility for full subsidy for 12 weeks if family loses employment but can document that a job search is underway.	DC	AL, AR, KY, LA, MD, MO, NC, OK, SC, WV	GA, MS, TN, 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>			
Action Steps	Action Step Completed	Action Taken Toward Goal	No Action Reported
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, <b>DC</b> , GA, KY, MD, MS, <b>MO, NC, OK</b> , TX, WV	AR, SC	LA, TN
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, <b>MD</b> , MS, NC, SC, TX	AL, LA, MO, OK, TN, WV
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> , KY, MD, NC, <b>OK, SC</b> , TX	AL, AR, GA, MS, TN	LA, MO
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.	<b>DC</b> , MD, MS, MO, <b>NC</b> , SC	AL, AR, <b>GA</b> , KY, LA, <b>OK</b> , TN, TX, WV	
<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>			
Action Steps	Action Step Completed	Action Taken Toward Goal	No Action Reported
6.1. Provide professional and well-trained eligibility staff who are culturally and linguistically sensitive.	<b>DC</b> , SC	AL, AR, GA, KY, LA, MD, MS, MO, OK, TX, WV	NC, TN
6.2. Facilitate quick eligibility determination through reasonable caseloads and/or administrative structure.	DC	AL, KY, LA, MD, MS, MO, OK, SC, TX, WV	AR, GA, NC, TN
6.3. Conduct periodic, independent and thorough consumer satisfaction assessments, assuring the confidentiality of information collected.		AR, DC, GA, KY, LA, MD, MO, NC, <b>OK</b> , SC, TN, TX, WV	AL, MS
6.4. Provide adequate support for child care resource and referral services.	AL, <b>AR, DC</b> , GA, MO, WV	KY, <b>LA</b> , MD, MS, NC, <b>OK</b> , SC, TN, TX	

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<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>			
<b>Action Steps</b>	<b>Action Step Completed</b>	<b>Action Taken Toward Goal</b>	<b>No Action Reported</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, OK, SC, WV	AL, DC, GA, LA, MO, NC, TN, TX	
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	
7.3. Prohibit providers from charging above the established co-payments.	<b>AR, DC, OK, TX, WV</b>	MO	AL, GA, KY, LA, MD, MS, NC, SC, TN
<b>GOAL 8: Create partnerships with employers to expand child care assistance for working families.</b>			
<b>Action Steps</b>	<b>Action Step Completed</b>	<b>Action Taken Toward Goal</b>	<b>No Action Reported</b>
8.1. Educate employers about the bottom line benefits associated with public and private child care assistance.	GA, MD, <b>TX</b> , WV	AL, AR, DC, KY, MS, SC, TN	LA, MO, NC, OK
8.2. Enlist business leaders to champion the involvement of southern businesses and to serve as mentors to other businesses.	TX	AL, AR, <b>DC</b> , KY, MD, SC	GA, LA, MS, MO, NC, OK, TN
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, TX, WV	AL, DC, GA, KY, MS, MO, SC, TN	LA, NC, OK
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, SC, TN, TX	GA, LA, MS, MO, NC, OK
8.5. Provide matching funds or other tax or financial incentives for employers to invest in child care.	<b>GA</b> , MD, MS, TN	AL, AR, <b>DC</b> , SC, TX	KY, LA, MO, NC, OK
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, <b>TX</b>	AR, SC, TN	AL, DC, GA, KY, LA, MS, MO, NC, OK
8.7. Reduce the administrative burden on employers participating in any joint public/private child care assistance program.	DC, MS, TX	AR, KY, SC	AL, GA, LA, MD, MO, NC, OK, TN

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<b>GOAL 9: Provide child care assistance to working families through federal and state tax laws.</b>			
<b>Action Steps</b>	<b>Action Step Completed</b>	<b>Action Taken Toward Goal</b>	<b>No Action Reported</b>
9.1. Make the federal child and dependent care tax credit refundable.	Not Applicable	Not Applicable	Not Applicable
9.2. Establish refundable child and dependent care tax credits in states with income taxes.	<b>AR, DC</b>	AL	GA, KY, LA, MD, MS, MO, NC, OK, SC
9.3. Raise federal and state 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>11</sup>		AL, KY, MD	AR, DC, GA, LA, MS, MO, NC, OK, SC
9.4. Index for inflation the state and federal child and dependent care tax credit income eligibility and expense limits.		AL, KY	AR, DC, GA, LA, MD, MS, MO, NC, OK, SC
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		AL, AR, GA, LA, MD, MS, MO, NC, OK, SC
9.6. Encourage the use of efficient state tax strategies to provide financial support for child care.	<b>GA</b>	AR, KY, MD, TX	AL, DC, LA, MS, MO, NC, OK, SC, TN
<b>GOAL 10: States should have effective, coordinated systems to guide child care and early childhood policy decisions and direct use of resources.</b>			
<b>Action Steps</b>	<b>Action Step Completed</b>	<b>Action Taken Toward Goal</b>	<b>No Action Reported</b>
10.1. Facilitate greater coordination in eligibility policies across child care and early childhood education programs at state and local levels.	<b>AR, DC</b>	GA, KY, LA, MD, MO, SC, TX, WV	AL, MS, NC, OK, TN
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>12</sup>		AL, AR, DC, GA, KY, LA, MD, MS, MO, NC, OK, SC, TN, TX, WV	

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<sup>11</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.

<sup>12</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.

## Chapter Four

### Southern Regional Invitational Forum on Child Care

Atlanta's beautiful Centennial Olympic Park provided an ideal setting to bring child care leaders from a variety of diverse settings together in one place to tackle a common agenda. A representative group of state legislators, child care administrators, TANF representatives, child care providers, advocates and business leaders from the southern states in October 2001 joined the Southern Regional Task Force on Child Care and its Staff Work Group in Atlanta to take part in the two-day Southern Regional Invitational Forum on Child Care. Forum participant contact information is located in Appendix D.

David Lawrence, Jr., President of the Early Childhood Initiative Foundation in Florida, delivered an inspirational Forum keynote address on the question "Why Should Child Care Be A Top Priority?"

Mr. Lawrence noted that in Florida, only 16% of all child care centers are accredited. That somehow appears less dismal when you consider that the highest child care center accreditation rate in the country belongs to the state of Massachusetts, which comes in at only 22%.

In his quest to learn more about the "explosion of learning" that occurs right after birth, Mr. Lawrence said he was introduced to the key concepts of early brain

**"The economic model for child care in this country is badly awry. . . . It won't change without public will, significant policy change and public awareness of the necessity for change."**

**— David Lawrence**

development. "I discovered that 'readiness' is about the blending of education and health and nurturing in the earliest years," he said.

"Child care is a reality for 5 million children younger than 3 in this country," he continued, yet only one-quarter of beginning kindergartners are classified as "ready to learn," according to the U.S. Department of Education.

"The economic model for child care in this country is badly awry," Mr. Lawrence told Forum participants. "We call our children the most important part of our lives, then pay their caregivers wages that ought to shame us. In my state, the median child care professional makes less than \$6.50 an hour —

less than the median hourly wage for parking lot attendants, animal control workers and barbers. . . . What we pay child care givers — literally below the poverty level in this country — is unacceptable and short-sighted. It won't change without public will, significant policy change and public awareness of the necessity for change. 'We have learned,' wrote *Newsweek* columnist Anna Quindlen, 'that children are teachable at a very young age. How teachable the policymakers are is now the critical issue.'"

Mr. Lawrence went on to describe a multi-year campaign in Miami-Dade County, Florida, titled "Teach More, Love More" ([www.teachmorelovemore.org](http://www.teachmorelovemore.org)), featuring TV, radio and print ads supported by a 24-hour phone line staffed by multilingual volunteers. Raised entirely through private sources, the \$2.5 million campaign underscores the crucial nature of "teachable moments" in the first years of life, as well as the necessity of love and nurturing of children. The program provides expectant mothers with a free set of videos providing guidance on the first years and provides all new parents with a free high-quality baby book in Spanish, English and Creole. In addition, the program disseminates a high-quality newsletter, temporary library cards for new parents and a free, one-time bus pass to the nearest library, where new parents can get a permanent library card and access more early childhood resources.

In speaking of the many reasons quality child care must be a priority, Mr. Lawrence said this country must deliver more children to first grade who are properly prepared.

"We would burn out far fewer teachers if we delivered to first grade far more children eager and ready to learn. That we do not, ladies and gentlemen, is not these children's fault. It is our own. Child care, quality child care, is fundamental in the path we must take," he said. "If we fail, the consequences cannot be denied — the children who become the catalysts for crime, the children who cannot get along, the young people who never really learn to read, the targets for police and prosecution and prison, the ultimate burdens for society. We have the evidence. We know that a dollar spent wisely up front would save an estimated seven dollars on the other end — in prisons we wouldn't need to erect, in the prosecutors and police we wouldn't need to employ, in the neighborhood walls we wouldn't need to build."

Panel discussions and round table dialogue comprised an important component of the Forum and focused on the Action Plan goals and action steps outlined in the Task Force's *Sound Investments* report. Formal panel topics addressed:

- Business Initiatives (Goal 8);
- Seamless Eligibility Systems (Goal 5);
- Quality Initiatives (Goal 7); and
- Outreach Initiatives (Goal 3).

Round Table sessions addressed:

- State Eligibility Policies (Goal 2);
- Simplified Application Processes (Goal 4);
- Federal/State Tax Laws (Goal 9); and
- Coordinated Systems (Goal 10).

Throughout the Forum, participants shared their ideas and insights on child care initiatives, identified barriers to implementation of the action steps and discussed opportunities for state replication of promising practices. The following are highlights of the discussions.

### **Goal One: Funding**

One of the greatest challenges facing the southern states is insufficient public and private funding for child care. Of immediate concern is the under-funding of the federal/state Child Care and Development Fund (CCDF).

A special highlight of the Forum took place on the sound stage of Georgia Public Television studios where a five-member panel participated in a webcast/teleconference broadcast live over the Internet. Titled "A Dialogue on Child Care Financial Aid Issues" and moderated by Southern Institute President Sarah Shuptrine, the webcast featured :

- Scott Frederking, Division Director, Governor's Office of Planning and Budget, Atlanta, Georgia (representing state officials);

- Brenda James Griffin, Assistant Commissioner for Public Affairs and Communications, Georgia Department of Agriculture (representing parents);

- Brenda Lowry, Chief Executive Officer, Wendell Foster's Campus for Developmental Disabilities, Owensboro, Kentucky (representing businesses);

Bonnie Murray, Director, Child Care and Parent Services Section, Division of Children Services, Georgia Department of Human Resources (representing child care administrators); and

James Smith, Jr., Member, South Carolina House of Representatives (representing legislators).

Panelists responded to questions posed by the moderator, members of a live studio audience and webcast viewers, who phoned in or emailed their questions.

The importance of child care to the short- and long-term success of welfare reform led the discussion. Panelists unanimously agreed that child care is critical to the success of welfare reform.

“People think you are looking for a handout, but you are not looking for a handout, you are looking for a helping hand. . . . We said early on in the child care community that you cannot have welfare reform without child care. That is a given,” said Brenda James Griffin.

The key, as one panelist indicated, is building public awareness and helping public and private leaders realize the value of the investment.

“I worked on welfare reform in Nebraska several years ago. When we were doing the budget ‘guestimates’ and program development, it became clear that providing child care is more expensive than maintaining folks in poverty. Everyone we brought the issue up to said it was critical to change the big picture and that it is worth that investment,” said Bonnie Murray.

The major funding goal of the Task Force calls for the public and private sector to provide adequate funding to support 100% of need for those families who seek child care assistance. Panelists were asked how far away they felt states were from achieving that goal. Panelists responded that while some states have been creative in expanding funding through lottery and Pre-K dollars, there is still great unmet need.

**“People think you are looking for a handout, but you are not looking for a handout, you are looking for a helping hand. . . . We said early on in the child care community that you cannot have welfare reform without child care. That is a given.”**

**— Brenda James Griffin**

When asked to comment on the issue of the CCDF serving only 10-12% of those families eligible for child care subsidy, Rep. James Smith expressed it as a divide between those on the front lines who understand the issues and policy makers who often don't realize that this is not a soft issue but a real economic issue. Until awareness is there, states will have a difficult time trying to bridge the divide.

"The policymakers really don't understand these issues. Those who have an understanding of these issues have an important role to educate the policymakers," Rep. Smith said.

The panel acknowledged that priority for subsidies is given to families with a connection to welfare, leaving other low-income families at a disadvantage when funds run short. It is a result of policymakers allocating scarce resources.

"It is a rationing process. We want to make sure the families coming off welfare get child care because child care is an essential work support. But because the funding is so inadequate, those priorities are set," explained moderator Sarah Shuptrine. "That

**"It is a rationing process. We want to make sure the families coming off welfare get child care because child care is an essential work support. But because the funding is so inadequate, those priorities are set."**

**— Sarah Shuptrine**

is not exactly what we want in public policy, and we need to deal with that very forthrightly."

"In Georgia, once families roll off TANF, they will be the second ones in line for child care money. That should last at least a year, even longer. Practically speaking, once you

are off the TANF rolls and you stay year-round with the same child care center, you will receive child care funds for your children. But still, there is a great unmet need," said Scott Frederking.

Employers have a leadership role to play in developing and implementing solutions to help families with the high costs of child care. Panelist Brenda Lowry, CEO of a regional health care provider in Kentucky, described how members of her Board of Directors recognized the importance of child care in attracting and retaining a predominantly female workforce when they decided to open an onsite child care center. The results of this decision went beyond addressing recruitment and retention.

“We have seen reductions in both our turnover and absenteeism rates. And we have seen employee morale increase because the same employees are not covering shifts for absent parents who are home with sick children or who are home sporadically because their children do not have steady child care. That devastates morale. We also have seen an increase in our productivity,” Ms. Lowry said.

**“Onsite, employer-sponsored child care centers are not really money-making projects. Very few can claim that they have brought in a huge amount of money. Your message can’t come from a profit line. It can only come from what it will cost not to have a child care center.”**

**— Brenda Lowry**

In communicating with business people about the efficacy of investment in child care, Lowry said, it is important to focus on the bottom line, to “speak their language” and frame messages in monetary terms. “In our case, it was the cost of training and turnover that pushed us forward. Our cost for just minimal training to enable someone to work with

our organization was \$1,400 per person,” she explained. That represents just a part of the potential savings for each retained person that the company did not have to replace and train due to turnover. And this does not even factor in separate saved costs related to recruitment activities.

“Onsite, employer-sponsored child care centers are not really money-making projects. Very few can claim that they have brought in a huge amount of money. Your message can’t come from a profit line. It can only come from what it will cost not to have a child care center,” Ms. Lowry said.

Child care financial aid issues pose a serious challenge to the workforce in the southern states and throughout the country. Panelists agreed that education is key. Educating the business community and policymakers on the benefits of investing in child care is critical.

“I think . . . that the answer is economics, education and the power of the vote. We spend a

**“We spend a lot of time in the child care community preaching to the choir. We need the UPS’s and the Johnson & Johnsons on our boards and on our councils, not just child care people and advocates.”**

**— Brenda James Griffin**

lot of time in the child care community preaching to the choir. We need the UPS's and the Johnson & Johnsons on our boards and on our councils, not just child care people and advocates. We need the folks with the money and know-how to raise money and then go back and sell it to the communities," said Brenda James Griffin. "Where our policymakers are concerned, it is all about the vote. . . . But we need to pull in those companies. They can show the value and economics. But we have got to stop preaching to ourselves, and we need to invite companies in."

Rep. Smith noted that businesses have a lot of clout with their state legislatures. "From my experience in the South Carolina General Assembly, largely what the business agenda is becomes what the legislature's agenda is. When the Chamber of Commerce decided to make public education and early childhood initiatives a priority, the General Assembly responded to that, and it got the priority it deserved," Rep. Smith said. "I think the reason the business community chose to raise education is that they saw that it made a difference in the educated workforce in our state and in our ability to draw new industry to South Carolina. They understand that it relates directly to the business climate and to economic development."

**"There was a tremendous learning curve and awareness that child care is an economic development issue, not a social issue."**

**— Diane Rath**

Audience members spoke out about progress in their states with providing early learning opportunities and child care. Most credited informed leadership, as well as community support and local funding, for milestones. Texas, for example, transferred responsibility for CCDF from the state agency to its local workforce development boards.

"Those programs and boards are employer-led. A majority are business members so right away our business community was engaged in the responsibility for subsidized child care. There was a tremendous learning curve and awareness that child care is an economic development issue, not a social issue," said Diane Rath, Chairman of the Texas Workforce Commission and a Task Force member. "Because of that awareness, we were able to start over 20 collaboratives across the state of Texas. They are employer-led and employer-driven. And our private sector is raising funds to encourage higher quality care and directly make grants to improve the quality of care in

their communities and also to assist with filling the gap in funding for the availability of child care. It is a tremendous success story, and our leading advocates for increased funding and increased access and availability (of child care) in Texas are now our business community.”

The state of Florida has funded the Executive Child Care Partnership to create a purchasing pool in which business partners contribute funds to be used to match federal child care development funds.

“We started out with a \$2 million state appropriation and are now drawing down more than \$15 million with state resources that are being matched with federal, and we have a list of businesses that are waiting to contribute their money. We are just looking for additional federal money to draw down,” explained audience participant Katherine Kamiya, Executive Director of the Florida Partnership for School Readiness.

Audience participant Peggy Ball, Director of the Division of Child Development, North Carolina Department of Health and Human Services, said that Governor Hunt initiated the state’s Smart Start program in 1993 after receiving information about brain development and the role early childhood education plays in school readiness. An initial investment of \$20 million grew to \$266 million by 2000, a large portion of which helped pay for child care subsidies for low-income working families. In addition, North Carolina developed a five-star rated child care license with a tiered reimbursement system that rewards centers based on the level of quality care they deliver.

“We reimburse at the level of quality that providers offer. We don’t pay the same for a one-star center as we pay for a five-star center. We make all levels of care accessible to our low-income working families, and we encourage them to put their children in higher-quality centers,” she said.

Moderator Shuptrine reiterated the important role the federal government plays in the financing of child care subsidy programs.

**“We started out with a \$2 million state appropriation and are now drawing down more than \$15 million with state resources that are being matched with federal, and we have a list of businesses that are waiting to contribute their money. We are just looking for additional federal money to draw down.”**

**— Katherine Kamiya**

“The federal government needs to step up to the plate first before the states can then put their match money forward, just like you do with the Medicaid program and the State Children’s Health Insurance Program (SCHIP). It is commonplace in this country that 200% of the federal poverty level is a floor for where a state ought to be with regard to child health coverage. We haven’t gotten there on child care. We need a SCHIP for child care. We need action,” she said.

Rep. Smith added that everyone should know who their elected officials are and ensure that their representatives know who they are.

“I know very well the people in my district that I serve who are interested in child care. I know it is a priority for them and, consequently, it has become a priority for me in my legislative service. It is really fundamental about how our system of

“The federal government needs to step up to the plate first before the states can then put their match money forward, just like you do with the Medicaid program and the State Children’s Health Insurance Program (SCHIP). It is commonplace in this country that 200% of the federal poverty level is a floor for where a state ought to be with regard to child health coverage. We haven’t gotten there on child care. We need a SCHIP for child care. We need action.”

— Sarah Shuptrine

democracy works. Too often, I think it goes unutilized. You would be amazed on certain issues how few times you might hear from a constituent. If you get three or four calls, you might think there is a windstorm of opinion about a particular issue. So one or two people, or three, or a dozen, can make a significant impact.”

### **Goal Two: State Eligibility Policies**

Round table participants discussing state eligibility policies identified child care subsidy co-payments and the ability of parents to pay them as a barrier to participation. The references to the burden co-payments place on families also were consistent with information shared during the state site visits.

Participants discussed the challenge of balancing policies that limit or prohibit co-payments for families receiving child care subsidies with the need to invest more money in child care quality and, subsequently, paying higher rates to child care providers. One

participant pointed out irony in the widely believed concept that expanding eligibility would reduce quality.

Co-payment policies vary across the southern states. For example, in Texas, TANF recipients are the only group exempted from the co-payment. In Oklahoma, 60% of subsidized children have a co-payment, but providers sometimes are reluctant to collect it. Despite the 10% or less guideline outlined in Action Step 2.1, even a 10% co-pay would be difficult for families in West Virginia and Alabama, participants from those states pointed out.

**“Eligibility for child care subsidy in Alabama stops at 130% of the federal poverty level. Parents are near destitute before they qualify for subsidies.”**

**— Sophia Bracy Harris**

“Eligibility for child care subsidy in Alabama stops at 130% of the federal poverty level. Parents are near destitute before they qualify for subsidies,” said round table participant

Sophia Bracy Harris, Executive Director of the Federation of Child Care Centers of Alabama and a Task Force member.

Ms. Bracy Harris also noted that child care providers themselves are members of the “working poor.” They work for subsistence wages and less. Any potential system changes need to take this into consideration.

### **Goal Three: Outreach Initiatives**

Forum panelists discussing outreach and strategies to help families become aware of the availability of child care subsidies and the importance of quality child care agreed that educating parents requires mobility and plain talk. Information has to be made available in the places where people live and work, in language they can understand and that appeals to their values and needs.

Panelist James T. McLawhorn, President and CEO of the Columbia (SC) Urban League and a Task Force member, supports a quality-focused child development center in a local community of homes built by Habitat for Humanity.

“When we started our center, we thought there would be standing room only. What we have seen is a lack of enthusiasm on the part of the community to connect

with the center,” he said. “One of the first challenges relative to outreach is to educate the community on the importance of quality child care. . . . People cannot discern what we mean by quality. That’s a challenge. We need to break it down to the lowest common denominator. I never met a parent who didn’t want the very best for their child. We need to put together an outreach strategy that clearly outlines benefits of quality child care and how it empowers people.”

Mr. McLawhorn indicated that the media could be a key player and should be incorporated into the public dialogue on child care issues.

“We need to bring messages to the places where people are. Beauty parlors, barber shops, grocery stores. We need to talk about the importance of early childhood education. The challenge is to have a culturally sensitive communications strategy. This will transform the lives of children. We cannot miss this opportunity,” he said.

Carrie Thornhill, Vice President of Youth Investment and Community Outreach at

DC Agenda in the District of Columbia and a Task Force member, concurred, adding that the District has implemented all six action steps under the Action Plan’s outreach goal.

Using primarily CCDF funds, the Office of Early Childhood Development (OECD) retained a public relations agency for \$350,000 a year for three years to help OECD and citizen advocacy groups develop and implement a comprehensive outreach campaign under the theme “Strengthening Families and Securing Children’s Futures.” The campaign included customer service training for agency staff, as well as multi-agency cross-training. Broad-based community outreach included full-color informational packets, radio and television public service announcements (PSAs), a videotape series for parents and earned media in consumer publications.

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**— James T. McLawhorn**

“In 1996, the city through OECD was serving only 5,200 families,” Ms. Thornhill said. “Now we serve 22,000 — that’s 70% of eligibles, well above the national average.”

Panelist Sandy Wise, First Lady of the state of West Virginia and a Task Force member, expressed a strong interest in the importance of early learning, particularly for children age 0-3. She is helping to promote a new mobile project in her state in which Child Care Resource and Referral (CCRR) agencies operate eight vans to traverse the state, distributing training manuals, teaching materials, developmental toys and other resources to communities and local child care providers.

“One thing I hope to contribute as First Lady is more visibility for beneficial early childhood programs,” Ms. Wise said. “We’re a very rural state. This mobile resource program is bringing resources to communities. Each van is staffed with an early childhood specialist and an assistant. They are equipped to provide informal onsite training. They mentor providers and also conduct outreach to families through community events.”

West Virginia CCRRs also have run television and radio advertisements, and they regularly provide information through a state child care website.

Forum participants agreed that it makes sense to utilize available resources and replicate some of the exemplary work done in places like the District of Columbia and West Virginia.

#### **Goal Four: Simplified Application Processes**

Round table participants agreed that the application and redetermination processes for child care subsidies need to be less complicated and more family friendly. This ranges from the physical appearance and design of the hard copy application to making the application available for download and even electronic submission over the Internet.

**Studying how other state programs are administered with regard to eligibility is one option toward informing simplification strategies.**

Making applications more pleasing to the eye and incorporating more white space in their design was one suggestion raised. Long, busy-looking forms can be intimidating to families, particularly those for whom English is not their first language.

Participants acknowledged that facilitating child care applications over the Internet would be helpful but identified numerous barriers that currently prevent their states from doing so. A common and familiar theme emerged from the discussion —

**States are taking many actions to simplify their application and redetermination processes, including the provision of multi-cultural intake workers and applications at multiple sites for ease of access, operation of toll-free telephone lines and elimination of face-to-face interview requirements.**

lack of funding. Several said web-based solutions posed questions of technical capacity for their states as well as challenges associated with the legality of electronic signatures.

Studying how other state programs are administered with regard to eligibility can help inform the

development of simplification strategies. Participants added that obtaining good-quality data to support simplification strategies, such as web-based applications, would be invaluable in persuading their legislatures to invest in this area.

States are taking many actions to simplify their application and redetermination processes, including the provision of multi-cultural intake workers and applications at multiple sites for ease of access, operation of toll-free telephone lines and elimination of face-to-face interview requirements. Individual state initiatives are discussed in Chapter Three.

### **Goal Five: Seamless Eligibility Systems**

Panelists in this session presented information on state efforts to accomplish a seamless system for providing services to families while ensuring continuity of care.

Nancy Hard, Director of Child Care for the Texas Workforce Commission, described how Texas in 1995 passed legislation transferring jurisdiction for the child care subsidy program to 28 local workforce boards, each with more than half of their membership comprised of businesses. The idea behind the action was to allow decision-making at the local level, taking into consideration local patterns and economic development trends. The measure creates flexibility in terms of service design as well, Ms. Hard said.

A local software application system was created and implemented to help track eligibility and services for a broad number of federally funded child care programs in Texas, she continued. Silo funding sources are funneled into one system when children's eligibility is determined at the local level. Funding is transparent to parents and families. In addition, subsidy data are collected and uploaded to the state system on a monthly basis to facilitate aggregated, state-level reporting.

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Ms. Hard noted that availability of after-hours care was identified as a problem for many. In response, Texas offers compensation for relative, non-regulated caregivers to accommodate the off-hour needs of parents.

Panelist Katherine Kamiya described how state legislation created the Florida Partnership for School Readiness, authorizing the formation of local school readiness coalitions. The coalitions are a model of shared governance between local and state bodies. The Partnership extends program eligibility until children reach kindergarten age and requires use of a uniform sliding fee scale.

A key component of the legislation was the development of a simplified point of entry (SPE) for school readiness programs. To date, Florida has implemented a basic simplified point of entry through its child care resource and referral (CCRR) network. The state network headquarters maintains integrity of data collection efforts and manages all contracts for CCRR services statewide. It also assumes responsibility for marketing and public awareness efforts, including a toll-free phone line and website.

To further enhance the existing SPE, Florida plans to develop a centralized, web-based application form with data elements common to all school readiness programs. As envisioned, the web-based SPE will:

- help parents make informed program choices by providing consistent programmatic information to all parents entering the system;

eliminate the need for parents to provide eligibility information to program providers multiple times;

enable children to receive services more expeditiously by including children on a single waiting list for all programs; and

provide data that will assist the Partnership and the legislature in determining the number and demographics of children seeking school readiness services.

Florida's centralized SPE system is scheduled to roll out in mid-2002. Ms. Kamiya noted that the keys to success of the initiative have been coalition buy-in and participation. Further descriptions of state initiatives appear in Chapter Three.

### **Goal Six: Customer Service**

There was no formal discussion of Goal 6 during the Forum. However, several states have conducted consumer satisfaction surveys. The Southern Institute has made copies of these surveys available upon request. States that have conducted customer satisfaction surveys are identified in Chapter Three.

### **Goal Seven: Quality Initiatives**

Panelists from North Carolina, Oklahoma and the District of Columbia discussed state initiatives to ensure quality. Forum participants generally agreed that ensuring quality should begin with adequate provider payment rates, and setting rates at the 75<sup>th</sup> percentile is a solid beginning. Participants also agreed that states should conduct periodic market rate surveys to ensure rates reflect current costs of providing quality care.

North Carolina employs a five-star, tiered licensure system that links reimbursement with the level of quality care delivered by various child care providers.

"North Carolina is one of 16 states with tiered reimbursements based on levels of quality," said Peggy Ball, Director of the North Carolina Division of Child Development. "A key to our quality has been the 1-5 star rated licenses. Rating became mandatory for centers and homes last year (2000). A three-star rating represents the beginning of real quality." Currently, 65% of centers in North Carolina are rated three stars or higher.

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**“We support the higher costs of quality through a system of supports paid through multiple sources, including Smart Start, child care subsidy, WAGES, TEACH and TEACH health insurance programs. . . . The TEACH scholarship fund for providers pays more than just tuition. It includes wage supplements, health insurance and more.”**

**— Peggy Ball**

and TEACH health insurance programs,” Ms. Ball continued. “Smart Start is state money used by private, non-profit organizations administered at the local level through partnerships. Because they are private partnerships, they have flexibility that state agencies don’t have. They can set higher

eligibility levels and support quality without passing on the cost to parents. The partnerships make quality grants to providers and offer incentives and supports to provide higher quality care. The TEACH scholarship fund for providers pays more than just tuition. It includes wage supplements, health insurance and more.”

Howard Hendrick, Director of the Oklahoma Department of Human Services, shared information about the Abecedarian Preschool Project, a randomized controlled study with the goal of enhancing school readiness. Not surprisingly, the study found that children who were placed in a quality preschool environment and enrolled in a regular elementary program tested significantly better than children who did not benefit from the enhanced preschool placement.

Like North Carolina, Oklahoma employs a tiered licensing system. Mr. Hendrick noted that in the past two years, the number of child care centers and homes that moved up on the quality tier licensing system in Oklahoma more than doubled. At the top level of the tiered reimbursement scale, Oklahoma rates now reflect the 75<sup>th</sup> percentile market rate standard in all areas of the state, and there is no waiting list.

**In the past two years, the number of child care centers and homes that moved up on the quality tier licensing system in Oklahoma more than doubled.**

The District of Columbia also has implemented a tiered system. In 1999, there were seven providers in the system at the top “Gold” level. That number rose to 30 in 2000 and to 40 in 2001, according to Barbara Ferguson Kamara, Executive Director of the Office of Early Childhood Development in the District of Columbia and a Staff Work Group member. In addition, “Virtually all child care providers in DC have participated in some form of training during 2001,” she said.

DC would like to increase its levels of infant and toddler care, and that will take funding. Ms. Kamara said that being able to provide good data to the decision-makers will be key.

Catherine Finley, a policy analyst with the Southern Governors’ Association (SGA) and a Staff Work Group member, agreed that the presentation of good data is critical and urged Forum participants to work toward quantifying the impact of quality initiatives.

Further descriptions of state initiatives appear in Chapter Three.

### **Goal Eight: Business Initiatives**

Panel moderator and Task Force member Diane Rath opened this session by noting that 38% of the total U.S. workforce is comprised of parents. It’s a compelling statistic. Properly crafted messages can educate businesses about the role early childhood education and child care play in their own bottom lines through reduced absenteeism, enhanced recruitment and retention, and higher quality of graduates entering the workforce.

Panelist Phil Jacobs, President of BellSouth’s Georgia Operations, explained that BellSouth has witnessed a dramatic shift in its employee base in recent years. An explosion in hiring has resulted in a surge (one-third) of employees who are of child-bearing age. In addition, BellSouth officials observed that fewer than half of all job candidates could pass an entry-level basic skills test, reflective of serious problems within the education system. Because the local education system was not producing enough quality graduates, BellSouth in Georgia had to recruit talent from outside the state.

“We have done some good things in Georgia,” Mr. Jacobs said. “Education reform that looks at improving student achievement from Kindergarten through grade 12 is good, but it is not enough. Two-thirds of children in Georgia preschool programs are from working families. The need is great. The only way to get to the root of the problem is through early learning initiatives.”

Through the public sector, the Georgia Early Learning Initiative (GELI) provides incentives to child care institutions that begin to move up a tiered process of improvement, ultimately resulting in accreditation.

Panelist Brenda Lowry, CEO with Wendell Foster’s Campus (WFC) for Developmental Disabilities in Owensboro, Kentucky, described the development of their onsite child care center, called “Speedway Toddlers,” as an outgrowth of a strategic planning session to address rapid growth within a tight labor market. More than half of their workforce was comprised of single, working mothers.

The center, licensed for 63 children from birth to age 13, operates over two shifts. As a result, WFC has significantly less employee turnover.

“We have stabilized our workforce, particularly with the second shift. . . We have a perfect mission within our mission,” she said.

Profitability is not a viable argument in support of an employer-sponsored child care center, Lowry said. Very few centers turn a profit. It took WFC five years just to break even with its center. And for the first four years, it operated at a deficit.

“We were willing to take that hit,” she said, adding, “I’ve been on the Chamber of Commerce Board for three years. Employers are slow to see the need for this because of the cost. Already they feel the bottom line has been compromised. It’s difficult to get them to absorb yet another process for their business that will affect profit. However, if

**“Employers are slow to see the need for this because of the cost. Already they feel the bottom line has been compromised. It’s difficult to get them to absorb yet another process for their business that will affect profit. However, if we lost 20 employees in a year, it would cost more than what we lost annually with the center to replace them. If someone had put it in those terms years ago, we might have done it sooner.”**

**— Brenda Lowry**

we lost 20 employees in a year, it would cost more than what we lost annually with the center to replace them. If someone had put it in those terms years ago, we might have done it sooner.”

Dawn White, managing partner of Smart Start in San Antonio, Texas, said that her program framed child care as an economic development issue in seeking business community support for early care and education. Businesses were asked to think about how child care might impact them over the long-term. Smart Start eventually raised \$1.8 million for a permanent endowment, which built capacity for that support. Even with this rich financial base, Smart Start members realized the need to achieve greater leadership by recruiting even more partners.

Smart Start began a campaign of public service announcements and ads to educate the community about the importance of early childhood education and school

**“If child care is not seen as a workforce issue, it will not have the credibility and weight that it should have. When it is put in a bottom line sense, it speaks volumes.”**

**— Dawn White**

readiness. The endowment, backed by businesses, has facilitated a variety of programs, from providing mentoring for family homes (which led to an increase in the number of family homes that were accredited) to establishing phone help lines with bilingual operators.

The panelists were asked whether members of their business community were doing anything to prepare their congressional representatives for the TANF reauthorization discussions ahead.

Ms. White responded that Smart Start spends a lot of time on advocacy.

“I definitely see that as a role of the business community. If child care is not seen as a workforce issue, it will not have the credibility and weight that it should have. When it is put in a bottom line sense, it speaks volumes,” she said.

A business representative pointed out that involving business in advocating for child care in the public arena will require preparation and dissemination of understandable points and actions needed.

Moderator Rath said that businesses have made a significant impact in Texas. “We have been able to marshal corporate lobbyists. It is important. . . Even small

businesses have trade association voices. Those associations have lobbyists. That transfers to Chambers of Commerce. It is labor-intensive work and doesn't happen in one year. It is a long-term building process," Ms. Rath said.

### **Goal Nine: Federal/State Tax Laws**

Round table participants discussed the importance of continuing to encourage states to assist with child care through federal and state tax strategies and by educating families about existing federal/state tax credits. The complexity and timing of these strategies both were perceived as key challenges.

Many felt that, given the recent economic downturn, the timing is not good for a focus on tax credits now, citing difficulty in predicting the full cost and legislators' discomfort with considering anything that might further reduce revenues.

Round table participants noted the need to develop a simple way to educate people about the availability of tax credits and to engage a strong business voice in that effort.

Chapter Three identifies states that have state tax incentives currently in place.

### **Goal Ten: Coordinated Systems**

Round table participants who discussed the challenges of coordinating systems that guide child care and early childhood policy decisions identified funding and federal reporting requirements as major barriers. System fragmentation that results from a lack of coordination ultimately causes children to go without important developmental services that can better prepare them for school and life.

Several participants suggested that providing reasonable incentives for coordination — both at the policy and data levels — may help bring about action. They also suggested that access to models of successful coordination would be helpful. Accountability was cited as a concern, and one participant noted that progress will be difficult unless there is a firm demonstration of public will for what are perceived to be high-cost, multi-state, data-integration initiatives aimed at achieving child care data coordination.

The Action Step related to a collaborative effort to develop and collect common data elements across states received significant attention during round table discussions. Many participants insisted that data are collected in abundance, but guidance is needed on how to reduce the data into a usable and digestible form for legislators. Single-page, topic-specific fact sheets educating legislators about child care policy issues, such as cost, would be helpful, particularly where term limits and legislator turnover pose recurring challenges for advocate-educators.

**Many participants insisted that data are collected in abundance, but guidance is needed on how to reduce the data into a usable and digestible form for legislators.**

Coordination strategies that resonated across the multiple round table discussion groups included:

establish single portal of entry into the system, for eligibility determination and selection of services;

provide partnership incentives (with partnerships having defined collaborative roles and formalized relationships);

utilize Child Care Resource and Referral agencies (CCRRs) to coordinate service delivery and data collection;

achieve agreement on common definitions for data elements as well as collection methodologies (key child learning or school readiness indicators were raised as possible data elements);

reconcile mission differences among participating agencies; and

allow more blending of funds.

Ms. Kamiya credited administrative vision for Florida's successes with coordination. A state's leadership must support a unified system, she said. Florida was fortunate enough to have a good model in its infant mortality reduction initiative, Healthy Start. The Florida Partnership for School Readiness evolved from that model. Even though local CCRRs upload data to a state system, design issues persist because the state's data systems remain segregated, and some resulting analyses can produce

“apples to oranges” data sets, discrepancies and even duplication of data. The state is hoping to achieve an integrated data system within the next two years.

Differing agency missions were cited as a contributor to recurring “turf” issues and an almost historic resistance to sharing information. This is an area where everyone agreed leadership is needed.

States that have moved toward accomplishing coordinated systems are identified in Chapter Three.

### **Conclusion**

As the Forum came to a close, a sense of mission was palpable. Energized by the live interaction of the webcast and fortified with insights from panel and round table discussions, participants carried back to their various organizations a valuable commodity — information that could be put to immediate use, as well as ideas and possible child care policy and funding strategies for future consideration.

## Chapter Five

### Quality Initiative

The Southern Regional Initiative on Child Care and its Task Force recognized early on that improving access to child care subsidies is only the beginning, a basic piece of the greater whole. If the subsidy is the ticket, what does it buy? There is much at stake. The quality of child care delivered to families can mean the difference between simply warehousing children or providing meaningful developmental experiences for them.

In February 2001, the Task Force met to discuss the complexities of quality in child care. Certainly, one of the first challenges lies simply in reaching consensus on a definition for the term. What is quality child care? It is the often intangible nature of “quality” that makes defining and even measuring it elusive.

The National Association for the Education of Young Children (NAEYC), the country’s largest child care accrediting organization, defines a high-quality early childhood program simply as “one that meets the needs of and promotes the physical, social, emotional and cognitive development of the children and adults — parents, staff and administrators — who are involved in the program.”

The Southern Early Childhood Association in 2000 went on record in a position statement asserting that quality care:

- provides experiences appropriate for the child’s age and culture;
- helps children learn to be civil, respectful and responsible; and
- employs caregivers who model appropriate manner and behavior for children, set clear, consistent and fair limits for behavior, and help children learn to deal with feelings and develop and practice conflict resolution skills.

The Southern Regional Education Board in 2001 proposed that the five most important characteristics of quality are:

- Strong health and safety standards;
- Low student-to-teacher ratios and small classes;
- Qualified, well-compensated teachers;
- Proven curricula and learning processes; and
- Meaningful involvement by parents.

Among the various characterizations of child care quality, there is much common ground.

While it is a struggle to put words to paper articulating a unified concept of quality, the Task Force developed a preliminary list of key quality characteristics, which include:

- Well-Trained, Educated Staff
- Low Caregiver-to-Child Ratio
- Developmentally Appropriate Activities for Children
- High Licensing/Regulatory Standards
- Competitive Staff Compensation
- Clean Environment
- Nutritious Meals
- Safe Environment
- Small Group Sizes
- Accreditation
- High Market Rates
- High Reimbursable Rates
- Well-Trained/Educated Director

The list was to serve as a guide rather than a final statement, and it was to be used to initiate the Task Force's work on quality.

The Task Force members agreed that in moving forward with their exploration of quality issues over the coming year, it will be important to finalize its definition of the characteristics of quality child care.

The Task Force decided to focus its efforts toward ascertaining the best ways public child care funds can be used to improve the quality of child care for all children.

**The Task Force decided to focus its efforts toward ascertaining the best ways public child care funds can be used to improve the quality of child care for all children.**

When the Task Force met again in May 2001, it decided that a survey should be developed to collect data on each state's quality standards and initiatives and to compare state standards with accreditation standards developed by the NAEYC.

Results of the survey will serve as a catalyst for the development in 2002 of an action plan to promote child care quality, a pragmatic, step-by-step strategy patterned after the Task Force's *Action Plan to Improve Access to Child Care Assistance for Low-*

*Income Families in the South*, published in 2001. Task Force members agreed that it was appropriate to move in the direction of an action plan for quality with the intention of generating parallel action among the states.

**The Southern Regional Initiative on Child Care quality survey, in the field as this publication goes to press, is designed to give a comprehensive view of the organization and standards of child care programs in the southern states.**

The Southern Regional Initiative on Child Care quality survey, in the field as this publication goes to press, is designed to give a comprehensive view of the organization and standards of child care programs in

the southern states. Surveys were sent to the state child care administrator, state licensing administrator and a child care advocate in each of the 17 participating southern states.

Divided into three sections (State Profile, Standards of Quality, and Quality Initiatives), the survey will attempt to capture comparative information and display results with side-by-side comparisons to reflect how states perform relative to the standards developed by the NAEYC. The survey also will identify states whose quality initiatives have potential for replication. Survey findings will be compiled and an analysis of the information will be included in a summary report to be published in the fall of 2002.

Adequate funding is inextricably linked to improved quality. At the completion of the third year of the Southern Regional Initiative on Child Care, the southern states will have collaborated on improving access to financial aid and on improving quality for children in need of child care across the South. The Action Plans will be completed. Leadership and sustained commitment can make it happen.

## Chapter Six

### Planned Activities

Looking ahead, the third year of the Southern Regional Initiative on Child Care will undertake new challenges as well as develop new visions. The Task Force has worked diligently with state representatives over the past two years to develop an *Action Plan to Improve Access to Child Care Assistance for Low-Income Families in the South* and to ensure movement in the direction of implementing that Action Plan. States should be applauded for the progress they have made and for their commitment to improve access to child care financial assistance, but we must keep the momentum going.

**States should be applauded for the progress they have made and for their commitment to improve access to child care financial assistance, but we must keep the momentum going.**

With quality child care now high on its agenda, the Task Force will work to develop an action plan to improve the quality of child care in the South. Data from the quality survey administered in the Fall of 2001 will be collected and analyzed to serve as the catalyst for development of the action plan for quality. The Task Force will meet to discuss the survey analysis and to reach a consensus on what actions states should consider to ensure quality care for all children. The action plan will be included in the third-year report to be released in October 2002.

Education across the spectrum, but particularly in the public policy arena, continues to be a high priority for the coming year. Bringing visibility to the Initiative at the national level is a goal. In an effort to accomplish both, the Southern Institute will hold a forum in Washington, DC, in February 2002 that will focus on child care financial aid issues. The forum will include a presentation by Mark Greenberg, Senior Staff Attorney for the Center for Law and Social Policy, and will address child care issues and the reauthorization of TANF and CCDF. Following Mr. Greenberg's address, an expert panel will discuss child care financial aid issues and reauthorization.

Invited to participate in the Forum are representatives from the congressional offices of the 17 southern states and the District of Columbia, key committee staff members, representatives of national organizations that focus on children and families,

national and state policy staff, federal officials, and Task Force and Staff Work Group members.

Following the forum, Task Force and Staff Work Group members will visit with congressional staff to discuss the Initiative and the importance of federal leadership in accomplishing the goal of increased federal funding for the CCDF (Goal One). Such funding will be necessary to fulfill current policy allowing federal matching funds for child care assistance up to 85% of the state median income. While in Washington, the group also will discuss with congressional staff the Task Force recommendation (Goal Nine) to make the federal child and dependent care tax credit refundable.

The Southern Institute will complete state site visits to all southern states to promote the implementation of the Action Plan to Improve Access to Child Care

**The Southern Institute will complete state site visits to all southern states to promote the implementation of the Action Plan to Improve Access to Child Care Assistance.**

Assistance. In 2002, visits will be made to the remaining five states not visited last year. During these visits, Task Force members will hold meetings with key policymakers, legislative staff, advocates, child care providers and business representatives. These meetings will provide the

opportunity to discuss the Action Plan, review information on child care financial aid issues and collaborate on strategies for accomplishing the plan's action steps.

During this year's state site visits, several issues surfaced and were identified as barriers to completing the goals. The Southern Institute will research issues raised during the site visits and will include information in the third-year report.

Employer partnerships and employer incentives that support child care initiatives have reported very positive outcomes for businesses throughout the South. The Southern Institute, along with the Task Force and state representatives, will continue to promote partnerships and greater involvement of both large and small businesses with state agencies that support initiatives to help low-income families. Efforts to provide information that supports the roles the business community can play in workforce development and child care financial support also will continue.

The Southern Institute will host a meeting of business representatives from across the South to discuss the Initiative and to bring visibility to the need for employers to be involved in outreach and benefit programs that assist low to moderate-income families. The meeting is scheduled to take place in the Summer of 2002.

**Employer partnerships and employer incentives that support child care initiatives have reported very positive outcomes for businesses throughout the South. . . . Efforts to provide information that supports the roles the business community can play in workforce development and child care financial support also will continue.**

To assure continuous movement by the states toward completion of the Action Plan to improve access, a second survey will be administered in the spring of 2002. This survey will provide a status of actions taken two years following the development of the Action Plan to improve access. A second implementation status report will be prepared and released at the Southern Regional Invitational Forum on Child Care in October 2002, where representatives again will come together to hear discussions on efforts to promote and implement the Action Plan to improve access. Panelists will discuss initiatives in their states that have replication potential and discuss barriers encountered. The Year Three report also will be released that will include a review of Year One and Year Two activities, along with the release of the Action Plan for Quality.

Activities scheduled for Year Three are aimed at supporting the need for vigorous activity on the part of the states to continue to bring visibility to the need for action at the federal, state and local levels, particularly the need for financial aid for child care assistance.

The development of an Action Plan for Quality will launch the Southern Institute into another phase of implementation. With the continued support of The David and Lucile Packard Foundation, and with the support of the Southern Regional Task Force on Child Care, we can continue to see the impact of the southern states' working together for a common cause.