Child Care and Development Fund (CCDF) Plan

For

State/Territory: Washington

FFY 2012-2013

This Plan describes the CCDF program to be administered by the State/Territory for the period 10/1/2011 – 9/30/2013. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described herein.

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

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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

Form ACF-118 Approved OMB Number 0970-0114 expires 12/31/2013

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For

Washington
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PART 1
ADMINISTRATION

1.1 Contact Information

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

1.1.1 Who is the Lead Agency designated to administer the CCDF program? Identify the Lead Agency and Lead Agency"s Chief Executive Officer designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals and disallowance notifications to the designated contact identified here. (658D(a), §98.10)

Name of Lead Agency: Department of Early Learning (DEL)

Address of Lead Agency: PO Box 40970, Olympia, WA 98504-0970

Name and Title of the Lead Agency's Chief Executive Officer: Elizabeth M Hyde

Phone Number: 360-725-4665

Fax Number: 360-413-3482

E-Mail Address: bette.hyde@del.wa.gov

Web Address for Lead Agency (if any): www.del.wa.gov

1.1.2 Who is the CCDF administrator? Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. **If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.** (§§98.16(a) and (c)(1))

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: Robert Hamilton

Title of CCDF Administrator: Deputy Director

Address of CCDF Administrator: PO Box 40970, Olympia, WA 98504

Phone Number: 360-725-4391

Fax Number: 360-413-3482

E-Mail Address: bob.hamilton@del.wa.gov

Web Address for Lead Agency (if any): www.del.wa.gov
Phone Number for CCDF program information
(for the public) (if any): none
Web Address for CCDF program
(for the public) (if any): http://www.del.wa.gov/care/help/
Web Address for CCDF program policy manual
(if any): http://www.del.wa.gov/publications/subsidy/docs/WCCC_PolicyManual.pdf
Web Address for CCDF program administrative rules
(if any): http://www.del.wa.gov/publications/laws/Default.aspx#subsidy

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator: Lynne Shanafelt
Title of CCDF Co-Administrator: State Child Care Administrator
Address of CCDF Co-Administrator: PO Box 40970, Olympia, WA 98504
Phone Number: 360-725-2829
Fax Number: 360-413-3482
E-Mail Address: lynne.shanafelt@del.wa.gov
Description of the role of the Co-Administrator:

DEL liaison with the Federal Office of Child Care Policy, consultation and submittal on plan amendments and policy oversight for subsidy and licensing staff.

1.2 Estimated Funding

1.2.1 What is your expected level of funding for the first year of the FY 2012 - FY 2013 plan period?

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2011 through September 30, 2012. (§98.13(a)).

FY 2012 Federal CCDF allocation (Discretionary, Mandatory and Matching): $ 112,778,851
Federal TANF Transfer to CCDF: $ 105,098,000
Direct Federal TANF Spending on Child Care: $ 52,000,000
State CCDF Maintenance-of-Effort Funds: $ 38,707,605
State Matching Funds: $ 35,237,555

Reminder - Lead Agencies are reminded that not more than 5 percent of the aggregate CCDF funds, including federal funds and required State Matching funds, shall be expended on administration costs (§98.52) once all FY2012 funds have been liquidated. State Maintenance-of-Effort funds are not subject to this limitation.

1.2.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)? Check all that apply.
Territories not required to meet CCDF Matching and MOE requirements should mark
☐ N/A here

Note: The Lead Agency must check at least public and/or private funds as matching, even if pre-kindergarten (pre-k) funds also will be used.

☑ Public funds to meet the CCDF Matching Fund requirement. Public funds may include any general revenue funds, county or other local public funds, State/Territory-specific funds (tobacco tax, lottery), or any other public funds.
If checked, identify source of funds:

State general revenue funds

If known, identify the estimated amount of public funds the Lead Agency will receive:
35,237,555
☐ Private Donated Funds to meet the CCDF Matching Fund requirement. Only private received by the designated entities or by the Lead Agency may be counted for match purposes. (98.53(f))

If checked, are those funds:
☐ donated directly to the State?
☐ donated to a separate entity(ies) designated to receive private donated funds?
If checked, identify the number of entities designated to receive private donated funds and provide name, address, contact and type:

If known, identify the estimated amount of private donated funds the Lead Agency will receive: 0
☑ State expenditures for Pre-K programs to meet the CCDF Matching Funds requirement.
If checked, provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures (not to exceed 30%): 19.72
If percentage is more than 10% of the Matching fund requirement, describe how the State will coordinate its pre-k and child care services:

DEL oversees the Early Childhood Education and Assistance Program (ECEAP), the state pre-K program, as well as child care licensing and subsidy policy. DEL managers coordinate to integrate child care and pre-k regulations where possible and share monitoring data. Together, they respond to requests for clarification from child care providers who also have ECEAP. DEL staff provides training and technical assistance to support the quality of care and education and include child care and ECEAP staff together in some training events.

DEL has ECEAP Performance Standards that require staff to provide individualized family support services for each family for a minimum of three hours per year. ECEAP staff work in partnership with individual families to:

- Assess family strengths and needs
- Set family goals
- Assist with community resources
- Follow up on progress toward goals
- Coordinate transitions between ECEAP, home, child care and kindergarten

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement: $ 7,047,511

Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

Staff are required to provide services at a time that is convenient for families and, therefore, accommodate work schedules as needed. When ECEAP sites provide transportation, this includes transportation to and from child care if needed. All ECEAP children also receive health coordination services.

☑ State expenditures for Pre-K programs to meet the CCDF Maintenance of Effort (MOE) requirements.

If checked,

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

Estimated percentage of MOE Fund requirement that will be met with pre-k expenditures (not to exceed 20%): 13.28

If percentage is more than 10% of the MOE fund requirement, describe how the State will coordinate its pre-k and child care services to expand the availability of child care:

Currently, 27% of ECEAP sites are licensed child care facilities, which makes child care available at the same location as half day pre-k. ECEAP staff work closely with families to address child care needs and assist them in accessing WCCC. An ECEAP child who needs care outside of ECEAP hours may also receive child care subsidies through the WCCC program. Many additional ECEAP programs transport children to child care for the remainder of the day which supports availability.

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- Set family goals
- Assist with community resources
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1.2.3 Describe the activities for which quality funds (including targeted quality funds for infants and toddlers, school-age children, and resource and referral) will be used in FY 2012. In as much detail possible, list the activities that will be funded, the estimated amount of CCDF quality funds that will be used for each activity, and how these activities relate to the Lead Agency's overall goal of improving the quality of child care for low-income children.

Activity	Estimated Amount of CCDF Quality Funds (indicate if targeted funds will be used)	Purpose	Projected Impact and Anticipated Results

1.Infant/Toddler ConsultationServices, Systems and Quality Improvement (local) 2.Consumer Education through Reach out and Read 3.Child Care Resource & Referral Services (local) 4.Choosing Child Care 5.Schools Out WA (local) 6.Scholar ships and ProfessionalDevelopmen t & Training, Materials 7.Quality Rating and Improvement System QRIS (local) 8.Systems Improvements(MERIT, ELF) 9.Child Care Facility Fund Advantages grants (local) 10.Kinder garten Transition curriculum development 11.Safety Training (Fire Marshal) 12.Licensing	1. $1,700,000 Targeted 2. $75,000 Targeted 3. $2,000,000 Targeted $1,100,000 Discretionary 4. $5,000 Targeted interagency agreement with Dept of Health 5.$715,000 Targeted 6.$570,000 Targeted 7.$966,000 Discretionary 7.$1,200,000 8.$500,000 9.$100,000 (interagency agreement with Dept. of Commerce) 10.$47,000 11.$154,000 12.$11,000,000	1. Implement regional infrastructure to provide interdisciplinary consultation services and system building. Deliver infant and toddler interdisciplinary child care consultations to licensed child care providers. Continue to develop a cohesive framework to support the statewide delivery of high quality interdisciplinary child care consultation that builds upon regional strengths, reflects regional priorities and is guided by both regional perspectives and statewide policy and strategic direction (for example: ELP, QRIS standards). Provide technical assistance to the ten Infant Toddler regions around delivery of consultations, system development and coordination, outcomes and data collection and reporting, and core knowledge and competencies. Coordination in the regions will be a combination of a formal structure and specific activities designed to support a pool of highly qualified consultants, focus funds and services on regional priorities, and deliver infant and toddler child care consultant services in an organized and efficient manner. Key areas of activities relate to the consultant pool; communication, coordination and cross-referral; recruitment, intake, assessment and referrals. Conduct statewide train-the-trainers and provide regional trainings on Washingtons new Infant and Toddler Core Competencies, Early Learning Guidelines, and	1. DRAFT Outcomes at Systems, Provider, and Child/Family Levels: Increased coordination of consultants across disciplines Improved targeting of consultation services to provider Increased capacity of infant toddler consulting network for all aspects of high quality child care aligned with QRIS standards Increased understanding of high quality infant toddler care and role of regional consultation Increased leverage of provider consulting services for additional resources ProviderLevel Outcomes Increased provider capacity to provide quality, based on QRIS standards Child/Family Level Outcomes Increased parent/caregiver knowledge, attitudes and skills Process Outputs /Outcomes Delivery of interdisciplinary consulting services to licensed I/T providers Coordinate high quality child care consultation and team consultants Develop and implement data collection management systems to support child care consultation Maintain/strengthen regional efforts for infants/toddlers 2. Consumer education for increased infant and toddler age appropriate information. 3.Increase local access about child care, providers have technical assistance, training and consultation, and communities have increased collaboration and partnerships 4. Increase families' understanding in choosing newborn child care

		Strengthening Families for early learning professionals and FFN care givers who work with Infants and Toddlers. 2. Increase parent knowledge of infant toddler development through parent consumer education. 3. Coordinate and manage 11 regional resource and referral child care programs 4. Produce brochure as a resource for parents of young children to find a safe, healthy, fun child care environment which promotes healthy child development. 5. Coordinate the Washington Regional Afterschool Project (WRAP) network in six regions to develop a regional system of care and support for school-age children and their families. 6. Provide adequate training and resources to providers to support quality early childhood settings. 7. Implement QRIS in the existing pilot sites/regions in preparation for statewide expansion. 8.MERIT: Continue alignment with the National Registry Alliance best practices and incorporate recommendations from the Professional Development Consortium for our professional development system; improve data quality and increase participation from early care and education and school age workforce. ELF: Increase the data collection and quality on licensed childcare	5. Increased provider knowledge of best practices, increased compliance of school age requirements,and community collaboration linking early learning to school-age. 6.Affordable training for providers through scholarships, increased accountability for state training and licensing requirements, better retention of quality staff 7.Implement quality standards based on two year field test and UW Field Test Evaluation and Recommendations, building on local expertise/capacity in pilot Provide resources, supports and incentives to build upon existing facility quality improvement efforts and goals including targeted technical assistance, training and quality improvement resources. Finalize QRIS quality framework, supports and infrastructure including the development of a statewide database, coach framework and delivery model,core training menu. Establish plan and timeline for statewide expansion, timeline for school age, Head Start and state pre-k inclusion. 8.MERIT: Increase data available on professional development and education of early care and education and school age workforce to inform policy decisions and alignment with system improvements. ELF: Streamline work efforts of staff and improve data quality and availability needed to inform decision making affecting licensed child care facilities. 9.Increase quality child care for working families 10.Increase early-learning teaching skills, working with developmentally disabled

		facilities through continued transition from paper forms to electronic web forms used by child care licensors in the field. 9.Provide grants to assist eligible child care providers to purchase developmentally-appropriate health and safety improvements or program equipment. 10.To partner with two school districts to hire an expert in early learning promising practices curriculum development and training 11.Inspect child care center and provide training to licensors on fire and safety compliance. 12.Support the monitoring of licensed compliance activities and hearings.	11.Identify potential fire and safety issues at centers. Improve licensors ability to identify potential fire and safety compliance issues. 12.Provide adequate regulation for quality licensed child care to ensure child health and safety.

1.2.4 Will the Lead Agency distribute quality funds to counties or local entities?

☐ No, the Lead Agency will manage all quality funds directly

☑ Yes, the Lead Agency will manage some quality funds directly and distribute a portion to local entities. Estimated amount or percentage to be distributed to localities

18%

☐ Yes, all quality funds will be distributed to local entities

☐ Other.

Describe:

1.3 CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11(b)) Accountability measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or

may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

1.3.1. Describe the strategies the Lead Agency will utilize to ensure effective internal controls are in place. The **description** of internal controls may include, but is not limited to a description of processes to ensure sound fiscal management, to identify areas of risk or to establish regular evaluation of control activities.
Describe:

The Department of Early Learning (DEL) is a close partner with the Department of Social and Health Services (DSHS) Office of Fraud and Accountability (OFA) and the Washington State Auditor's Office to identify issues with child care subsidy payments. Both DEL and DSHS report all potential fraud issues to OFA.

Systems: Washington State identifies improper payments in four primary ways:

- Providers or the public notify the child care agency of suspected fraud;
- A routine algorithm that identifies large amounts of payment to providers are produced on a regular basis from the DSHS automated payment system, Social Service Payment System (SSPS), to identify areas of potential improper payments;
- Monthly audits that compare provider attendance records with payment records to identify improper payments; and
- Supervisor reviews are conducted for subsidy case files to identify improper payments.

Controls:
If any error in payment is identified, then DSHS sends the person responsibility for the overpayment a notice informing them of the overpayment. A repayment schedule if established through future subsidy payments or other means such as liens or garnishment if the participant does not voluntarily repay. If fraud is suspected, OFA conducts an investigation to determine if prosecution is warranted.

DEL is responsible for the administration of three child care subsidy programs that include:

- Working Connections Child Care (WCCC)
- Seasonal Child Care
- Homeless Child Care

DEL develops and administers policy for WCCC by:

- Oversight of performance of subsidy eligibility system
- Identifying needs of working families for child care supports
- Overseeing program eligibility and payment authorization policies
- Writing, maintaining and updating rules

DSHS is responsible for service delivery for the WCCC program that includes:

- Determining family eligibility
- Authorizing child care payments
- Managing payments made to child care providers

DEL has an agreement with DSHS that define the performance expectations of DSHS, and the roles and responsibilities for each agency. The agreements cover areas such as audits, data-sharing, communication protocols, reporting, payment accuracy and fiscal interactions.

DSHS and DEL have interagency agreements that define the roles and responsibilities for each agency. The agreements cover areas such as audits, data-sharing, communication protocols, reporting, payment accuracy and fiscal interactions.

Through one of these interagency agreements with DSHS, DEL audits payments on a monthly basis using the same methodology as required for the Improper Payment Audit. When payment errors are identified, DSHS follows up with child care providers to collect the overpayment or pays the provider the underpayment amount depending on the findings.

DEL funds activities provided through contracted providers. DEL performs a risk assessment for all contracts. The risk assessment scores risk related to factors such as new programs, new providers or past performance issues.

DEL monitors contracts based on the risk factor scores. The DEL program manager uses the risk assessment to develop a specific monitoring plan. If the risk factor score is low, the program manager may decide that a desk audit of invoices is required. If the risk factor score is high, the program manager may decide that an on-site review is needed. The program managers are required to keep a record of all monitoring activity.

DEL requests and receives federal funds twice a month, based on actual expenditures. The first request for funds is based on expenditures incurred by DEL, both direct and indirect costs. The indirect costs are determined through a cost allocation methodology and done in compliance with the cost allocation plan submitted to HHS. The second request for funds is based on expenditures incurred by DSHS. DSHS invoices DEL monthly for services provided. The DEL designated manager reviews the documentation and approves the DSHS invoices.

1.3.2. Describe the processes the Lead Agency will use to monitor all sub-recipients. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. (98.11 (a) (3))

Definition: A sub-recipient (including a sub-contractor and or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such a program. OMB Circular A-133 Section 210 provides additional information on the characteristics of a **sub-recipient and vendor** (http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010). The description of monitoring may include, but is not limited to, a discussion of written agreements, fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified, and establishing performance indicators or measures related to improper payments.
Describe:

Fiscal Management:

DEL has assigned the financial manager and accounting manager to CCDF reporting. Staff will contact the DEL CCDF Administrator or Region X when they have questions or issues. The legislature appropriated funds to DEL to create and develop an automated grants management system to assist in

grant tracking and reporting. The agency continues to provide the financial resources needed to keep this system operational and updated when there are changes to the CCDF rules.

DEL created an automated system, called Financial Reporting and Allocation Tracking System (FRATS) to calculate and provide data that the ACF 696 report and federal draws. This system receives electronic data from the State Accounting System (AFRS) for all costs directly incurred by DEL and any charges billed to DEL from DSHS.

DEL has strong internal controls for payments and federal draws. DEL quarterly reconciles the FRATS data to the AFRS data at the 696 column and row level to ensure the data being reported is accurate. On a monthly basis, DSHS invoices DEL for the federal share of CCDF costs from DSHS and quarterly data reports, TANF transfer, state matching, mandatory and maintenance of effort. DEL reviews all reports carefully from DSHS prior to paying or reporting them on the 696. DSHS includes AFRS backup with all billings that DEL matches to the invoice. The State Auditor's Office annually audits the CCDF grant in detail at both DEL and DSHS to ensure accuracy and accountability.

DSHS provides service delivery for the WCCC and SCC program. Service delivery includes:

- Determining consumer eligibility
- Authorizing payment for child care services
- Determining suitability of in-home and relative providers (background checks);
- Managing and processing payments made to child care providers for the WCCC and SCC program

DSHS is required to process provider and consumer overpayments and consumer underpayments, with reports to DEL quarterly about the number and amounts written in overpayments and underpayments, provider type, and amounts recovered.
DSHS responsibilities include:

- Writes, updates and maintains the Child Care Handbook used by DSHS staff to reflect all policy or WAC changes made by DEL on a quarterly basis or within a mutually agreed upon timeframe;
- All proposed changes to DSHS worker materials related to DEL policy or WAC, within 60 days prior to implementation, or within a mutually agreed upon timeframe. Changes not related to WCCC or SCC policy need not be submitted to DEL for approval; and
- Review of the Child Care Provider Subsidy Manual for accuracy in description of DSHS implementation processes within 30 day period or a mutually agreed upon timeframe.

DEL also:

- Updates the DEL WCCC Policy Manual with rule changes and policy clarifications on a quarterly basis or within a mutually agreed upon timeframe;
- Reviews changes to the Child Care Handbook that impact policy to ensure alignment with the WCCC Policy Manual within ninety (90) calendar days or a mutually agreed upon timeframe; and
- Updates and maintains the Child Care Provider Subsidy Booklets for accuracy in the description of the service delivery system and for consistency with all child care policies developed by DEL.

DSHS submits all training curricula and materials, including but not limited to handouts and slides, to DEL for review no later than 90 calendar days or within a mutually agreed upon timeframe, prior to the first scheduled training. Upon receipt of DEL's comments and recommendations, DSHS provides necessary training to all WCCC staff. DSHS does not use new training materials to train staff until DEL has reviewed curricula and materials. DSHS provides information about training dates and DEL staff may attend.

DSHS provides access points for low-income families that may be eligible for child care subsidy benefit by an on-line application process and a statewide Call Center. The DSHS/CSD operational model for

call centers provides a standard scope of service, including:

- Consumer eligibility and authorization of child care
- Consumer information and assistance
- Specific Child Care Provider Unit with services and supports for WCCC providers, including:
- Assistance with billing
- Provider information and assistance
- Document verifications and case changes

DEL accesses on-line current information about the average waiting time, dropped calls, new applications, pending applications, the active caseload and the waiting lists. DSHS also provides information about the number of applications waiting to be processed.

Provider Payments

DSHS staff identifies and establishes overpayments, regardless of who discovers the overpayment and represent DSHS in related hearings, except for those established by the payment review system. When an overpayment is considered valid, it is written within 60 days.

DSHS processes provider payments within 45 calendar days of the date when underpayments are discovered for the WCCC program.

DEL might, at the request of DSHS, send out a formal written request to the respective licensed centers/family home for attendance records within 10 business days of the request. DEL will follow up with a phone call to the provider and support from the provider's licensor if necessary.

DSHS reports to DEL quarterly:
The amounts and number of WCCC overpayments and underpayments through the Payment Review Program on a monthly basis; and the amount of overpayments recovered from the DSHS Recovery Office on a monthly basis.

DEL reports to the Early Learning Advisory Council (ELAC) the status of over and under payments on a quarterly basis at the regularly scheduled meetings. ELAC members will also receive monthly updates on child care subsidy waiting lists.

DEL reviews all DSHS consumer, child care provider, and child care worker correspondence, memos and provider letters within another mutually agreed upon timeframe, prior to implementation and distribution of child care policy changes.

DEL writes communications including but not limited to letters, memos, and brochures to child care providers regarding child care policy changes. DEL allows DSHS 30 days, or within another mutually agreed upon timeframe, to review and provide comment upon service delivery and implementation functions impacted by policy changes.

DSHS writes communications regarding service delivery and implementation of functional changes for child care subsidy programs.DEL reviews within 30 days, or within another mutually agreed upon timeframe, the proposed changes for alignment with child care subsidy policy.

1.3.3. Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to **areas identified through the Error Rate Review** process (98.100). Check which activities, if any, the Lead Agency has chosen to conduct.

Type of Activity	Identify Program Violations	Identify Administrative Error
Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid))	☑	☑
Share/match data from other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))	☑	☑
Run system reports that flag errors (include types)	☑	☑
Review of attendance or billing records	☑	☑
Audit provider records	☑	☑
Conduct quality control or quality assurance reviews	☑	☑
Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents	☐	☐
Conduct supervisory staff reviews	☑	☑
Conduct data mining to identify trends	☑	☑
Train staff on policy and/or audits	☑	☑
Other. Describe	☐	☐
None	☐	☐

For any option the Lead Agency checked in the chart above other than none, please describe:

Working Connections Automated System (WCAP) is the systems that eligibility workers use to determine eligibility. The system is set up with a number of reports that are run on a regular basis that tracks potential high risk cases for auditing and review.
This system also gets alerts for other automated systems that run within the state. Examples of alerts/tickles are:

1. If a parent is receiving TANF, medical or food assistance and the income in their system is higher or lower than the income in WCAP a tickle or alert is auto generated.
2. We have a state wide call center working these cases, and it is rare that one case would only be worked on by one worker. The system runs a report regularly that notifies the call center administration of those cases.
3. An alert is received if a household member begins receiving SSI.

DSHS provides a variety of training modalities for eligibility staff, including on-line training, desk aids, worker manuals, and in-person training. DEL reviews these materials for compliance with policy prior to DSHS making the training materials available to eligibility staff. For the most recent Improper Payment review, DEL and DSHS jointly participated in technical assistance and training offered through Region 10 and the federal government. Throughout the review process, DEL continued to work closely with DSHS to ensure that DSHS provided case review and analysis that met the federal requirements.

DEL also works with DSHS to run algorithms that identify possible payment errors. The data is cross matched with DEL subsidy programs and child welfare child care subsidy programs.

- Half Day Codes identify claims where providers receive greater than 44 half days a month. 44 half days are equal to full time childcare of 22 days.
- Excessive Child Care Days Paid identifies providers that bill too many child care days when an authorization starts the fifth of the month or later.
- Duplicate Claims -- Child Care Centers Childcare duplicate claims for child care center providers.
- Duplicate Claims -- Child Care Licensed Family Homes Childcare duplicate claims for child care licensed family home providers.
- Overlapping Hourly Services Paid looks at providers who are paid for hourly services by other child care subsidy programs which are not CCDF.
- Holiday Hours/Contingency Hours looks at time billed for non-school age children, 4 years or younger, for unlicensed child care providers. School holiday hours are also referred to as contingency hours which are not available in the summer.
- Overlapping Day Care The results set identifies claims where there is an overlap between the Seasonal Child Care payments, Working Connections Child Care payments, child welfare child care, refugee assistance child care, and developmental disabilities child care.

If the Lead Agency checked none, please describe what measures the Lead Agency has or plans to put in place to address program integrity:

1.3.4. What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error? Check and describe in the chart below which strategies, if any, the Lead Agency will use for each of the following areas: Unintentional program violations (UPV), intentional program violations (IPV) and/or fraud, and administrative error as defined in your State/Territory. **The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud (98.60(i)).**

Strategy	UPV	IPV and/or Fraud	Administrative Error

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: $ 250	☑	☑	☑
Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement). Describe: DSHS Office of Fraud and Accountability, State Auditors Office	☐	☑	☐
Recover through repayment plans	☑	☑	☑
Reduce payments in the subsequent months	☐	☐	☐
Recover through State/Territory tax intercepts	☐	☐	☐
Recover through other means. Describe:	☐	☐	☐
Establish a unit to investigate and collect improper payments. Describe composition of unit: Lead auditor with 3-4 audit staff to reconcile provider payments with provider attendance records	☑	☑	☐
Other. Describe:	☐	☐	☐
None	☐	☐	☐

For any option the Lead Agency checked in the chart above other than none, please describe:

1.3.5. What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

☐ None
☑ Disqualify client.
If checked, please describe, including a description of the appeal process for clients who are disqualified

Clients can be disqualified if they do not make their co-payment to the provider and fail to make arrangements with the provider to pay. If clients are discovered to commit fraud, it is referred to the DSHS Office of Program Integrity for investigation and could be referred for criminal prosecution.

☑ Disqualify provider.
If checked, please describe, including a description of the appeal process for providers who are disqualified

Licensed providers who commit a program violation are at risk of license revocation or summary suspension. Both actions have due process through supervisory review and can be appealed through administrative review process. The provider is also entitled to an appeal process through the civil court system. If providers are discovered to commit fraud, it is referred to the DSHS Office of Program Integrity for investigation and could be referred for criminal prosecution.

☑ Prosecute criminally
☐ Other.
Describe.

1.3.6 Based on responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below. Territories not required to complete the Error Rate Review should mark

Activities identified in ACF-402	Cause/Type of Error (if known)	Actions Taken or Planned	Completion Date (Actual or planned) (if known)

The following corrective action steps were listed in the 2009 Improper Payment audit as actions that could prevent future improper authorization payment errors. 1.DEL will meet with DSHS to review issues related to child care worker training. Items identified as requiring guidance or clarification include: a.Methods for estimating fluctuating income b.Budgeting appropriate care for cases with TANF/WorkFirst activities c.Best practices when prospectively budgeting income d.Frequency of updating individual providers child care rates e.Eligibility for minimum co-payments f.Re-determining eligibility when activities change or end g.Determining correct units of care h.Budgeting commission or piece work income 2.DSHSs Economic Services Administration (ESA) will implement automation enhancements to the states Working Connections Automated Program (WCAP) to strengthen documentation of Child Care activities and needs. Training will be delivered prior to implementation of new requirements. The system changes will: a.Standardize entry of household activity information b.Calculate hours of child care needed c.Improve case accuracy and documentation 3.ESAs Working Connections Child Care Basic Training curriculum is being developed as part of the ESA Training		DEL rewrote the child care subsidy rules for clarity and addresses the guidance for these areas. DEL also created a Policy Handbook with policy clarification that can be electronically accessed by the child care worker. DSHS developed a child care worker training that address the elements identified in the activities along with other program elements. Improvements were also made to the states WCAP system with training provided to child care workers. DSHS supervisors audit 3000 cases per month for program compliance and staff training needs. A worker manual has been developed as an automated field desk guide for child care workers. DEL continues to analyze problems with worker error in conjunction with ESA and Quality Assurance. DSHS has formed an Office of Fraud and Accountability that looks at the functioning of programs including child care issues. Training is updated and provided to child care workers prior to changes in eligibility or process. This continues with over $5 million identified as overpayments in 2010. This is integrated into the WCAP data entry screens and regularly updated. ESA and DEL continue to review audit issues	April 2010 January 2010 Oct. 2009 June 2010 April 2011

plan. 4.Local DSHS office supervisors will continue to audit 1% of all WCCC cases for accuracy in authorizations and billing. Information from these audits is used to monitor program compliance, identify system or policy issues and staff training needs. 5.ESA convened a workgroup tasked with developing a field desk guide to standardize documentation on ESAs WCAP Data Entry Screens. Did this happen? 6.ESA staff will continue to work with DEL and Quality Assurance to review audit findings, analyze root causes and implement strategies to reduce authorization errors and improper payments.		from both federal and state audits to implement process and technological solutions to reduce authorization errors and improper payments	June 2010 Ongoing Ongoing

1.4 Consultation in the Development of the CCDF Plan

Lead Agencies are required to *consult* with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a),(b), §98.16(d)).

Definition: *Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments. (§§98.12(b), 98.14(a)(1))

1.4.1 Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan (658D(b)(2), §§98.12(b), 98.14(b)).

Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan

☑ **Representatives of general purpose local government (required)** This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.	Representation from the Early Learning Advisory Council (ELAC) to include public and private sector entities, have reviewed the plan and given input. This included representatives from local child care resource and referral agencies, educational service districts, school districts,and local non profits agencies.The composition of ELAC follow the federal Head Start Advisory regulations. Stakeholders also provided written comments to the plans through the DEL website.
For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan.	
☑ State/Territory agency responsible for public education This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.	Office of the Superintendent of Public Instruction (OSPI) has representation on ELAC.
☑ State/Territory agency responsible for programs for children with special needs This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs	Same agency and IDEA Part B at OSPI.
☑ State/Territory agency responsible for licensing (if separate from the Lead Agency)	Same agency
☑ State/Territory agency with the Head Start Collaboration grant	Same agency
☑ Statewide Advisory Council authorized by the Head Start Act	Same agency
☑ Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services	WAEYC, School's Out WA, CCR&R, WA state Family Child Care Association, Head Start/ ECEAP association, culturally specific task forces

☑ State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	Input given by CACFP program manager
☑ State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	Same agency
☑ State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)	Represented on ELAC
☑ State/Territory agency responsible for child welfare	Review and input provided by child welfare liaison. DSHS Secretary is ELAC member.
☑ State/Territory liaison for military child care programs or other military child care representatives	Military child care liaison on CCDF steering committee
☑ State/Territory agency responsible for employment services/workforce development	Reviewed by Workforce partners, including Employment Security and community colleges and input given
☑ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)	Review by DSHS, TANF partners, and input given
☑ Indian Tribes/Tribal Organizations ☐ N/A: No such entities exist within the boundaries of the State	Information provided regarding public input and ability for written input to CCDF Tribal group.
☑ Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21	National partners are included in the review and input process. These include BUILD, Strengthening Families, Mott Networks through Schools Out Washington
☑ Provider groups, associations or labor organizations	Family Child Care provider association and labor representative on steering committee
☑ Parent groups or organizations	DEL Parent Advisory Group discussed and provided input

☑ Local community organizations (child care resource and referral, Red Cross)	CCR&R reviewed and offered comments.
☐ Other	

1.4.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §§98.14(C)). At a minimum, the description should include:

a) Date(s) of notice of public hearing: 04/15/2011
Reminder - Must be at least 20 days prior to the date of the public hearing.

b) How was the public notified about the public hearing? DEL listserv, DEL website, local newspapersc) Date(s) of public hearing(s): 05/09/2011
Reminder - Must be no earlier than 9 months before effective date of Plan (October 1, 2011).

d) Hearing site(s) Kent and Moses Lake WA
e) How was the content of the Plan made available to the public in advance of the public hearing(s)? DEL website, DEL listserv
f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? The DEL steering committee and the Early Learning Advisory Board reviewed public comments and made recommendations for inclusion into the plan

1.4.3. Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing. For example, translating the public hearing notice into multiple languages, using a variety of sites or technology (e.g., video) for the public hearing, holding the hearing at times to accommodate parent and provider work schedules.
1.4.3. Describe:

Hearings were held in the evening on both sides of the state to accommodate parent and provider work schedules. An evening webinar was also held to accommodate working parents and providers. The plan was posted on the DEL website for three weeks to provide an opportunity for public input. DEL partners also conducted a public survey and provide DEL with the input from the survey.

1.5. Coordination Activities to Support the Implementation of CCDF Services

Lead Agencies are required to *coordinate* with other Federal, State, local, Tribal (if applicable) and private agencies providing child care and early childhood development

services
Definition - *Coordination* involves child care and early childhood and school-age development services efforts to work across multiple entities, both public and private (such as in connection with a State Early Childhood Comprehensive System (SECCS) grant or the State Advisory Council funded under the Head Start Act of 2007). (658D(b)(1)(D), §§98.12(a), 98.14(a)(1))

1.5.1. Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school-age services (§98.14(a)(1)).

Agency/Entity (check all that apply)		**Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services**	**Describe the goals or results you are expecting from the coordination** Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.
☑	Representatives of general purpose local government **(required)** This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.	Coordinated through Early Learning Advisory Council (ELAC) and regional early learning coalitions. These groups consist of representative of local child care resource and referral, school districts, public health nurses, community non-profits, educational service districts, county human service providers.	Access to shared technical assistance resources. Collaborative partnerships formed to support the Early Learning Plan which is a statewide comprehensive plan for a fully integrated early learning system covering all areas of child development and family support.

☑	State/Territory agency responsible for public education **(required)** This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.	Signed agreement between OSPI, DEL and Thrive by Five	Access to shared technical assistance resources. Joint Resolution formed to support the Early Learning Plan. Strengthen transition services for children. Move toward a seamless system of birth to age 8. Improved coordination and support to child care providers for transition of children from child care to kindergarten.
☑	Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services **(required)**	WAEYC, School's Out WA, CCR&R, WA state Family Child Care Association, Head Start /ECEAP association, culturally specific child care task forces.	Funding from various partners and funds sources to provide more training and technical assistance to providers, support full day/full year services.

☑	State/Territory agency responsible for public health **(required)** This may include, but is not limited to, the agency responsible for immunizations and programs that promote children's emotional and mental health	Department of Health DOH) is part of ELAC and DOH Secretary is ELAC co-chair.	development and current practices about social emotional development is provided to parents and providers through regular publications and specialized assistance of DEL Health Specialists. DEL convenes an internal health and safety committee as needed to coordinate internally and collaborate externally.
☑	State/Territory agency responsible for employment services / workforce development **(required)**	State board of community colleges and employment security work with DEL to help develop and support training for new and existing providers. Community colleges are represented of part of Early Learning Advisory Council	Professional Development Agreements for articulation and training community and technical colleges based training to improve the quality of child care services
☑	State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) **(required)**	Coordinating structure between DEL and DSHS in place, service agreement in place with agreed upon goals	Coordinated, family focused services, considering the needs of the child, the family and the provider.
☑	Indian Tribes/Tribal Organizations (required) ☐ N/A: No such entities exist within the boundaries of the State	DEL Director meets with the sovereign nation council quarterly to discuss common areas of interest and concern. Child care administrator participates in tribal CCDF conference calls to share information and discuss the impacts of state decision on tribal programs	Both tribal and non-tribal families use both state and tribal child care services, so coordination between the state and tribes provides better services to families, and supports state and tribal child care providers.
For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery			

☐	State/Territory agency responsible for licensing (if separate from the Lead Agency)		
☑	State/Territory agency with the Head Start Collaboration grant	Same agency	Strategic goals to improve the amount and quality of early childhood opportunities.
☑	Statewide Advisory Council authorized by the Head Start Act	Same agency	Increase the coordination between early learning agencies.
☑	State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	Will coordinate joint meetings with family child care sponsors/CACFP	CACFP child care sponsors are in the facilities minimum 3 times per year. Coordinate with DEL on reporting protocols for health and safety issues

☑	State/Territory agency responsible for programs for children with special needs This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs	Same agency	Internal consistency and coordination with Part C and other early learning programs including child care at DEL.
☑	State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	Same agency	Internal consistency and coordination with other DEL early learning programs.
☑	State/Territory agency responsible for child welfare	Signed agreements between DSHS and DEL for process and mutual goals; Joint Resolution between DSHS and DEL.	Improved complaint investigations and child health and safety.

☑	State/Territory liaison for military child care programs or other military child care representatives	Participating in DoD-funded Military Child Care Liaison Project. Identifying current efforts and priorities, so military families can access high quality civilian child care services. Coordinate efforts in planning and development of priorities and quality initiatives of mutual interest.	Increased awareness of child care needs of military families. Alignment of plans, goals and priorities, improve quality of child care and professional development, improve licensing requirements and efficient and effective oversight, access to affordable, high quality child care
☑	Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21	DEL supports and participates as a BUILD state. Staff liaisons are assigned to Strengthening Families. School's Out WA is the consultant for DEL.	BUILD: improve systems School's Out: improved school age care Strengthening Families: improve integration of protective factors in system planning and implementation
☑	Local community organizations (child care resource and referral, Red Cross)	Licensors refer provider issues to the local R&R for training and consultation technical support.	Increased quality in child care
☑	Provider groups, associations or labor organizations	Family Child Care Association is on ELAC. Licensed family home and license exempt provider union to resolve issues. In partnership with Service Employee International Union and providers through Negotiated Rule Making	Agreement on early learning improvements
☑	Parent groups or organizations	DEL convenes a Parent Advisory Group to give feedback and make recommendations to DEL on program and policy issues.	Provide parent perspective to improve all early learning and child care services
☐	Other		

1.5.2. Does the State/Territory have a formal early childhood and/or school-age coordination plan? Lead Agencies are not required to have an early childhood nor a school-age coordination plan, but the State/Territory may have such plans for other purposes, including fulfilling requirements of other programs.

☑ Yes. If yes,

a)
Provide the name of the entity responsible for the coordination plan(s):
Early Learning Advisory Council

b)
Describe the age groups addressed by the plan(s):

Prenatal through grade three

c)
Indicate whether this entity also operates as the State Advisory Council (as authorized under the Head Start Act of 2007):

☑ Yes

☐ No

d)
Provide a web address for the plan(s), if available:
http://www.del.wa.gov/publications/elac

☐ No

1.5.3. Does the State/Territory have a designated entity(ies) responsible for coordination across early childhood and school-age programs? (658D(b)(1)(D), §98.14(a)(1)) Check which entity(ies), if any, the State/Territory has chosen to designate.

☐ State/Territory-wide early childhood and/or school-age cabinet/advisory council/task force/commission.

If yes, describe entity, age groups and the role of the Lead Agency

☑ State Advisory Council (as described under the Head Start Act of 2007).

If yes, describe entity, age groups and the role of the Lead Agency

The Early Learning Advisory Council was re-organized to meet the Head Start Act. It serves birth to 12 years old and DEL provides coordination and staffing to the council. It is the lead agency for the state advisory from Head Start and guides the DEL decision and policy making, along with coordination across early learning systems.

☐ Local Coordination/Council

If yes, describe entity, age groups and the role of the Lead Agency

☐ Other

Describe

☐ None

1.5.4 Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private sector involvement in meeting child care needs? (§98.16(d))

☑ Yes .
If yes, **describe** these activities or planned activities, including the tangible results expected from the public-private partnership:

DEL has active partnerships with Washington's public-private partnership, Thrive by Five Washington, the Foundation of Early Learning, and the Bill & Melinda Gates Foundation to leverage state and private resources to support QRIS expansion, expansion of Washington's kindergarten entry assessment (WaKIDS), professional development integration, refinement of Washington's Early Learning Guidelines, parent education focusing on quality early learning opportunities, and supporting engaged communities statewide through local coalitions. Additionally, DEL is launching a new partnership with Harvard University to integrate new brain science research into high-quality professional development and parent education opportunities.

☐ No

1.6. Child Care Emergency Preparedness and Response Plan

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of temporary child care services after a disaster; and 5) rebuilding child care after a disaster. For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-XX) located on the Office of Child Care website at:
http://www.acf.hhs.gov/programs/ccb/law/state_topic_emergency.htm

1.6.1. Indicate which of the following best describes the current status of your efforts in this area. Check only ONE.

☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.

☐ **Developed.** A plan has been developed as of **[insert date]:** and put into operation as of **[insert date]:** , if available. Provide a web address for this plan, if available:

☑ **Other.**
Describe:

By summer of 2012 DEL will:

- coordinate with FEMA to develop a plan for accessibility of child care during and after a disaster
- develop emergency rules that will be in place in the event of an emergency

Currently child care centers must develop and implement a disaster plan designed for response to fire, natural disasters and other emergencies. The plan must address what the center will do if there is a disaster and parents are not able to get to their children for two or three days. In areas where local emergency plans are in place, such as school district emergency plan, centers may follow those procedures and actions in developing their own plan.

The disaster plan must be specific to the child care center, relevant to the types of disasters that might occur in the location, ability to be implemented during hours of operation and posted in every classroom for easy access by parents and staff.

The disaster plan must also state:
- The designated position of the person who is responsible for each part of the plan;
- Procedures for accounting for all children and staff during and after the emergency;
- Evacuation of the premises and meeting location after evacuation;
- Care for children with special needs during and after the disaster;
- Caring for children until parents are able to pick them up;
- Contacting parents or how parents can contact the child care center; and
- Transportation arrangements, if necessary.

A child care center's written records must include a disaster plan, with signatures and dates of persons completing the disaster plan review on-site. The disaster plan must be read, reviewed annually and signed by the director and staff and parents at the time of enrollment.

Centers must also document staff education and training of the disaster plan and conduct and document quarterly disaster drills for children and staff. Centers are also required to debrief and evaluate the plan in writing after each disaster incident or drill. Centers must also adhere to all requirements for fire drills. DEL is in the planning process for developing provisions for temporary child care services after a disaster and rebuilding facilities and infrastructure after a disaster.

DEL uses resources provided by the Information Memorandum (CCDF-ACF-IM-2011-1) and WA state emergency plans developed jointly by the WA State Department of Health and the WA Military Department, Emergency Management Division.

1.6.2. Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan. Check which elements, if any, the Lead Agency includes in the plan.

- [x] Planning for continuation of services to CCDF families
- [x] Coordination with other State/Territory agencies and key partners
- [x] Emergency preparedness regulatory requirements for child care providers
- [x] Provision of temporary child care services after a disaster
- [x] Rebuilding child care facilities and infrastructure after a disaster
- [ ] None

PART 2

CCDF SUBSIDY PROGRAM ADMINISTRATION

2.1 Administration of the Program

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b), §98.11(a))

2.1.1. Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? Identify the level at which the following CCDF program rules and policies are established.

Eligibility rules and policies (e.g., income limits) are set by the:

☑ State/Territory
☐ Local entity.
If checked, provide the name(s) of the local entity:

☐ Other.
Describe:

Sliding fee scale is set by the:

☑ State/Territory
☐ Local entity.
If checked, provide the name(s) of the local entity:

☐ Other.
Describe:

Payment rates are set by the:

☑ State/Territory
☐ Local entity.

If checked, provide the name(s) of the local entity:

☐ Other.
Describe:

2.1.2. How is the CCDF program operated in your State/Territory? In the table below, identify which agency(ies) performs these CCDF services and activities.

Implementation of CCDF Services/Activities
Who determines eligibility? **Note:** If different for families receiving TANF benefits and families not receiving TANF benefits, please describe:
The Department of Social and Health Services (DSHS) establishes the eligibility of families for TANF and non-TANF families. Families receiving TANF benefits and income-eligible families with a special needs child receive priority access to CCDF. Teen parents who live at home also receive priority access. All other income-eligible families are placed on a wait-list, first come first serve. DSHS also establishes eligiblity for the seasonal child care program which is available to families who work harvesting, cultivating or processing crops or fruit trees. Eligibility for homeless families are determined by local contractors.

Agency (Check all that apply)

☐ CCDF Lead Agency

☑ TANF agency

☐ Other State/Territory agency.

Describe:

☐ Local government agencies such as county welfare or social services departments

☑ Child care resource and referral agencies

☑ Community-based organizations

☐ Other.

Describe:
Who assists parents in locating child care (consumer education)?

Agency (Check all that apply)

☑ CCDF Lead Agency

☐ TANF agency

☐ Other State/Territory agency.

Describe:

☐ Local government agencies such as county welfare or social services departments

- [x] Child care resource and referral agencies
- [ ] Community-based organizations
- [x] Other.

Describe:
Along with the federal Reach Out and Read program, pediatricians provide parents with consumer education materials.
Who issues payments?

Agency (Check all that apply)

- [ ] CCDF Lead Agency
- [x] TANF agency
- [ ] Other State/Territory agency.

Describe:

- [ ] Local government agencies such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe:
Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)
The payment is issued to the provider. The provider can choose to have electronic transfer to their bank account or have a warrent issued to them. The parent is responsible for paying the co-payment to the provider.
Other. List and describe:

2.2. Family Outreach and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)-(e). **Note** - For any information in questions 2.2.1 through 2.2.10 that differs or will differ for families receiving TANF, please describe in 2.2.11.

2.2.1. By whom and how are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), §98.30(a)) Check all agencies and strategies that will be used in your State/Territory.

- [x] CCDF Lead Agency
- [x] TANF offices
- [ ] Other government offices
- [x] Child care resource and referral agencies
- [x] Contractors

- [x] Community-based organizations
- [x] Public schools
- [x] Internet

(provide website): www.del.wa.gov www.dshs.wa.gov

- [x] Promotional materials
- [ ] Community outreach meetings, workshops or other in-person meetings
- [ ] Radio and/or television
- [ ] Print media
- [ ] Other.

Describe:

2.2.2. How can parents apply for CCDF services? Check all application methods that your State/Territory has chosen to implement.

- [ ] In person interview or orientation
- [x] By mail
- [x] By Phone/Fax
- [x] Through the Internet

(provide website): http://www.dshs.wa.gov/pdf/ms/forms/14_001.pdf

- [ ] By Email
- [x] Other.

Describe:

In person interview for Homeless Child Care services conducted by local contractors.

2.2.3. Describe how the Lead Agency provides consumer education to parents applying for CCDF assistance to promote informed choices about the quality of care provided by various providers.

Lead Agencies must certify that the State/Territory will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices (658E (c)(2)(G), §98.33).

For example, memorandums of understanding with resource and referral agencies to provide consumer education to families applying for CCDF assistance, providing parents with provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or informational brochures that address importance of quality and different care options available.

DEL provides Child Care Check, a web-based application that allows parents and caregivers to search for basic licensing information and licensing violations for licensed and certified providers.

https://apps.del.wa.gov/check/CheckSearch.aspx

DEL contracts with Child Care Resource and Referral Network (CCR&R) for the provision of child care resource and referral services. The CCR&R coordinates and manages statewide services through sub-contracts with 11 regional R&R agencies to serve communities around the state. DEL and the CCR&R collaborate to enhance the quality of settings in which children learn and grow.

DEL subcontracts with the CCR&R to provide core child care resource and referral services to:

- Parents and family, friend and neighbor caregivers
- Licensed child care providers and applicants applying for a license
- Communities, through enhanced partnerships and systems-building

CCR&R services use targeted funds to coordinate and manage 11 regional resource and referral child care programs.

Families are provided:

- Consumer education
- Referrals to licensed child care
- Referrals to other community family support and educational services
- Information on assistance in paying for child care (state and local government and private subsidies)

DEL publications on quality child care and child care subsidy are made available statewide, both electronically and hardcopy by request, at Child Care Resource & Referral offices, DEL child care licensing offices, DSHS local community services offices, local Head Start and ECEAP programs, Department of Corrections family visit rooms, and other local community organizations. Examples include:

- *You Have a Choice*! *A Guide to Finding Quality Child Care*.
  http://www.del.wa.gov/publications/development/docs/ChoosingChildCare.pdf

- *Child Care License Suspension and Revocation: What Washington Parents Should Know.*
  http://www.del.wa.gov/publications/development/docs/Revocation_parents.pdf

- *Working Connections Child Care Brochure*
  http://www.del.wa.gov/publications/subsidy/docs/WCCCbrochure.pdf

2.2.4. Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined in your State/Territory.

For example, methods used to promote upward movement in quality rating and improvement system, methods used to encourage high quality programs to participate in the subsidy program such as tiered reimbursement, or incentives used to support high quality programs in rural, suburban, urban, and low-income communities.

Quality Rating and Improvement System (QRIS)
WA has just completed a two year field test in five pilot communities across the state and is currently laying the groundwork for statewide expansion. Communities and programs were selected for the field test based on several factors, including their ability to serve both rural and urban populations, diversity of their population including tribal and military representation, and geographic representation. Two of the field test communities (White Center and Yakima) were facilitated through a public-private partnership led by Thrive by Five Washington and supported by the Bill & Melinda Gates Foundation.

WA is currently laying the groundwork for statewide expansion by refining the quality standards (based on the field test evaluation completed by the UW, building a data system linked to the professional development registry, incorporating professional development to integrate Washington's Early Learning Guidelines and WaKIDS.

Further, updated quality standards will be aligned with the Head Start Performance Standards to support school readiness and child outcomes and Washington's health and safety licensing standards. Washington will begin QRIS implementation in five communities statewide and participating facilities will be selected in a competitive application process shortly. All licensed family home and center-based programs will be incorporated into QRIS immediately. Facilities will have an opportunity to receive additional incentives, support and a rating beginning July 2012.

QRIS participating facilities will receive the following supports initially to incentivize and increase quality learning and development outcomes, including higher education scholarships (Washington Scholarships for Child Care), one-on-on coaching, quality improvement grants, high-quality training opportunities (Strengthening Families, Kindergarten Transition, ERS and CLASS assessments, Cultural Competency & Inclusion, Early Learning Guidelines). Focused on child progress and school readiness, the UW will develop a measure called 'Focus Child 360' wherein one child per facility is selected to ensure that program curriculum, documentation and assessments are having impact down the level of the child. Washington is finalizing a strategy to incentivize QRIS expansion by implementing tiered subsidy reimbursement rates linked to QRIS standards and ratings. http://del.wa.gov/care/qris/Default.aspx

Licensed Child Care and Child Care Provider Background Check
DEL has implemented a new software system (ELF) for child care licensors statewide. This will allow licensors to spend more time observing and providing technical assistance to licensed child care providers with the goal of improving quality of care and child outcomes. It will also gather data about the type and number of compliance area by the licensing regulation. This is the first step toward the deeper analysis of which regulations seems to be tied consistently to quality indicators.
http://www.del.wa.gov/publications/communications/docs/DEL_Newsletter_March2011.pdf

DEL moved from an ink and roll fingerprint process to a new automated fingerprint process for criminal background checks. Anyone who has lived in WA for less than three years must undergo a fingerprint criminal history background check to work in child care. This new process results in fewer errors and shorter wait times for child care applicants. New legislation required that all new applicants applying for a background check also get a fingerprint starting July 1, 2012. Starting July 1, 2013, all background checks will be issued to the applicant and be portable between provider setting, similar to a food handler's permit, rather than the current system of requiring a new background check for each child care site.

All CCDF providers must have a background check before providing child care services.

Infant/Toddler System and Services
DEL and state partners are working together on an outcome-based system that supports infants, toddlers and parents, families, providers and caregivers that provide care. Regional groups will establish

standards and set outcome measures for improvements in the quality of care for infants and toddlers in child care, both for individual child care providers and the statewide system. The interdisciplinary infant/toddler consultations will build capacity within regions to support the healthy development of infants and toddlers. Consultations are closely aligned with the Washington's QRIS model and Early Learning Guidelines. http://www.del.wa.gov/partnerships/infant/

Managed Education and Registry Information Tool (MERIT)
MERIT is DEL's online registry that tracks the qualifications and credentials of all early learning professionals and trainers, and provides an online portal to available trainings across the state. MERIT is a foundational element of the professional development system as continuing training and base education will be required, tracked and supported consistently across all early learning programs in the state. MERIT is currently being developed to track where professionals fall along a pathway of career development, to align data across programs and to focus incentives and supports where it is most needed. MERIT tracks licensing standards and base compliance necessary for individual licensing requirements as well as facility participation in QRIS. The quality of the early learning workforce is dependent upon the quality of state pre-service and continuing training and education. All professional development efforts will be centered on child development guidelines and all state approved trainers will be required to apply through MERIT at a given level of training expertise according to education and experience. State approved trainers will be trained in and required to connect instruction to Washington State's Core Competencies and Early Learning Guidelines. In the future, MERIT will also record an individual's placement on a career lattice through verified information on education and training. This integrated registry will allow Washington to collect accurate data on the workforce to inform decision making related to policy and investments in professional development that lead to increased quality of both trainers and early learning professionals.
http://www.del.wa.gov/requirements/info/stars.aspx

Extended Eligibility for Head Start/ECEAP Families
WCCC eligibilty has been extended from six months to 12 months for Head Start/ECEAP families.

2.2.5. How will the Lead Agency promote access to the CCDF subsidy program?
Check the strategies that will be implemented by your State/Territory.

☑ Provide access to program office/workers such as by:
☐ Providing extended office hours
☑ Accepting applications at multiple office locations
☑ Providing a toll-free number for clients
☑ Other.
Describe:

Web-based application also available

☑ Using a simplified eligibility determination process such as by:
☐ Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)
☑ Developing a single application for multiple programs
☑ Developing web-based and/or phone-based application procedures
☑ Coordinating eligibility policies across programs.
List the program names: TANF/WorkFirst and child care subsidies

☑ Streamlining verification procedures, such as linking to other program data systems
☑ Providing information multi-lingually
☑ Including temporary periods of unemployment in eligibility criteria for new applicants (job search, seasonal unemployment).
Length of time: Length of time: 28-day GAP period available for current beneficiaries when they lose employment of approved activity. Up to two GAP periods per year.

☐ Other.
Describe:

☐ Other.
Describe:

☐ None

2.2.6. Describe the Lead Agencies policies to promote continuity of care for children and stability for families. Check the strategies, if any, that your State/Territory has chosen to implement.

☑ Provide CCDF assistance during periods of job search.
Length of time: 28 days, available twice per year

☐ Establish two-tiered income eligibility to allow families to continue to receive child care subsidies if they experience an increase in income but still remain below 85% of State median income (SMI)
☐ Synchronize review date across programs
List programs:

☐ Longer eligibility re-determination periods (e.g., 1 year).
Describe:

☑ Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs.
Describe:

A child's enrollment in HS/EHS/ECEAP is used as a marker for 12-month eligibility. The family must still meet the basic eligibility requirements throughout their authorization period, including reporting changes to income, activity, family size or child care provider. The only difference is that they would not have to re-apply until month 11 of the 12 month eligibility period.

☐ Extend periods of eligibility for school-age children under age 13 to cover the school year.
Describe:

☐ Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment
☐ Targeted case management to help families find and keep stable child care arrangements
☐ Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility, such as for children who turn 13 years of age during the middle of a program year
☐ Other.
Describe:

☐ None

2.2.7. How will the Lead Agency provide outreach and services to eligible families with limited English proficiency? Check the strategies, if any, that your State/Territory has chosen to implement.

☑ Application in other languages
☑ Informational materials in non-English languages
☐ Training and technical assistance in non-English languages
☐ Website in non-English languages
☐ Lead Agency accepts applications at local community-based locations
☑ Bilingual caseworkers or translators available
☐ Other.
Describe:

☐ None
(Optional) If the Lead Agency checked any option above related to providing information or services in other non-English languages, please describe the languages offered :

2.2.8. How will the Lead Agency overcome language barriers with providers? Check the strategies, if any, that your State/Territory has chosen to implement.

- [x] Informational materials in non-English languages
- [x] Training and technical assistance in non-English languages
- [x] CCDF health and safety requirements in non-English languages
- [ ] Provider contracts or agreements in non-English languages
- [ ] Website in non-English languages
- [x] Bilingual caseworkers or translators available
- [ ] Other.

Describe:

- [ ] None

(Optional) If the Lead Agency checked any option above related to providing information or services in other non-English languages, please describe the languages offered:

2.2.9. Describe how the Lead Agency documents and verifies applicant information using the table below. (§98.20(a))

Check the strategies that will be implemented by your State/Territory. **Attach** a copy of your parent application for the child care subsidy program(s) as **Attachment 2.2.9** or provide a web address, if available:

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
[x] Applicant identity	Applicant statement. Name on application must match name on wage stubs or employer verification form. If questionable, worker will request additional identity verification. Applicants are cross-matched to other automated systems to verify data.
[x] Household composition	Applicant statement. If questionable, collateral statement from landlord requested. Applicants cross-matched to other electronic systems for verification and consistency of response.

☑ Applicant's relationship to the child	Applicant statement. If questionable, additional verification (birth certificate, collateral statement, custody agreement) requested. Applicants cross-matched to other electronic systems.
☑ Child's information for determining eligibility (e.g., identity, age, etc.)	Applicant statement. If questionable, additional verification (birth certificate, collateral statement, custody agreement) requested. TANF applicants cross-matched to WorkFirst systems. For special needs child, additional verification from medical, educational or therapeutic provider required.
☑ Work, Job Training or Educational Program	Work and education components are verified in a variety of ways: Employment Verification Form (DSHS # 14-252);cross match using electronic TALX program; paystubs; phone verification with employer; school or training schedule. For self-employment: tax documents, business records and receipts.
☑ Income	Employment Verification Form (DSHS # 14-252); cross match using electronic TALX program; paystubs; phone verification with employer. For self-employment: tax documents, business records and receipts. Child support paid or received is verified by court documentation, receipts, pay stubs, and cross-matched with SEMS.
☑ Other. Describe: Extended eligibility	Telephone verification of child's current enrollment from Head Start, Early Head Start or ECEAP staff; OR completed, signed verification form provided to DSHS.

2.2.10. Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

☑ Time limit for making eligibility determinations.
Describe length of time 30 days from date of application

☑ Track and monitor the eligibility determination process
☐ Other.
Describe

☐ None

2.2.11. Are the policies, strategies or processes provided in questions 2.1.1. through 2.1.10 different for families receiving TANF? (658E(c)(2)(H) & (3)(D), §§98.16(g)(4), 98.33(b), 98.50(e))

☐ Yes.
If yes, describe:

☑ No.

2.2.12. Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2) of the Social Security Act. In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:
State/Territory TANF Agency Department of Social and Health Services (DSHS)

b) Provide the following definitions established by the TANF agency.

- "appropriate child care": licensed, certified or approved under federal, state or tribal law and regulations for the type of care they use and that they were able to choose, within locally available options, who would provide it
- "reasonable distance": within reach without traveling farther than is expected in their community
- "unsuitability of informal child care": None provided
- "affordable child care arrangements": does not cost more than the copayment under Working Connections Child Care

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

☐ In writing
☑ Verbally
☑ Other.
Describe:

When child care exemptions are used, WorkFirst case managers document the exemption in the Individual Responsibility Plan (IRP).

2.3. Eligibility Criteria for Child Care

In order to be eligible for services, children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State's median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services. (658P(3), §98.20(a))

2.3.1. How does the Lead Agency define the following eligibility terms?

residing with -

"Residing with" means an eligible consumer with parental control of one or more children and who lives in the state of Washington and is the child's biological or adopted parent, stepparent, legal guardian, adult sibling or step-sibling, nephew or niece, aunt or uncle, great-aunt or great-uncle, grandparent or great-grand-parent.

in loco parentis -

"In loco parentis" means the adult caring for an eligible child in the absence of the biological, adoptive, or step-parents, and who is not a relative, court-ordered guardian, or custodian.

2.3.2. Eligibility Criteria Based Upon Age

a) The Lead Agency serves children from 4 weeks to 12 years (maximum age under age 13).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☑ Yes,and the upper age is 18
Provide the Lead Agency definition of *physical or mental incapacity* -

Children with special needs generally have physical, emotional or mental challenges limiting one or more major life activities. Major life activities mean breathing, hearing, seeing, speaking, walking, using arms and hands, learning, and playing.

☐ No.

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

☑ Yes,and the upper age is 18
☐ No.

2.3.3. Eligibility Criteria Based Upon Work, Job Training or Educational Program

a) How does the Lead Agency define "working" for the purposes of eligibility? Provide a narrative description below, including allowable activities and if a minimum number of hours is required.

Reminder - Lead Agencies have the flexibility to include any work-related activities in its definition of working, including periods of job search and travel time. (§§98.16(f)(3), 98.20(b))
working-

"Approved Activities for TANF consumers and approved Activities for Non-TANF consumers defines "working" as legal, income generating activity taxable under the United States Tax Code or that would be taxable with or without a treaty between an Indian Nation and the United States.

Approved activities for TANF consumers include those activities listed on their Individual Responsibility Plan (IRP) as well as any employment. This would include travel, study, and sleep time related to WorkFirst activities and working. Approved activities for TANF consumers include employment, related travel, sleep time and job training or education.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program? (§§98.16(g)(5), 98.20(b))

☑ Yes.
If yes, how does the Lead Agency define "attending job training or educational program" for the purposes of eligibility? Provide a narrative description below.

Reminder - Lead Agencies have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time.

attending job training or educational program -

TANF families receive child care based on their IRP that lists approved activities to include: job search, training, education, work. Travel, study, and sleep time may be included as needed.

Non-TANF families may receive child care for job training or education if they work 20 hours per week in unsubsidized work, or 16 hours per week in state or federal Work Study; includes adult basic education, English language skills, GED or high school completion (under age 22, work is not required), vocational education, job skills training. Travel, study, and sleep time may be included as needed.

☐ No.

2.3.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☑ Yes.
If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a narrative description below.

Reminder - Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases. Lead Agencies may elect to include homeless children and other vulnerable populations in the definition of protective services.

Note - If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for CCDF purposes these children are considered to be in protective services and should be included in this definition.

protective services

DEL considers homeless children and children in need of child welfare services as those needing protective services. DEL does not include children involved in the child welfare with a dependency or court order in their definition of protective services.

☐ No.
b) Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☑ Yes,
☐ No.

2.3.5. Income Eligibility Criteria

a) How does the Lead Agency define "income" for the purposes of eligibility? Provide the Lead Agency's definition of "income" for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

income -

"income" is countable income as money earned or received from:

- A TANF grant (except for the first three calendar months after starting a new job).
- Child support payments
- Supplemental Security Income (SSI);
- Other Social Security payments, such as SSA and SSDI
- Refugee assistance payments
- Payments from the Veterans' Administration, disability payments, or payments from labor and industries (L&I)
- Unemployment compensation
- Other types of income
- VISTA volunteers, AmeriCorps, and Washington Service Corps (WSC) if the income is taxed
- Gross wages from employment or self-employment. Gross wages includes any wages that are taxable. "Self-employment income" means a consumer's gross income from self-employment minus allowable business expenses
- Lump sums as money a consumer receives from a one-time payment such as back child support, an inheritance, or gambling winnings
- Income for the sale of property

b) Which of the following sources of income, if any, will the Lead Agency exclude from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude, if any.

- [x] Adoption subsidies
- [ ] Foster care payments
- [ ] Alimony received or paid
- [ ] Child support received
- [x] Child support paid
- [x] Federal nutrition programs
- [x] Federal tax credits
- [ ] State/Territory tax credits
- [ ] Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance
- [x] Medical expenses or health insurance related expenses
- [x] Military housing or other allotment/bonuses
- [ ] Scholarships, education loans, grants, income from work study
- [ ] Social Security Income
- [ ] Supplemental Security Income (SSI)
- [ ] Veteran's benefits
- [ ] Unemployment Insurance
- [ ] Temporary Assistance for Needy Families (TANF)
- [ ] Worker Compensation
- [x] Other types of income not listed above:

Other types of income that is not counted includes: business expenses of the family, earnings of a child in the household enrolled in high school or GED completion, until age 22; compensatory awards, diversion cash assistance , untaxed in-kind income. Child support paid out by the family is deducted

income.

☐ None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.

☑ Children under age 18
☑ Children age 18 and over - still attending school
☐ Teen parents living with parents
☐ Unrelated members of household
☐ All members of household except for parents/legal guardians
☐ Other.
Describe:

☐ None

d) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Reminder - Income limits must be provided in terms of State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. (§98.20(a)(2)). FY 2011 poverty guidelines are available at http://aspe.hhs.gov/poverty/11poverty.shtml.

			IF APPLICABLE Income Level if lower than 85% SMI	
Family Size	**(a)** **100% of State Median Income (SMI)($/month)**	**(b)** **85% of State Median Income (SMI)($/month)** [Multiply (a) by 0.85]	**(c)** **$/month**	**(d)** **% of SMI** [Divide (c) by (a), multiply by 100]
1	3,366	2,861	1589	47
2	4,402	3,741	2,146	49
3	5,437	4,621	2,702	50
4	6,473	5,502	3,260	50
5	7,509	6,383	3,817	51

e) Will the Lead Agency have "tiered eligibility" (i.e., a separate income limit at re-determination to remain eligible for the CCDF program)?

☐ Yes.
If yes, provide the requested information from the table in 2.3.5d and **describe below:**

Note: This information can be included in the table below.

☑ No.

			IF APPLICABLE Income Level if lower than 85% SMI	
Family Size	**(a)** **100% of State Median Income (SMI) ($/month)**	**(b)** **85% of State Median Income (SMI) ($/month)**[Multiply (a) by 0.85]	**(c)** **$/month**	**(d)** **% of SMI**[Divide (c) by (a), multiply by 100]
1				
2				
3				
4				
5				

f) SMI Year 2010 and SMI Source Office of Financial Management

g) These eligibility limits in column (c) became or will become effective on:
April 2011

2.3.6. Eligibility Re-determination

a) What is the re-determination period upon initial authorization of CCDF services for most families?

☑ 6 months
☐ 12 months
☐ 24 months
☐ Other.
Describe:

☐ Length of eligibility varies by county or other jurisdiction.

Describe:

b) Is the re-determination period the same for all CCDF eligible families?

☐ Yes.
☑ No. If no, **check the categories of families for whom authorizations are different and describe the redetermination period for each.**

☑ Families enrolled in Head Start and/or Early Head Start Programs.
Re-determination period: 12 months

☑ Families enrolled in pre-kindergarten programs.
Re-determination period: 12 months

☑ Families receiving TANF.
Re-determination period: 3-6 months

☐ Families who are very-low income, but not receiving TANF.
Re-determination period:

☐ Other.
Describe:

c) Does the Lead Agency use a simplified process at re-determination?
☐ Yes.
If yes, describe:

☑ No.

2.3.7. Waiting Lists

Describe the Lead Agency's waiting list status. Select **ONE** of these options.

☐ Lead Agency currently does not have a waiting list and:

- ☐ All eligible families *who apply* will be served under State/Territory eligibility rules
- ☐ Not all eligible families *who apply* will be served under State/Territory eligibility rules

☑ Lead Agency has an active waiting list for:

- ☐ Any eligible family who applies when they cannot be served at the time of application
- ☑ Only certain eligible families.

Describe those families:

Income eligible families who are not receiving TANF benefits or who do not have a special needs child or are not a teen parent living with parents.

☐ Waiting lists are a county/local decision.
Describe:

☐ Other.
Describe:

2.3.8. Appeal Process for Eligibility Determinations

Describe the process for families to appeal eligibility determinations:

Parents can ask for an administrative hearing to appeal eligibility decisions using the following process.

Resources:
DSHS Hearing Rules
Chapter 388-02 WAC Last Update: 1/31/11

TERMINATION NOTICE FORM
DSHS 15-247 (REV. 07/2011)

HEARING RIGHTS
If you disagree with this decision, you may request a hearing by contacting this office or write to Office of Administrative
Hearings, P O Box 42489, Olympia, WA 98507-2489. You must request your hearing:

• On or before the effective date of this action or no more than 10 days after we send you notice of this action, IF you receive benefits now and you want them to continue, or
• Within 90 days of the date you receive this letter.
At the hearing, you have the right to represent yourself, be represented by an attorney or by any other

person you choose. You may be able to get free legal advice or representation by contacting an office of legal services.
Appeal Process
(1) If a party disagrees with an ALJ's initial or final order because of a clerical error, the party may ask for a corrected decision from the ALJ as provided in WAC 388-02-0540 through 388-02-0555. (2) If a party disagrees with an initial order and wants it changed, the party must request review by a review judge as provided in WAC 388-02-0560 through 388-02-0595.If a party wants to stay the DSHS action until review of the initial order is completed, the party must request a stay from a review judge. (3) Final orders entered by ALJs may not be reviewed by a review judge.(4) If a party disagrees with an ALJ's final order, the party may request reconsideration as provided in WAC 388-02-0605 through 388-02-0635. You may also petition for judicial review of the final order as stated in WAC 388-02-0640 through 388-02-0650. You do not need to file a request for reconsideration of the final order before petitioning for judicial review. DSHS may not request judicial review of an ALJ's or review judge's final order.

2.4. Sliding Fee Scale and Family Contribution

The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care (658E(c)(3)(B) §98.42).

2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1.

The attached sliding fee scale was or will be effective as of: April 1, 2011

2.4.2. Will the attached sliding fee scale provided as Attachment 2.4.1. be used in all parts of the State/Territory?

☑ Yes
☐ No.

If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.2a, 2.4.2b,** etc.

2.4.3. What income source and year will be used in creating the sliding fee scale?

(658E(c)(3)(B)) Check only one option.

☐ State Median Income,

Year:
☑ Federal Poverty Level,
Year: 2011
☐ Income source and year varies by geographic region.
Describe income source and year:
☐ Other.
Describe income source and year:

2.4.4. How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use. (§98.42(b))

☑ Fee as dollar amount and
- ☐ Fee is per child with the same fee for each child
- ☐ Fee is per child and discounted fee for two or more children
- ☐ No additional fee charged after certain number of children
- ☑ Fee per family

☐ Fee as percent of income and
- ☐ Fee is per child with the same percentage applied for each child
- ☐ Fee is per child and discounted percentage applied for two or more children
- ☐ No additional percentage applied charged after certain number of children
- ☐ Fee per family

☐ Contribution schedule varies by geographic area.
Describe:

☐ Other.
Describe:

If the Lead Agency checked more than one of the options above, describe:

2.4.5. Will the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

☐ Yes,
and describe those additional factors:

☑ No.

2.4.6. The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size. (§98.42(c)). Select **ONE** of these options.

Reminder - Lead Agencies are reminded that the co-payments may be waived for only two circumstances - for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 2.3.4.a).

☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
☐ NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee.
The poverty level used by the Lead Agency for a family of 3 is:
☑ SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families:

The Lead Agency waives the fee for the following families:

Families who are involved with Head Start/ECEAP families who are at or below the proverty level.

2.5. Prioritizing Services for Eligible Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B), §98.44)

2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes? (658E(c)(3)(B), §98.44) Lead Agencies have the discretion to define *children with special needs* and *children in families*

with very low incomes. Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA)). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs.*

Children with special needs

Provide the Lead Agency definition of *Children with Special Needs:*

Children with Special Needs are:

(1) Thirteen up to nineteen years old and be under court supervision; or

(2) Less than nineteen years old; and

(a) Have a verified physical, mental, emotional, or behavioral condition that requires a higher level of care while in the care of a licensed or certified facility, a DEL contracted seasonal day camp or an in-home/relative provider; and

(b) Have their condition and need for higher level of care verified by an individual who is not employed by the child care facility and is either a:

(i) Health, mental health, education or social service professional with at least a master's degree; or

(ii) Registered nurse.

Describe:

Children in families with very low incomes

Provide the Lead Agency definition of *Children in Families with Very Low Incomes:*

Children in Families with Very Low Incomes are families receiving Temporary Assistance for Needy Families (TANF) or under 100% of the federal poverty guidelines.

Describe:

How will the Lead Agency prioritize CCDF services for:	Eligibility Priority (Check only one)	Is there a time limit on the eligibility priority or guarantee?	Other Priority Rules

Children with special needs	☑ Priority over other CCDF-eligible families ☐ Same priority as other CCDF-eligible families ☐ Guaranteed subsidy eligibility ☐ Other.	☐ Yes. The time limit is: ☑ No	☐ Different eligibility thresholds. Describe: ☑ Higher rates for providers caring for children with special needs requiring additional care ☐ Prioritizes quality funds for providers serving these children ☐ Other. Describe:
Children in families with very low incomes	☑ Priority over other CCDF-eligible families ☐ Same priority as other CCDF-eligible families ☐ Guaranteed subsidy eligibility ☐ Other.	☐ Yes. The time limit is: ☑ No	☐ Different eligibility thresholds. Describe: ☐ Waiving co-payments for families with incomes at or below the Federal Poverty Level ☑ Other. Describe: ECEAP families, under the federal poverty level, using child care contracts for care are waived on a case by case basis. Families using vouchers for care may or may not be waived.

2.5.2. How will CCDF funds be used to provide child care assistance to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF? (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4)) **Reminder** - CCDF requires that not less than 70 percent of CCDF Mandatory and Matching funds be used to provide child care assistance for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF.

☑ Use priority rules to meet the needs of TANF families (describe in 2.5.1 or 2.5.3.)
☐ Waive fees (co-payments) for some or all TANF families who are below poverty level
☑ Coordinate with other entities (i.e. TANF office, other State/Territory agencies, and contractors)
☑ Other.

Describe:

Child care is part of WorkFirst, the state's TANF program. The goal of WorkFirst is to help low-income families build a pathway that can lead them out of poverty and toward economic security. The WorkFirst program is a partnership between the lead agency and six state agencies that administer a full-range of programs to help needy families.

2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency. (658E(c)(3)(B), §98.16(g)(5), §98.20(b)) Reminder - Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

Term(s) - Definition(s)

Describe:

First come, first served: Those that are not in one of the priority groups established by the agency will be served in the order in which they applied for child care.

2.6. Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receives or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A), §98.15(a))

2.6.1. Child Care Certificates

a) When is the child care certificate (also referred to as voucher or authorization) issued to parents? (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

- [ ] Before parent has selected a provider
- [x] After parent has selected a provider
- [ ] Other.

Describe:

b) How does the Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (§98.30(e)(2))

- [ ] Certificate form provides information about choice of providers
- [ ] Certificate is not linked to a specific provider so parents can choose provider of choice
- [x] Consumer education materials (flyers, forms, brochures)
- [x] Referral to child care resource and referral agencies
- [x] Verbal communication at the time of application
- [ ] Public Services Announcement
- [x] Agency

Website: www.del.wa.gov

- [ ] Community outreach meetings, workshops, other in person activities
- [x] Multiple points of communication throughout the eligibility and renew process
- [ ] Other.

Describe:

c) What information is included on the child care certificate? **Attach a copy of the child care certificate as Attachment 2.6.1.** (658E(c)(2)(A)(iii))

- [x] Authorized provider(s)
- [x] Authorized payment rate(s)
- [x] Authorized hours
- [x] Co-payment amount
- [x] Authorization period
- [ ] Other.

Describe:

d) What is the estimated proportion of services that will be available for child care services through certificates?

99%

2.6.2. Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)). **Note:** Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

☑ Yes.
If yes, **describe** the type(s) of child care services available through grants or contracts, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts:

DEL contracts with ECEAP providers to provide high quality, comprehensive child development services in part day settings. Families must meet the CCDF requirements.

☐ No.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following? Check the strategies, if any, that your State/Territory chooses to implement.

☑ Increase the supply of specific types of care
☐ Programs to serve children with special needs
☑ Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs
☐ Programs to serve infant/toddler
☐ School-age programs
☐ Center-based providers
☐ Family child care providers
☐ Group-home providers
☐ Programs that serve specific geographic areas
☐ Urban
☐ Rural
☐ Other.
Describe:

☐ Support programs in providing higher quality services
☐ Support programs in providing comprehensive services
☐ Serve underserved families.
Specify:

☐ Other.

Describe:

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

☐ Yes.
☑ No,
and **identify** the localities (political subdivisions) and services that are not offered:

Local community organizations, higher education, school districts, and areal educational service districts contract with DEL for ECEAP services.

d) How are payment rates for child care services provided through grants/contracts determined?

The payment rate for ECEAP contracts are based on a cost per slot determined by the state necessary to provide high quality comprehensive child care services.

e) What is the estimated proportion of direct services that will be available for child care services through grants/contracts?

Less than 1 %

2.6.3. How will the Lead Agency inform parents and providers of policies and procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds? (658E(c)(2)(B), §98.31)) Check the strategies that will be implemented by your State/Territory.

☐ Signed declaration
☑ Parent Application
☐ Parent Orientation
☐ Provider Agreement
☑ Provider Orientation
☑ Other.
Describe:

Unlimited access is described in the administrative policies under parent rights, in the parent brochure and the parent application. Additionally, licensing rules require that providers inform parents that they have unlimited access to their child(ren) in care at all times.

2.6.4. The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. (§§98.16(g)(2), 98.30(e)(1)(iv)) Will the Lead Agency limit the use of in-home care in any way?

☐ No
☑ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all limits the Lead Agency will establish.
☐ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act
☑ Restricted based on provider meeting a minimum age requirement
☐ Restricted based on hours of care (certain number of hours, non-traditional work hours)
☐ Restricted to care by relatives
☐ Restricted to care for children with special needs or medical condition
☐ Restricted to in-home providers that meet some basic health and safety requirements
☑ Other.
Describe:

The following two documents are available in both English and Spanish languages.The first document is a one-page guide that explains exempt provider qualifications and parent responsibilities. The second document explains child care subsidies and billing rules for exempt providers.
http://www.del.wa.gov/publications/subsidy/docs/IHRP_Guide.pdf
http://www.del.wa.gov/publications/subsidy/docs/Inhome_booklet.pdf

2.6.5. Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

DEL provides *Child Care Check*, a web-based application that parents can use to learn basic licensing information about current licensing status and valid complaint findings since July 24, 2005. Parents can also call the Child Care Check phone line and request substantiated provider complaints that occurred before July 2005 or to request additional information on valid complaints. DEL maintains a record of substantiated providers through FamLink, DSHS, Child Welfare Information System (child protective services, foster care, and adoption). Licensing staff use FamLink to store notes from monitoring visits, licensing complaint inspection reports and other data.

https://apps.del.wa.gov/check/CheckSearch.aspx

The parent(s) of each eligible child who receives or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A), §98.15(a))

2.7. Payment Rates for Child Care Services

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

2.7.1. Provide a copy of your payment rates as Attachment 2.7.1.

The attached payment rates were or will be effective as of: July 1, 2009

2.7.2. Are the attached payment rates provided in Attachment 2.7.1 used in all parts of the State/Territory?

☑ Yes.
☐ No. If no, attach other payment rates and their effective date(s) as **Attachment 2.7.2a, 2.7.2b**, etc.

2.7.3. Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?

☐ Policy on length of time for making payments.
Describe length of time:

☐ Track and monitor the payment process
☑ Other.
Describe:

Provider invoices are paid through DSHS, Social Service Payment System (SSPS). The provider usually receives their invoice before the last day of the month.

Invoices may be submitted by phone through Invoice Express 24 hour a day, seven days a week. If an invoice is called in before 4:30 pm it will be processed for payment the next day. If the invoice is called in after 4:30 there is a one day delay. Invoices may be mailed to SSPS and will be entered into the system by DSHS staff.

Providers can use direct deposit or have their check mailed to them. With direct deposit the check will be deposited in the provider's account on the fifth day after the invoice was processed. Providers receive a paper check in the mail about 10 days after DSHS received the invoice

☐ None

2.7.4. Market Rate Survey

Lead Agencies must complete a local Market Rate Survey (MRS) no earlier than two years prior to the effective date of the Plan (no earlier than October 1, 2009). The MRS must be completed prior to the submission of the CCDF Plan (see Program Instruction CCDF-ACF-PI-2009-02 http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pi2009-02/pi2009-02.htm for more information on the MRS deadline).

a) Provide the month and year when the local Market Rate Survey(s) was completed (§98.43(b)(2)): 01/2011

b) Attach a copy of the **MRS instrument** and a **summary of the results** of the survey **as Attachment 2.7.4.** For Lead Agencies that use an administrative provider database, provide a copy of the intake form as the instrument. The summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

2.7.5. Will the Lead Agency use the local Market Rate Survey identified in 2.7.4a (i.e., the most recent MRS) to set its payment rates?

☐ Yes
☑ No.
If no, list the MRS year that the payment rate ceiling is based upon: 2002

2.7.6. At what percentile of the most recent local MRS are or will payment rates be set?

Provide the percentile for your payment rate ceiling in relation to the most recent survey and **describe:**

Note: Identify the percentile where payment rates fall according to the most recent local MRS (identified in 2.7.4a) regardless of whether or not you use the most recent survey to set rates. If the percentile(s) varies across categories of care (e.g., different for centers and family child care homes), regions or ages of children, provide the range of the highest and lowest percentile in relation to the most recent survey.

The 2010 Market Rate Survey results indicate the current state rate child care centers is set between the 10th percentile of the market rate for preschoolers in Region 4 to a high of the 73rd percentile for school-age care in Region 4. Rates for family homes child care range from a low of the 24th percentile for toddlers in Region 5 to the 84th percentile for school-agers in Region 1.

1.1.1.1 Percent of the Child Care Centers At or Below Current Rates for Full-Time Children. From the 2010 MRS

ant	Toddler	Preschool	School-Age

ıbsidy ıte	% At/Below Subsidy Rate	Subsidy Rate	% At/Below Subsidy Rate	Subsidy Rate	% At/Below Subsidy Rate	Subsidy Rate	% At/Below Subsidy Rate
:8.53	22%	$23.99	20%	$22.67	21%	$21.34	57%
:8.81	52%	$24.06	39%	$22.30	39%	$19.73	68%
:8.13	28%	$31.79	33%	$27.46	31%	$26.67	72%
·4.38	11%	$37.06	13%	$31.09	10%	$28.00	73%
:2.54	20%	$28.00	20%	$24.65	13%	$21.88	63%
:1.99	25%	$27.46	28%	$23.99	23%	$23.46	67%

1.1.1.2 Percent of the Family Home Child Care At or Below Current Rates for Full-Time Children. From the 2010 MRS

Infant		Toddler		Preschool		School-Age	
Subsidy Rate	% At/Below Subsidy Rate	Subsidy Rate	% At/Below Subsidy Rate	Subsidy Rate	% At/Below Subsidy Rate	Subsidy Rate	% At/Below Subsidy Rate
$24.29	44%	$21.12	34%	$21.12	42%	$18.78	84%
$25.65	57%	$22.30	26%	$19.95	30%	$19.95	64%
$34.03	41%	$29.33	39%	$25.81	45%	$23.46	75%
$40.04	65%	$34.81	30%	$29.33	33%	$28.16	61%
$26.99	30%	$23.46	24%	$22.30	30%	$19.95	51%
$26.99	46%	$23.46	27%	$23.46	33%	$22.30	75%

2.7.7. Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies? Check which types of tiered reimbursement, if any, the Lead Agency has chosen to implement.

☑ Differential rate for nontraditional hours.
Describe:

The WCCC program pays licensed providers a nonstandard bonus of $50 per month if the child was authorized and attended child care for 40 or more non-standard hours. Hours before six am, after six pm and any time on Saturday or Sunday are considered non-standard hours.

☑ Differential rate for children with special needs as defined by the State/Territory.
Describe:

Children from birth to nineteen years old with documented special needs may qualify for the additional special needs rate. Providers are paid the state special needs rate or the providers documented additional cost of care, whichever is greater.

☑ Differential rate for infants and toddlers.
Describe:

For licensed family home providers, an enhance rate is paid for 12-18 months at the same rate as paid for infants under 12 months.

☐ Differential rate for school-age programs.
Describe:

☐ Differential rate for higher quality as defined by the State/Territory.
Describe:

☐ Other differential rate.
Describe:

☐ None.

2.7.8. Will the Lead Agency allow providers to charge parents any additional fees?
Check the policies, if any, the Lead Agency has chosen to establish regarding additional fees.

☐ Providers are allowed to charge the difference between the maximum reimbursement rate and their private pay rate
☑ Providers are allowed to charge registration fees
☑ Providers are allowed to charge for transportation fees
☑ Providers are allowed to charge for meals.

☑ Providers are allowed to charge additional incidental fees such as field trips or supplies
☐ Policies vary across region, counties and or geographic areas.
Describe:

Providers may charge for transportation, meals and additional field trip fees only if the family requests the services and the provider has a written policy to charge private paying families for the services.

☐ No, providers may not charge parents any additional fees
☐ Other.
Describe:

☐ None

2.7.9. Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.

CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. To demonstrate equal access, the Lead Agency shall provide at a minimum a summary of facts describing: (§98.43(a))

a) How a choice of the full range of providers, e.g., child care centers, family child care homes, group child care homes and in-home care, is made available (§98.43(a)(1)):

A choice of a full range of providers including licensed centers, licensed family home, in-home providers and relative providers are offered to families in Working Connections Child Care at the time of application for subsidy.

Through the local child care resource and referral agency, families can find information about licensed centers and homes in their area.

b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2)):

With the exception of Region 4 which is the Seattle/King County area, center care is available. In the next two years, DEL will review the adequacy of the rates, and create a rate schedule tied to quality indicators of the Quality Rating and Improvement System (QRIS). Access is available to families through license exempt providers if that is a family's choice.

c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3)):

The sliding fee scale starts at an average 2-3 percent of the families countable income and stays under 10% of their income until the amount goes above 150% of the federal poverty guidelines.

Effective April 1, 2011, family copayments are calculated as follows:

Family's Countable Income	Copayment Amount
At or below 85% FPG	$15
Above 85% FPG to 137.5% FPG	$65
Above 135% FPG to 175% FPG	Subtract 137% FPG from the countable income, then multiply by and add $65

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access:

Acceptance by licensed centers and homes is one indicator. The CCR&R 2010 data shows that 82% of providers accepted CCDF subsidies. According to this data, of 174,655 slots, 142,653 slots accepted subsidy.

The following chart lists the percentage of family homes and centers at the time of the MRS, that had at least one child in care who received subsidies.

Percentage of Facilities Serving Children with Subsidies Based on the 2010 MRS

Region	Family Homes	Centers
1	78.8%	82.6%
2	84.5%	69.3%
3	59.0%	82.3%
4	61.3%	61.7%
5	53.1%	91.0%
6	64.0%	88.0%
ALL	68.0%	77.3%

2.7.10 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency's goals for the administration of the CCDF subsidy program in the coming Biennium? For example, what progress does the State/Territory expect to make on continuing improved services to parents and providers, continuity of care for children, improving outreach to parents and providers, building or expanding information technology systems, or revising rate setting policies or practices):

The goals for the coming biennium are:

- Improved customer service to parents and providers. The current call center system has limitations on the volume of calls it can handle. DEL is working to resolve those issues which may end in DEL

assuming oversight of the call centers from the DSHS.

- A study is currently underway to evaluate the impacts of 12 month authorizations to Head Start and ECEAP in an effort to expand the 12 month authorization.
- The subsidy system depends on legacy systems, some that are over 30 years old. DEL is looking at other systems that are more efficient and effective, along with the enhancements of an EBT implementation for parent and providers. A new system would provide better accountability for payments to providers, and less paperwork for the provider.
- DEL is expanding QRIS to statewide implementation within the next two years, starting with a cadre of early adapters. The QRIS expansion includes building on the work of the Professional Development Consortium, revising the STARS curriculum by creating menus of specific professional development content, offering coaching to select providers and ultimately designating particular curriculum content as part of the 10 hours providers are required to pursue annually.
- Eliminate the waiting list for child care subsidies when economically feasible and evaluate the impact of a waiting list on children and families.
- Reimburse subsidy providers at 75% of the market rate.
- Consider the expanded use of contracts for subsidy reimbursement to serve underserved populations and increase quality in child care.

PART 3

Health and Safety and Quality Improvement Activities

3.1. Activities to Ensure the Health and Safety of Children in Child Care (Component #1)

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF.

The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) Section 3.1 asks the State/Territory to identify and describe the components of both the licensing and CCDF health and safety requirements, indicate which providers are subject to the requirements, and describe compliance and enforcement activities. (658E(c)(2)(F), §98.41)

3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing

Lead Agencies shall certify that they have in effect licensing requirements applicable to

child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

Definition: Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.

a) Is the Lead Agency responsible for child care licensing? (§98.11(a))

☑ Yes.

☐ No.

Please identify the State or local (if applicable) entity/agency responsible for licensing:

b) **Provide a brief overview** of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory. At a minimum, describe whether the State/Territory's licensing requirements serve as the CCDF health and safety requirements.

DEL has three sets of rules, WAC (Washington Administrative Code) for each type of child cares facilities that DEL regulates; Family Home, Center, and School Age Child Care. DEL has implemented non-expiring licenses which allow a provider to maintain their license as long as they are in good standing which is defined as no current compliance issues. Yearly they must pay the licensing fee, and sign declarations stating their intent to keep providing care, and maintain compliance with the state regulations. DEL licensors make annual unannounced monitoring visits to child care centers and school age programs. Monitoring visits in family home child care facilities occurs every 18 months. The purpose of the monitoring visits is to inspect the center, school age programs or home to determine if health and safety standards are being met in accordance with the licensing regulations.

To ensure they meet state minimum health and safety standards, licensed child care providers follow specific rules about:

- Required skills and training
- Interaction with children
- Staff to child ratios
- What children need to learn
- Safe food handling and preparation
- Safe storage of medicine, cleaning supplies and other toxins
- Safe indoor and outdoor play areas
- Supervision of children

Licensed child care providers are required to report the death of a child, or serious injury or illness that occurs on the premises to CPS. Providers are also required to notify the licensor. Reportable injuries are those requiring medical treatment or hospitalization. Reportable illnesses are those that require medical treatment or hospitalization of a child. All reports of serious injury are screened for a CPS investigation

and DEL licensing inspection or just a DEL licensing inspection. DEL reports all serious injuries or illnesses to the Office of Financial Management Risk Management and the Governor's Office.

All persons working with children in licensed child care and license exempt providers who accept subsidies must undergo a background check. This includes family home child care providers, assistants and volunteers and family members 16 years of age or older who have unsupervised or regular access to children in care. Persons working in child care must submit a background check prior to having unsupervised access to children in child care. Family, friend or neighbors that provide care for a child must have a background check prior to the care of the child.

The background check consists of a:

- Criminal history background check for crimes committed in WA
- Child abuse and neglect check from DSHS CPS
- Department of Corrections screening
- Department of Aging and Disability screening
- Review of any negative licensing actions from other licensing entities
- Check of the sexual offender registry

In addition, for residents who have resided in Washington less than three years, an FBI fingerprint check is required to gather nationwide criminal history. In July 2012, all new applicants for background checks must also get an FBI fingerprint check. By July 2013, DEL will implement a system for portable background checks for all applicants. Background checks are valid for 3 years.

Injury reports are considered part of the licensing history. A child abuse and neglect complaint allegation becomes part of the CPS complaint and licensinghistory. Less serious injuries also become part of the permanent licensing record.

Other actions that DEL licensors take to ensure health and safety requirements are effectively enforced include:

- Orientations with potential providers on health and safety requirements
- Maintaining applications, background check documents and certifications
- Inspecting facilities to determine compliance
- Working with applicants and providers to complete corrective action plans
- Documenting compliance issues and offering technical assistance
- Coordinating compliance with the state fire marshal
- Coordinating with DEL health specialists on health-related issues
- Issuing an appropriate facility license within 90 days
- Inspecting all licensing complaints
- Partnering with CPS in allegations of child abuse and neglect
- Taking licensing action if health and safety is jeopardized
- Monitoring licensed child care centers and school-age every 12 months
- Monitoring family home child care facilities every 18 months
- **Issuing renewal licenses for facilities every three years**

The DEL health specialists provide the following services:

- Technical assistance on health-related topics for licensors
- Inspect designated facilities to determine health and safety compliance
- Assist in development of effective compliance agreements
- Assist in staff training on health-related topics

c) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. Within each CCDF category of care, please identify which types of providers are exempt from licensing in your State/Territory in the chart below.

CCDF Category of Care	CCDF Definition (§98.2)	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?
Center-Based Child Care	Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.	Describe which types of center-based settings are exempt from licensing in your State/Territory. For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs Programs that operate fewer than four hours per day and provide a pre-school program are exempt from licensure. Programs located on a federal military reservation, operated by any unit of local, state or federal government or located within the boundaries of a federally recognized Indian reservation are exempt from licensure. If requested, these programs may be certified for subsidy payment only. For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs.
Group Home Child Care N/A. Check if your State/Territory does not have group home child care. ☑	Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.	Describe which types of group homes are exempt from licensing:

Family Child Care	Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work. **Reminder** - Do not check if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	Describe which types of family child care home providers are exempt from licensing: Relatives of a specific degree are allowed to provide care for family members in the relative's home. This includes grandparents, aunts and uncles, brothers and sisters.
In-Home Care	In-home child care provider is defined as an individual who provides child care services in the child's own home. **Reminder** - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	Describe which types of in-home child care providers are exempt from licensing: Certain types of care do not need a license, including: Nannies providing care in a family's home Informal parent cooperatives Parks and recreation programs Friends and neighbors who provide occasional care The following in-home providers paid with CCDF funds are not subject to licensing: U.S. citizens or legal resident adult siblings living outside the child's home An extended Tribal family member A grandparent, aunt, uncle, great-grandparent, great-aunt or great-uncle A non-relative, adult friend or neighbor that provides care in child's home

Note: In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at http://nrckids.org/ to verify the accuracy of your licensing regulations and provide any updates to the National Resource Center. **Check this box to**

indicate that the licensing requirements were submitted and verified at NRCKid's:
☑

d) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care*.

*Source: National Resource Center for Health and Safety in Child Care and Early Education. (2003) Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards, 2nd Ed. Health Resources and Services Administration, Maternal and Child Health Bureau. Available online: http://nrckids.org/stepping

Indicator	Center-Based Child Care	Group Home Child Care	Family Child Care	In-Home Care
Do the licensing requirements include **child:staff ratios and group sizes?** If yes, specify age group, where appropriate:	☑ Child:staff ratio requirement: Babies (1 month through 11 months) 1:4; Toddlers (12 months through 29 months) 1:7; Preschoolers (30 months through 5 years) 1:10; School-aged children (5 years through age 12) 1:15 ☐ Group size requirement: ☐ No requirements.	☐ Child:staff ratio requirement: ☐ Group size requirement: ☐ No requirements.	☑ Child:staff ratio requirement: Licensee, ages birth to 11, 2 children under age 2, maximum children, 6; ☐ Group size requirement: ☐ No requirements.	☐ Child:staff ratio requirement: ☐ Group size requirement: ☑ No requirements.

Do the licensing requirements identify specific experience and educational **credentials for child care directors?**	☑ High school/GED	☐ High school/GED	☐ High school/GED	☐ High school/GED
	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)
	☐ State/ Territory Credential	☐ State/ Territory Credential	☐ State/ Territory Credential	☐ State/ Territory Credential
	☐ Associate's degree	☐ Associate's degree	☐ Associate's degree	☐ Associate's degree
	☐ Bachelor's degree	☐ Bachelor's degree	☐ Bachelor's degree	☐ Bachelor's degree
	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing
	☑ Other:	☐ Other:	☐ Other:	☐ Other:

	Current child development associate (CDA) or equivalent credential or twelve or more college quarter credits in early childhood education or child development; or AA or AAS or higher college degree in early childhood education, child development, school age care, elementary education or special education			

Do the licensing requirements identify specific experience and educational **credentials for child care teachers?**	☑ High school/GED	☐ High school/GED	☐ High school/GED	☐ High school/GED
	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)
	☐ State/ Territory Credential	☐ State/ Territory Credential	☐ State/ Territory Credential	☐ State/ Territory Credential
	☐ Associate's degree	☐ Associate's degree	☐ Associate's degree	☐ Associate's degree
	☐ Bachelor's degree	☐ Bachelor's degree	☐ Bachelor's degree	☐ Bachelor's degree
	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing
	☑ Other:	☐ Other:	☑ Other:	☐ Other:
	Have documented child development education or work experience; or complete 20 hours of approved training within 6 months of becoming a lead teacher.		Have completed one of the following prior to or within the first six months of obtaining an initial license:	

Do the licensing requirements specify that directors and caregivers must attain a specific number of **training hours per year?**	☐ At least 30 training hours required in first year	☐ At least 30 training hours required in first year	☐ At least 30 training hours required in first year	☐ At least 30 training hours required in first year
	☐ At least 24 training hours per year after first year	☐ At least 24 training hours per year after first year	☐ At least 24 training hours per year after first year	☐ At least 24 training hours per year after first year
	☐ No training requirement	☐ No training requirement	☐ No training requirement	☑ No training requirement
	☑ Other:	☐ Other:	☑ Other:	☐ Other:
	Depending on the licensed capacity, it varies from 10 to 45 college credits. Clock hours can be substituted up to a certain number of credits.		At least 20 clock hours the first year and 10 hours each year after that.	

e) Do you expect the licensing requirements for child care providers to change in FY2012-2013?

☑ Yes.

Describe: Family home child care used a negotiated rule making (NRM) process initiated in 2006 to revise licensing requirements. This process included representatives from: DEL, family home care providers, parent's provider advocates, provider associations, the CCR&R Network and the Services Employees International Union (SEIU). It is estimated that the final rules will be in place in late summer or fall 2011.

DEL contracted with School's Out Washington to facilitate a group that consisted of statewide individuals who work within the school-age system. After working together for about nine months, this group submitted recommendations for the rewrite of the school-age licensing rules. Currently, progress is being made towards the re-write of the school-age rules.

Considering the group's recommendations, DEL has responsibility to follow the rules process to propose and adopt the final rules. This includes gathering public comment and hosting public hearings. Engaging in an inclusive rule making process ensures that those most affected by the proposed rules have input

throughout the process.

☐ No.

3.1.2. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements. (658E(c)(2)(F), §98.41)

a) **Describe** the Lead Agency's health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(i), §98.41(a)(1))

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.				
The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
☐ Physical exam or health statement for providers	☐	☐	☐	☐
☑ Physical exam or health statement for children	☑	☑	☐	☐
☑ Tuberculosis check for providers	☑	☑	☐	☐

☐ Tuberculosis check for children	☐	☐	☐	☐
☐ Provider immunizations	☐	☐	☐	☐
☑ Child immunizations	☑	☑	☐	☐
☑ Hand-washing policy for providers and children	☑	☑	☐	☐
☑ Diapering policy and procedures	☑	☑	☐	☐
☑ Providers to submit a self-certification or complete health and safety checklist	☐	☐	☐	☑
☐ Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	☐	☐	☐	☐
☐ Other. Describe:	☐	☐	☐	☐

b) **Describe** the Lead Agency's health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards,

in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
☑ Fire inspection	☑	☑	☐	☐
☑ Building inspection	☑	☑	☐	☐
☑ Health inspection	☑	☑	☐	☐
☑ Inaccessibility of toxic substances policy	☑	☑	☐	☐
☑ Safe sleep policy	☑	☑	☐	☐
☑ Tobacco exposure reduction	☑	☑	☐	☐
☑ Transportation policy	☑	☑	☐	☐
☑ Providers to submit a self-certification or complete health and safety checklist	☐	☐	☐	☑
☐ Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	☐	☐	☐	☐

☐ Other. Describe:	☐	☐	☐	☐

c) **Describe** the Lead Agency's health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3))

CCDF Categories of Care	**Health and safety training requirements**	Pre-Service	On-Going
Child Care Centers	CPR (Child Care Centers)	Required training	required
	First Aid (Child Care Centers)	Required training	required
	Training on infectious diseases (Child Care Centers)	not required	Required.
	SIDS prevention (i.e., safe sleep) (Child Care Centers)	Not required	Required.
	Medication administration (Child Care Centers)	Not required	Required.
	Mandatory reporting of suspected abuse or neglect (Child Care Centers)	Not required	Required.
	Child development (Child Care Centers)	Not required	Required.
	Supervision of children (Child Care Centers)	Not required	Required
	Behavior management (Child Care Centers)	Not required	Required
	Nutrition (Child Care Centers)	Not required	Required
	Breastfeeding (Child Care Centers)	Not required	Not required
	Physical activity (Child Care Centers)	Not required	Required
	Working with children with special needs or disabilities (Child Care Centers)	Not required	Required

	Emergency preparedness and response (Child Care Centers)	Not required	Rquired
	Other. (Child Care Centers) Describe: Every employee who is included in the staff to child ratio must have written proof of HIV/AIDS and blood borne pathogen training that includes prevention, transmission, treatment and confidentiality issues. Providers must comply with applicable Washington Industrial Safety and Health Act (WISHA)/labor and industries safety and health regulations under chapter 296-823WAC that apply.	Not required	Required.
Group Home Child Care	CPR (Group Home Child Care)	N/A	N/A
	First Aid (Group Home Child Care)	N/A	N/A
	Training on infectious diseases (Group Home Child Care)	N/A	N/A
	SIDS prevention (i.e., safe sleep) (Group Home Child Care)	N/A	N/A
	Medication administration (Group Home Child Care)	N/A	N/A
	Mandatory reporting of suspected abuse or neglect (Group Home Child Care)	N/A	N/A
	Child development (Group Home Child Care)	N/A	N/A

	Supervision of children (Group Home Child Care)	N/A	N/A
	Behavior management (Group Home Child Care)	N/A	N/A
	Nutrition (Group Home Child Care)	N/A	N/A
	Breastfeeding (Group Home Child Care)	N/A	N/A
	Physical activity (Group Home Child Care)	N/A	N/A
	Working with children with special needs or disabilities (Group Home Child Care)	N/A	N/A
	Emergency preparedness and response (Group Home Child Care)	N/A	N/A
	Other. (Group Home Child Care) Describe: N/A	N/A	N/A
Family Child Care Providers	CPR (Family Child Care Providers)	required	required
	First Aid (Family Child Care Providers)	required	required
	Training on infectious diseases (Family Child Care Providers)	not required	required
	SIDS prevention (i.e., safe sleep) (Family Child Care Providers)	not required	required
	Medication administration (Family Child Care Providers)	not required	required
	Mandatory reporting of suspected abuse or neglect (Family Child Care Providers)	not required	required
	Child development (Family Child Care Providers)	not required	required
	Supervision of children (Family Child Care Providers)	not required	required

	Behavior management (Family Child Care Providers)	not required	required
	Nutrition (Family Child Care Providers)	not required	required
	Breastfeeding (Family Child Care Providers)	not required	not required
	Physical activity (Family Child Care Providers)	not required	required
	Working with children with special needs or disabilities (Family Child Care Providers)	not required	required
	Emergency preparedness and response (Family Child Care Providers)	not required	required
	Other. (Family Child Care Providers) Describe: None	None	None
In-Home Child Care Providers	CPR (In-Home Child Care Providers)	N/A	N/A
	First Aid (In-Home Child Care Providers)	N/A	N/A
	Training on infectious diseases (In-Home Child Care Providers)	N/A	N/A
	SIDS prevention (i.e., safe sleep) (In-Home Child Care Providers)	N/A	N/A
	Medication administration (In-Home Child Care Providers)	N/A	N/A
	Mandatory reporting of suspected abuse or neglect (In-Home Child Care Providers)	N/A	N/A
	Child development (In-Home Child Care Providers)	N/A	N/A
	Supervision of children (In-Home Child Care Providers)	N/A	N/A

	Behavior management (In-Home Child Care Providers)	N/A	N/A
	Nutrition (In-Home Child Care Providers)	N/A	N/A
	Breastfeeding (In-Home Child Care Providers)	N/A	N/A
	Physical activity (In-Home Child Care Providers)	N/A	N/A
	Working with children with special needs or disabilities (In-Home Child Care Providers)	N/A	N/A
	Emergency preparedness and response (In-Home Child Care Providers)	N/A	N/A
	Other. (In-Home Child Care Providers) Describe: N/A	N/A	N/A

d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers? (§98.41(A)(ii))(A))

☐ All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.
☐ Relative providers are NOT required to meet any health and safety requirements as described in 3.1.2a-c, as appropriate.
☑ Relative providers are subject to certain requirements.
Describe the different requirements:
Families accessing WCCC subsidies may use a relative provider with several specific requirements. The provider must be an adult who is a United States citizen or legally residing in the United States and pass a background check. Both the parent and the provider must sign an agreement about the competence of the provider, required care and supervision based on the child's developmental needs and other health and safety related agreements.

e) Provide a web address for the State/Territory's health and safety requirements, if available:

http://www.del.wa.gov/laws/rules/Default.aspx

3.1.3 Enforcement of Licensing Requirements

Each Lead Agency is required to provide a detailed description of the State/Territory's licensing requirements and how its licensing requirements are effectively enforced. (658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

Describe the State/Territory's policies for effective enforcement of the licensing requirements using questions 3.1.3a through 3.1.3e below. This description includes whether and how the State/Territory uses visits (announced and unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include **announced** and/or **unannounced** visits in its policies as a way to effectively enforce the licensing requirements?

☑ Yes. If "Yes" please refer to the chart below and check all that apply.
☐ No.

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
☑ Center-Based Child Care	☐ Once a Year	☑ Once a Year
	☐ More than Once a Year	☐ More than Once a Year
	☐ Once Every Two Years	☐ Once Every Two Years
	☑ Other.	☐ Other.
	Describe: Varies based on circumstances.	Describe:

☐ Group Home Child Care	☐ Once a Year	☐ Once a Year
	☐ More than Once a Year	☐ More than Once a Year
	☐ Once Every Two Years	☐ Once Every Two Years
	☐ Other.	☐ Other.
	Describe:	Describe:
☑ Family Child Care Home	☐ Once a Year	☐ Once a Year
	☐ More than Once a Year	☐ More than Once a Year
	☐ Once Every Two Years	☐ Once Every Two Years
	☑ Other.	☑ Other.
	Describe: Varies based on circumstances	Describe: Every 18 months.
☐ In-Home Child Care	☐ Once a Year	☐ Once a Year
	☐ More than Once a Year	☐ More than Once a Year
	☐ Once Every Two Years	☐ Once Every Two Years
	☐ Other.	☐ Other.
	Describe:	Describe:

b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

☑ Yes. If "Yes" please refer to the chart below and check all that apply.

☐ No.

Licensing Procedures	**Describe** which procedures are used by the State/Territory for enforcement of the licensing requirements.
The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license.	☑ Yes. Describe: Attend orientation prior to licensure. ☐ No. ☐ Other. Describe:
Licensing staff has procedures in place to address violations found in an inspection.	☑ Providers are required to submit plans to correct violations cited during inspections. ☑ Licensing staff approve the plans of correction submitted by providers. ☑ Licensing staff verify correction of violation. ☑ Licensing staff provide technical assistance regarding how to comply with a regulation. ☐ No procedures in place. ☐ Other. Describe:

Licensing staff has procedures in place to issue a negative sanction to a noncompliant facility.	☑ Provisional or probationary license ☑ License revocation or non-renewal ☑ Injunctions through court ☑ Emergency or immediate closure not through court action ☑ Fines for regulatory violations ☐ No procedures in place. ☐ Other. Describe:
The State/Territory has procedures in place to respond to illegally operating child care facilities.	☑ Cease and desist action ☑ Injunction ☐ Emergency or immediate closure not through court action ☑ Fines ☐ No procedures in place. ☐ Other. Describe:

The State/Territory has procedures in place for providers to appeal licensing enforcement actions.	☑ Yes.
	Describe: Depending on the action, providers can appeal a licensor decision through a supervisory review process. Summary suspensions and revocation actions can be reviewed through an administrative law judge, and appealed through the civil court system.
	☐ No.
	☐ Other.
	Describe:

c) Describe what types of licensing violations, if any, would make a provider ineligible to participate in CCDF:
Revocation of the license makes makes a provider ineligible to participate in CCDF.

d) Does your State/Territory use **background checks** as a way to effectively enforce the licensing requirements?

☑ Yes.
If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency. Please **also provide a brief overview** of the State/Territory's process for conducting background checks for child care. For example, describe what types of violations would make providers ineligible for CCDF, funding for background checks, and the process for providers to appeal background check findings.

All persons working with children in licensed child care and license exempt providers who accept subsidies must undergo a background check. Persons working in child care must submit a background check prior to having unsupervised access to children in child care.
Applicants are disqualified for the following actions:
Permanent convictions from the Director's List.
Non-permanent convictions from the Director's list if less than five years from the conviction date.
Convictions of equivalent crimes in another jurisdiction.

Negative actions, including findings of:
Child abuse and neglect;
Abuse, neglect, financial exploitation of a vulnerable adult; or
Pending investigations for any of the above.
Applicants may be disqualified if:
There is a negative action that relates to character, suitability and competence to care for children. (WAC 170-06-0020).
The applicant is a subject of pending CPS investigation.
The applicant has other (non-conviction) background issues.
Examples may include:
Obtaining a license dishonestly.
Using or abusing prescription drugs, illegal drugs or alcohol, that presents a risk to children.
Lacking physical or mental health to meet children's needs.
Participating in illegal act on facility premises.
Having a previous child care license or certification suspended, revoked or denied.
When applicants are disqualified, DEL staff will:

Advise the applicant of the reconsideration process.
Advise the applicant of the right to an appeal. If the decision is reversed through the reconsideration or administrative hearing process.
Inform the licensee of the reversal.

☐ No.

CCDF Categories of Care	Types of Background Check	Frequency

☑ **Center-Based Child Care**	☑ Child Abuse Registry	☑ Initial Entrance into the System
Who is subject to background checks for center-based care? For example, director, teaching staff, non-teaching staff, volunteers: All persons working with children in licensed child care and license exempt providers who accept subsidies must undergo a background check. Persons working in child care must submit a background check prior to having unsupervised access to children in child care.		☐ Checks Conducted Annually
		☑ Other.
		Describe: For each facility that a provider works in. When issuing **renewal** licenses for facilities every three years. Starting July 1, 2013 background checks will be portable and be assigned to the child care worker similar to a food handlers permit. A background check registry will be available to verify the child care workers valid background. This must be renewed every 3 years.
	☑ State/Territory Criminal Background	
	☑ FBI Criminal Background (e.g., fingerprint)	☑ Initial Entrance into the System
		☐ Checks Conducted Annually
		☐ Other.
		Describe: For each facility that a provider works in.
	☑ Sex Offender Registry	☑ Initial Entrance into the System
		☐ Checks Conducted Annually
		☑ Other.
		Describe: July 1, 2012, FBI fingerprints will be completed on all new applicants.

		☑ Initial Entrance into the System ☐ Checks Conducted Annually ☑ Other. Describe: Checked at **renewal.**

☐ **Group Child Care Homes**	☐ Child Abuse Registry	☐ Initial Entrance into the System
Who is subject to background checks for group homes? For example, provider, non-provider residents of the home:		☐ Checks Conducted Annually
		☐ Other.
		Describe:
	☐ State/Territory Criminal Background	☐ Initial Entrance into the System
		☐ Checks Conducted Annually
		☐ Other.
		Describe:
	☐ FBI Criminal Background (e.g., fingerprint)	☐ Initial Entrance into the System
		☐ Checks Conducted Annually
		☐ Other.
		Describe:
	☐ Sex Offender Registry	☐ Initial Entrance into the System
		☐ Checks Conducted Annually
		☐ Other.
		Describe:

☑ **Family Child Care Homes**	☑ Child Abuse Registry	☑ Initial Entrance into the System
Who is subject to background checks for family child care homes? For example, provider, non-provider residents of the home: All persons working with children in licensed child care and license exempt providers who accept subsidies must undergo a background check. This includes family home child care providers, assistants and volunteers and family members 16 years of age or older who have unsupervised or regular access to children in care. Persons working in child care must submit a background check prior to having unsupervised access to children in child care.		☐ Checks Conducted Annually
		☑ Other.
		Describe: For each facility that the provider works in. When issuing renewal licenses for facilities every three years. Starting July 1, 2012 all new applicants will be required to get FBI fingerprints. Starting July 1, 2013 background checks will be portable and be assigned to the child care worker similar to a food handlers permit. A background check registry will be available to verify the child care workers valid background. This must be renewed every 3 years.
	☑ State/Territory Criminal Background	
	☑ FBI Criminal Background (e.g., fingerprint)	☑ Initial Entrance into the System
		☐ Checks Conducted Annually
	☑ Sex Offender Registry	☑ Other.
		Describe: For each facility provider works in. When issuing renewal licenses for facilities every three years.

		☑ Initial Entrance into the System ☐ Checks Conducted Annually ☑ Other. Describe: Starting July 1, 2013 background checks will be portable and be assigned to the child care worker similar to a food handlers permit. A background check registery will be available to verify the child care workers valid background. This must be renewed every 3 years. ☑ Initial Entrance into the System ☐ Checks Conducted Annually ☑ Other. Describe: For each facility that the provider works in. When issuing renewal licenses for facilities every three years.Starting July 1, 2013 background checks will be portable and be assigned to the child care worker similar to a food handlers permit. A background check registery will be available to verify the child care workers valid background. This must be renewed every 3 years.

☑ **In-Home Child Care Providers**	☑ Child Abuse Registry	☐ Initial Entrance into the System
Who is subject to background checks for in-home child care? For example, provider, non-provider residents of the home: Persons who parents choose to care for their child must have a background check prior to the care of the child.		☐ Checks Conducted Annually
		☐ Other.
		Describe:
	☑ State/Territory Criminal Background	☐ Initial Entrance into the System
		☐ Checks Conducted Annually
		☐ Other.
		Describe:
	☑ FBI Criminal Background (e.g., fingerprint)	☐ Initial Entrance into the System
		☐ Checks Conducted Annually
		☐ Other.
		Describe: Starting July 1, 2012 all new applicants will be required to get FBI fingerprints.
	☑ Sex Offender Registry	☑ Initial Entrance into the System
		☐ Checks Conducted Annually
		☐ Other.
		Describe:

e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing requirements are effectively enforced per the CCDF regulations? (658E(c)(2)(E), §98.40(a)(2)):

WA state does announced and unnounced visits and backgrounds checks.

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other "search tools," about child care program licensing status and compliance records?

☑ Yes.
Describe:

Additional licensing information is available through DEL's online Child Care Check (CCC), or by calling 866-482-4325. Public access to provider information is available on the DEL Web site at: https://fortress.wa.gov/dshs/f2ws03esaappsns/lccis/lccisSearch.aspx.

Parents can access provider complaint history in several different ways. The primary way for parents to gather information is through CCC. Parents and others who log onto CCC, found on the DEL web site can access the following information:

- Licensed status of a provider
- Licensed capacity
- Ages of children served
- Length of time provider has been licensed
- Valid complaint history from July 2005 to present

Parents may also call the CCC toll-free number to request complaint history about licensed child care providers prior to July 2005. DEL staff are available during regular business hours to answer parent questions about licensed child care and complaint history. During off hours, parents can leave a message and calls are returned the next day. Parents can e-mail the CCC address to have complaint information emailed to them.

The minimum licensing requirements for child care facilities require child care providers to make licensing information available for parents to review. Providers must have this information available on-site. This includes copies of the most recent center, school-age and family home child care checklists for licensing renewal and monitoring checklists. Facilities must also share information on compliance agreements.

☐ No.

3.1.4 Describe the State/Territory's policies for effective enforcement of the CCDF health and safety requirements. For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described above for licensed providers, please describe the health and safety enforcement measures in place. Include in this description whether and how the State/Territory uses on-site visits (announced and unannounced) and background checks and any other enforcement policies and practices for the health and safety requirements.

Background checks are conducted on all license exempt providers. DEL is looking at an enhanced health and safety checklist as part of the license exempt requirements.

3.1.5 Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs? Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and developmental disabilities..

☐ Yes.
Describe

a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?
☐ Yes.
Describe

☐ No

☐ Other.

Describe

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?
☐ Yes.
Describe

☐ No

☐ Other.

Describe

☐ No

☑ Other.

Describe

DEL collaborated with partners to encourage parents to get development screening for children through local community resources. Communities collaborate to provide Child Find. ECEAP does required a comprehensive developmental screening, and child care providers are linked with local resources through CCR&R.

3.1.6 Data & Performance Measures on Licensing and Health and Safety Compliance - What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) **Data on licensing and health and safety.** Indicate if the Lead Agency or another agency has access to data on:

☑ Number of licensed programs.
Describe (optional):

☑ Numbers of programs operating that are legally exempt from licensing.
Describe (optional):

☑ Number of programs whose licenses were suspended or revoked due to non-

compliance.
Describe (optional):

☑ Number of injuries and fatalities in child care as defined by the State/Territory.
Describe (optional):

☑ Number of monitoring visits received by programs.
Describe (optional):

☑ Caseload of licensing staff.
Describe (optional):

☑ Number of programs revoked from CCDF due to non-compliance with health and safety requirements.
Describe (optional):

☐ Other.
Describe:

☐ None.

b) **Performance measurement.** What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements?

DEL met or exceeded two of our Government Management Accountability and Performance (GMAP) measures for child care licensing in fourth quarter of state fiscal year 2010 ending in June 2010 (on-time monitoring visits, and timely responses to complaints in licensed child care). We are working with our partners at the DSHS on the third GMAP measure, which is for licensing complaints that include an allegation of abuse or neglect that must be investigated. DEL regularly measures:

- Number of on-time completed monitoring visits – goal 85%
- Median days to close child care licensing only complaints- goal 45 days
- Median days to close child care DLR/CPS complaints- goal 45 days

DEL recognizes the benefits of continuously improving the quality of our child care licensing and monitoring work. Such improvements will result in increased efficiency for the agency, enhanced relationships among licensors and licensees and ultimately, improved child care quality for children.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to licensing and health and safety? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.
Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

The DEL director met with DEL licensing staff and licensed providers, identifying licensing improvements to ensure safe, healthy, nurturing care for children and families. DEL initiated a "licensing reboot," a simple but structured way for to hear from providers and make improvements as needed. Child care providers and DEL staff and parents were asked to respond to five surveys on a variety of topics. The goal to build upon enforcement of minimum licensing requirements so that licensors and providers work well together, and licensing supports affordable, accessible, high-quality care for children and families.

This process was initiated in June of 2010. Each month DEL posted a short survey in English and Spanish on our website (hard copy was also available for individuals that did not have Internet access) and asked providers and DEL staff about different topics that included:

- Communication
- DEL/provider relationships
- Licensing policies and procedures
- The future of child care licensing
- Child care center licensing rules

In addition, DEL convened a work group that met five times throughout 2010 that included representation from the Legislature, the SEIU, providers and parents. DEL also relied upon widely accepted licensing practices across the nation and additional documents to develop this plan.

The recommendations for improving child care licensing in WA are grounded in these principles:

- Making fair, balanced, and consistent data-driven and evidence-based decisions
- Using innovation to support a better way to do the work
- Increasing the transparency and availability of information for parents and the citizens
- Strengthening partnerships, recognizing we can't do it alone
- Using health and safety as the basis for child care licensing
- Building on strengths in current system with focus on opportunities for future improvements.

DEL created a 10 year road map for improving child care licensing. Because of the necessary resources to implement some of these strategies, it is estimated that this plan would take 10 years to implement fully.

DEL has already started some of these improvements and is looking forward to realizing the other improvements in this plan.

3.1.7 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include

measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section of 3.1. What are the Lead Agency's goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

As described in Section 3.3, licensing regulation and activities will be the foundation of the quality rating and improvement system (as level one) effective August, 2011. Over the course of the next year, licensed facilities will receive training on WA's QRIS model. In July 2012, licensed facilities will be invited to apply with DEL to become a level two or higherChild care licensing technology:

DEL relies upon FamLink, the DSHS, Child Welfare Information System. Licensing staff use FamLink to document monitoring visits, licensing complaint inspection reports and other data. FamLink was not designed to accommodate all the needs of an early learning system. DEL continues to use paper files for much of our child care licensing work. Our agency lacks the ability to readily pull child care licensing data for internal orexternal use.

DEL has completed two significant studies regarding early learning information system needs. The first was the ELIS Feasibility Study completed in June of 2007. The second study was completed through the support of a Bill and Melinda Gates Foundation grant in the summer of 2008. DEL continues to investigate for technology solutions to:

- Support a more mobile and efficient licensing staff
- Yield data that inform agency decision-making
- Yield data that informs parents, families and other external stakeholders about licensed child care

DEL prioritized CCDF funds to pilot electronic licensing forms (ELF) at the end of 2009. We are in the process of fully implementing ELF, which we anticipate will be in full use by all licensing staff in 2011. DEL will continue to develop a full child care licensing database within available resources. Approximate costs for the next expansion are $750,000. Full implementation, including maintenance, is estimated to be $750,000 - $1,000,000.

Weighted regulation

Weighted licensing regulations assign different rules a valueassociated with a level of potential risk. These values are used to determine the level of risk present in a licensed child care setting. Not all regulations, if violated, present the same level of risk to children.

A weighted regulations system would:

- Enable a licensing monitoring system that is based on a history and severity
- Establish a risk matrix
- Assist in licensing enforcement actions.
- Create consistency in licensing decisions.
- Help communicate to parents, providers, stakeholders regulations related to health and safety:

A research-based approach to weighting regulations would require the following steps:

- Gather data about complaints and compliance for a period of one year
- Conduct detailed statistical analysis with data guiding the weight assigned to each regulation

- Develop a matrix for all licensing rules and begin assigning a weight using a five-point scale
- Provide time for focus groups with parents, providers, stakeholders
- Hold more formal public comment opportunities

Risk/Strength Based Assessment and Decision Making Models
This is an approach to regulatory decision making in which decisions are made based on the results of strengths and risk analysis integrated into the child care checklists and other DEL tools. These types of tools are supported by weighted licensing standards and support more consistent and transparent decision making.

Monitoring checklists would allow for differential response using evidence-based weighted regulations. Using a differential checklist based on the risk modeling would allow a licensor to monitor a child care facility more consistently while still addressing major areas of risk.

Future DEL developed checklists would include self-assessment tools that will ask licensed providers to identify their early learning strengths and skills. In addition to those monitoring checklists, the new checklists and self assessment tools would help licensed providers develop ideas for building on strengths and skills.

***Explore differential (enhanced) monitoring**
Differential monitoring is an evidence-based method of assigning a risk/strength factor to the individual licensee, based on compliance, weighted licensing standards, and licensing history. This determines the monitoring level of a facility needed in a given time period.

Moving to weighted regulations would require a data system that allows DEL to collect and analyze data around compliance rates with licensing rules. The weighted regulations and risk/strength assessment and decision making models require a comprehensive data system and a minimum amount of data from which to begin to analyze statistical relationships. Information gathered from consultation during regional roundtable and national conferences suggests that one year of data is the bare minimum from which to begin the analysis of statistical relationships.

DEL currently has a small section of policy staff that are responsible for licensing policy and practice, subsidy policies, agency legislation requests and rule making, contract and collective bargaining management and response to legislative inquiries. DEL lacks staff to perform complex statistical modeling, once a sufficient amount of data around compliance and complaints can be developed. DEL would require one to two additional staff members capable of developing and maintaining complex statistical modeling for child care licensing.

Ensure inclusive, evidence-based rule making processes:
Washington has three sets of rules for licensed child care, covering three unique settings: family homes, centers, and school-age programs. DEL is in the process of finalizing updated family home child care rules developed through a formal Negotiated Rule Making process involving DEL and the SEIU.

The school-age program rules have been examined by an independent group of providers and stakeholders, with recommendations delivered to DEL Rule development began mid-2011.

After these two sets of rules are revised, DEL will begin review of child care center rules, most likely beginning with a draft of revised rules in 2012.

The family child care rules have been undergoing a full revision making use of a negotiated rule making process. The school-age rules have undergone a similar process.

While DEL staff maintain child care licensing standards as part of their regularly assigned duties, the process of engaging in inclusive and evidence-based rule making can be both time consuming and has

increased costs related primarily to travel, meeting spaces, and other activities related to gathering appropriate levels of feedback and input from parents, providers, and the community.

Appropriate levels of resources are key in maintaining an increased level of community feedback and involvement in not only child care licensing, but in early learning in general. Such outreach and communication activities cost approximately $200,000 or more annually for DEL operations.

Professional development for licensors:
DEL has continued to strengthen the current training curriculum for licensing professionals. An online, module-based system of learning has been developed as one approach to training and on-going professional development for child care licensors. DEL licensors are completing the National Association for Regulatory Administration curriculum that will ultimately lead to a professional core knowledge credential later in 2011.

Integration of Licensing and Quality Rating and Improvement System:
As described in Section 3.3, licensing regulation and activities will be the foundation of the quality rating and improvement system (as level one) effective August, 2011. Over the course of the next year, licensed facilities will receive training on WA's QRIS model. In July 2012, licensed facilities will be invited to apply with DEL to become a level two or higher

3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines include the expectations for what children should know (content) and be able to do (skills). The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These guidelines are voluntary in that States/Territory are not mandated to develop such guidelines or implement them in a specified manner.

3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.

- [x] Birth-to-three
- [x] Three-to-five
- [x] Five years and older
- [ ] None. **Skip to 3.2.6.**

If yes, insert web addresses, where possible:
http://www.del.wa.gov/publications/development/docs/BenchmarksColor.pdf,
http://www.k12.wa.us/curriculuminstruct/

Which State/Territory agency is the lead for the early learning guidelines?

DEL is the lead for children under five and for children five and over the current guidelines are the academic standards lead by OSPI. There is currently a joint effort by both agencies to refine and better coordinate student outcomes from birth through grade three.

3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development? Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.

Domains	**Birth-to-Three ELGs**	**Three-to-Five ELGs**	**Five and Older ELGs**
Physical development and health	☑	☑	☑
Social and emotional development	☑	☑	☑
Approaches to learning	☑	☑	☑
Logic and reasoning (e.g., problem-solving)	☑	☑	☐
Language development	☑	☑	☑
Literacy knowledge and skills	☑	☑	☑
Mathematics knowledge and skills	☑	☑	☑
Science knowledge and skills	☑	☑	☑
Creative arts expression (e.g., music, art, drama)	☑	☑	☑
Social studies knowledge and skills	☑	☑	☑
English language development (for dual language learners)	☑	☑	☑
List any domains not covered in the above: Family, community and culture.	☑	☑	☐
Other. Describe:	☐	☐	☐

3.2.3 To whom are the early learning guidelines disseminated and in what manner? Check all audiences and methods that your State/Territory has chosen to use in the chart below.

	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	☑	☐	☐
Parents using child care more broadly	☑	☐	☐
Practitioners in child care centers	☑	☐	☐
Providers in family child care homes	☑	☐	☐
Practitioners in Head Start	☑	☐	☐
Practitioners in Early Head Start	☑	☐	☐
Practitioners in public Pre-K program	☑	☐	☐
Practitioners in elementary schools	☑	☐	☐
Other. List:	☐	☐	☐

3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

☑ To define the content of training required to meet licensing requirements
☑ To define the content of training required for program quality improvement standards (e.g., QRIS standards)
☐ To define the content of training required for the career lattice or professional credential
☐ To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
☑ To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
☐ To develop State-/Territory -approved curricula
☐ Other.
List:

☐ None.

3.2.5 Are voluntary early learning guidelines aligned with into other parts of the child care system? Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

- [x] Cross-walked to align with Head Start Outcomes Framework
- [x] Cross-walked to align with K-12 content standards
- [x] Cross-walked to align with State/Territory pre-k standards
- [ ] Cross-walked with accreditation standards
- [ ] Other.

List:

- [ ] None.

3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions. In this section, assessment is framed with two distinct purposes/tools - 1) ongoing assessment of children's progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

a) Are programs required to conduct ongoing assessments of children's progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?

- [x] Yes.

Describe:

State pre-k programs administered via contracts with DEL are required to conduct ongoing assessments using measures aligned with the early learning guidelines and program performance standards- assessments must be conducted a minimum of twice a year. Head Start/Early Head Start programs full day centers are required to conduct ongoing assessments aligned with the early learning standards, the Head Start Child Outcomes Framework and Head Start Performance Standards. Head Start and ECEAP programs have the discretion to choose the assessment tool that best suits their community needs as long as it conforms to the requirements above.

DEL and OSPI share oversight of WaKIDS, a kindergarten assessment process which includes three components; partnerships with parents, partnerships with early learning/child care providers, and comprehensive assessment of children. Teaching Strategies GOLD has been selected as the WaKIDS assessment tool and is administered by kindergarten teachers at the beginning of the academic year.

b-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children's needs?
☑ Yes.
Describe:

Both Head Start and state pre-k performance standards direct programs to use information gained from assessment to improve individualization of child services. Kindergarten teachers conducting assessments as part of the WaKIDS process are encouraged to use the results to inform instruction and individualization.

☐ No

☐ Other.
Describe:

b-2) If yes, is information on child's progress reported to parents?
☑ Yes.
Describe:

Head Start and state pre-k performance standards direct programs to share information on children's progress with parents. Kindergarten teachers participating in WaKIDS are encouraged to share assessment results with families as a part of the family partnership component of the WaKIDS process.

☐ No

☐ Other.
Describe:

☐ No

☐ Other.
Describe:

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children as they enter kindergarten?
☑ Yes.
Describe:

WA just completed the pilot year for WaKIDS. The tool selected for the child assessment component of the process moving forward is Teaching Strategies Gold, a comprehensive assessment tool.

c-1) If yes, do the tools cover the developmental domains identified in 3.2.2?
☑ Yes.

Describe:

The measures used in WaKIDS were selected based upon the early learning guidelines which address the domains identified in 3.2.2.

☐ No

☐ Other.
Describe:

c-2) If yes, are the tools used on all children or samples of children?
☐ All children.
Describe:

☑ Samples of children.

Describe:

The WaKIDS pilot included a representative sample of children across the state. Moving forward the process will be extended to districts implementing full day kindergarten with the intent to extend to all kindergarteners in the future.

☐ Other.

Describe:

c-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?
☑ Yes.
Describe:

Since WaKIDS is still in the development phase, the data available is limited but the data gathered through the pilot has already begun informing quality improvement conversations and will inform quality improvement activities as more data becomes available.

☐ No

☐ Other.
Describe:

☐ No

☐ Other.
Describe:

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?
☐ Yes.
Describe:

☑ No

☐ Not applicable. State does not have an SLDS.

3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines (Click for additional instructions)

a) **Data on voluntary early learning guidelines.** Indicate if the Lead Agency or another agency has access to data on:

☐ Number/percentage of child care providers trained on ELG's for preschool aged children.
Describe (optional):

☐ Number/percentage of child care providers trained on ELG's for infants and toddlers.
Describe (optional):

☐ Number of programs using ELG's in planning for their work.
Describe (optional):

☐ Number of parents trained on or served in family support programs that use ELG's.
Describe (optional):

☑ Other.

Describe:

Revised guidelines birth to grade three are scheduled to be completed by December 2011. Substantial training will follow. This training will be tracked as part of DEL's professional development registry, MERIT. Training will be required for QRIS participants immediately and new trainers effective January, 2012.

☐ None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures related to dissemination and implementation of the early learning guidelines?

Dissemination will be tracked when the revised guidelines are released in December, 2011. Implementation will be evaluated via user surveys.

c) **Evaluation.** What are the State/Territory's plans, if any, for evaluation related to early learning guidelines? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

User surveys will be used to assess the early learning guidelines as mentioned above. As data is gathered using Teaching Strategies GOLD within WaKIDS and ECEAP programs, DEL will analyze trends in the progress of WA kindergarteners and preschoolers on measures drawn from the early learning guidelines. This data will also be part of WA's P-20 data system and can be analyzed throughout a child's education.

3.2.8 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency's goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines?

DEL is currently leading an effort to revise the early learning guidelines that were developed in 2005 to ensure that they are up to date, culturally relevant and provide linkages with K-12 standards. Once this work is completed in December 2011, the guidelines will be disseminated widely along with supplemental materials as needed. The guidelines will continue to be a core resource guiding other early learning systems efforts in Washington. The guidelines will provide a foundation to the continuing development of the professional development system and the QRIS. WaKIDS will be offered to all state funded all day kindergarten during the 2011-2012 school year. Training will be developed based on these guidelines and available throughout the state.

3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3) (Click for additional instructions)

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community level entities.

DEL, Thrive by Five Washington, OSPI, Educational Service Districts, CCR&R and the University of Washington.

DEL is the lead administrative agency for the all QRIS activities ensuring alignment and integration with existing early learning systems and goals aligned with the state Early Learning Plan. The CCR&R lead the administration of quality improvement activities including coaching, technical assistance, training and local/regional oversight. Local/regional lead agencies include child care resource and referrals and education service districts or combination of the two. The UW administers all evaluation and assessment activities including facility rating and long term evaluation needs. Further, the QRIS Steering Committee assists the department with long term planning and programmatic decision making. The QRIS Steering Committee is comprised of leaders from the following organizations; The Bill and Melinda Gates Foundation, The CCR&R, Thrive by Five Washington, the UW and DEL. Additionally, QRIS is a priority of Washington's Early Learning Partnership between DEL, OSPI and Thrive by Five Washington. These three entities work to support QRIS expansion and integration with P-3 activities like WaKIDS.

3.3.1 Element 1 - Program Standards

Definition - For purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.

a) Does your State/Territory's have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

- [x] Ratios and group size
- [x] Health, nutrition and safety
- [x] Learning environment and curriculum
- [x] Staff/Provider qualifications and professional development
- [x] Teacher/providers-child relationships
- [x] Teacher/provider instructional practices
- [x] Family partnerships and family strengthening
- [x] Community relationships
- [x] Administration and management
- [ ] Developmental screenings
- [x] Child assessment for the purposes of individualizing instruction and/or targeting program improvement
- [x] Cultural competence

☐ Other.
Describe:

☐ None. If checked, **skip to 3.3.2.**

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

☑ Children with special needs as defined by your State/Territory
☑ Infants and toddlers
☑ School-age children
☑ Children who are dual language learners
☐ None

c) How do your State/Territory's quality standards link to State/Territory licensing requirements? Check any links between your State/Territory's quality standards and licensing requirements.

☑ Licensing is a pre-requisite for participation
☑ Licensing is the first tier of the quality levels
☐ State/Territory license is a "rated" license.
☐ Other.
Describe:

☐ Not linked.

d) Do your State/Territory's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment, if any, between your State/Territory's quality standards and other standards.

☐ Programs that meet State/Territory pre-k standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)
☐ Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between Head Start and the quality improvement system)
☑ Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or an alternative pathway to meeting the standards)
☑ Other.
Describe:

DEL is currently working on a plan for reciprocity with Head Start and ECEAP. The quality standards align with Head Start Program Standards.

☐ None.

3.3.2 Element 2 - Supports to Programs to Improve Quality

Definition - For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for programs to assist in meeting child care quality improvement standards.

a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, **skip to 3.3.3.**

☐ None. **skip to 3.3.3.**

Types and Purposes of Support	Information or Written Materials	Training	On-Site Consultation
☑ Attaining and maintaining licensing compliance	☑	☐	☑
☑ Attaining and maintaining quality improvement standards beyond licensing	☐	☐	☑
☐ Attaining and maintaining accreditation	☐	☐	☐
☑ Providing targeted technical assistance in specialized content areas:			
Health and safety	☐	☐	☑
Infant/toddler care	☐	☐	☑
School-age care	☐	☐	☐
Inclusion	☐	☐	☑

Teaching dual language learners	☐	☐	☑
Mental health	☐	☐	☐
Business management practices	☐	☐	☑
Other. Describe: All QRIS participants including directors and owners receive ongoing technical assistance and targeted coaching aligned with goals outlined in their Quality Improvement Plan	☐	☑	☑

b) Methods used to customize quality improvement supports to the needs of individual programs include:

☑ Program improvement plans
☐ Technical assistance on the use of program assessment tools
☑ Other.
Describe:

Safety brochures, infant toddler information

c) Is technical assistance linked to entering the QRIS or targeted to help programs forward on QRIS?

☑ Yes.
Describe:

All programs who are interested in participating in QRIS receive general technical assistance detailing program and participation expectations. Each participating program receives a minimum of four hours of ongoing technical assistance per month.

☐ No
☐ Other.
Describe:

3.3.3 Element 3 - Financial Incentives and Supports

Definition - For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, **skip to 3.3.4.**

☐ None. **skip to 3.3.4.**

Types of Financial Incentives and Supports for Programs	**Child Care Centers**	**Child Care Homes**	**License-Exempt Providers**
☐ Grants to programs to meet or maintain licensing	☐	☐	☐
☐ Grants to programs to meet QRIS or similar quality level	☐	☐	☐
☑ One-time awards or bonuses on completion of quality standard attainment	☑	☑	☐
☑ Tiered reimbursement tied to quality for children receiving subsidy	☑	☑	☐
☐ On-going, periodic grants or stipends tied to maintaining quality	☐	☐	☐
☑ Tax credits tied to meeting program quality standards	☑	☑	☐

☑ Other. Describe: DEL is developing a tiered reimbursement framwork and will begin implementation in July 2012. Programs receive a one time assessment grant as well as funding for release time and no cost training.	☐	☐	☐

3.3.4 - Element 4 - Quality Assurance and Monitoring

Definition - For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. **If none, skip to 3.3.5.**

☐ None. **skip to 3.3.5.**

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers
☑ Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS) Describe, including frequency of assessments. Facilities will be assessed once every three years or if there is a change in leadership at the facility. One third of classrooms will be assessed.	☑ Infant/Toddler ☑ Preschool ☐ School-Age	☑	☐

☑ Classroom Assessment Scoring System (CLASS) Describe, including frequency of assessments. Facilities will be assessed once every three years. WA has tested the efficacy of the CLASS within family child care settings and will continue to implement the tool as part of WA's QRIS. WA is the first state in the nation to test the CLASS in family child care home settings during the field test. DEL will continue to use the CLASS as part of our quality standards in both centers and homes moving forward.	☑	N/A	☐
☐ Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes Describe, including frequency of assessments.	☐	☐	☐
☑ Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs Describe, including frequency of assessments. WA's system has state specific standards aligned with the Early Learning Guidelines, WAKids and the Strengthening Families framework. Most of the standards are met via documentation or through direct classroom observation.	☑	☑	☐
☑ Other. Describe: Professional Development Reporting Tool	☑	☑	☐

b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

☐ Have a mechanism to track different quality assessments/monitoring activities to avoid duplication
☐ Include QRIS or other quality reviews as part of licensing enforcement
☐ Have compliance monitoring in one sector (e.g., Head Start/Early Head Start, State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review
☐ Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (e.g., QRIS) without further review
☑ Other.

Describe:

DEL is developing a reciprocity agreement with Head Start and ECEAP to be implemented in July 2013.

☐ None.

3.3.5 - Element 5 - Outreach and Consumer Education

Definition - For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.

a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

☑ Yes. If yes, how is it used?

☑
Resource and referral/consumer education services use with parents seeking care

☑
Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting

☐
Searchable database on the web

☐
Voluntarily, visibly posted in programs

☑
Mandatory to post visibly in programs

☑
Used in marketing and public awareness campaigns

☑
Other.

Describe:

Ratings will be posted on DEL website.

☐ No. If no, **skip to 3.3.6.**

b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.

☐ Print

☐ Radio

☐ Television

☐ Web

☐ Telephone

☐ Social Marketing

☑ Other.

Describe:

Washington is developing a marketing campaign and will begin broad outreach efforts in spring 2012. This campaign will utilize the following forms of media: telephone, social media and web.

☐ None.

c) Describe any targeted outreach for culturally and linguistically diverse families.

Participants in the field test include mono-lingual Spanish and Somali families. Program documents are translated to Spanish.

3.3.6. Quality Rating and Improvement System (QRIS)

a) **Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5,** does your State/Territory have a quality rating and improvement system (QRIS) or similar quality improvement system in place?

☐ Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating State/Territory-wide.

☐
Participation is voluntary for:

☐
Participation is mandatory for:

☑ Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating as a pilot or in a few localities but not State/Territory-wide.

☐ No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.

☐ State/Territory is in the development phase
☐ State/Territory has no plans for development

☐
Other.

Describe:

b) If yes to 3.3.6a, **CHECK** the types of providers eligible to participate in the QRIS:

☑
Child care centers

☐
Group child care homes

☑
Family child care homes

☐
In-home child care

☐

License exempt providers

☑
Early Head Start programs

☑
Head Start programs

☐
Pre-kindergarten programs

☐
School-age programs

☑
Other.

Describe:

Tribal and military child care within the five pilot sites.

3.3.7. If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above,

please describe:

DEL provides reimbursement to the provider union to provide training to license exempt providers. DEL plans to include relative caregivers and license exempt caregivers in the professional development registry and move toward minimum training standards to be eligible to receive subsidies.

3.3.8 Data & Performance Measures on Program Quality (Click for additional instructions)

a) Data on program quality. Indicate if the Lead Agency or another agency has access to data on:

☑
Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory.

Describe:

WA is currently developing a data system that will collect facility data, assessment data, coaching data and that is integrated with our licensing database and professional registry.

☑ Number of programs that move program quality levels annually (up or down).

Describe:

This data will be collected in the state QRIS database which will be complete in July 2012. DEL will work our evaluation at the UW to determine how often facilities will be assessed for rating. We will track goals accomplished on Quality Improvement Plans as well as professional development progress annually.

☑ Program scores on program assessment instruments.

List instruments:

ECERS, ITERS, FCCERS

Describe:

Overall scores as well as subscale scores, will be stored in the QRIS data system. This data will inform overall rating which will be made public.

☑ Classroom scores on program assessment instruments.

List instruments:

CLASS and Toddler CLASS

Describe:

The CLASS/Toddler CLASS will be used in all participating facilities including family child care settings. DEL will work with Head Start to develop data sharing agreements

☑ Qualifications for teachers or caregivers within each program.

Describe:

This information is tracked in MERIT, the state professional registry.

☑ Number/Percentage of children receiving CCDF assistance in licensed care.

Describe:

We do not have information on individual children receiving CCDF assistance but we can access the number of facilities who serve children receiving CCDF assistance.

☐ Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory

☑ Number/Percentage of programs receiving financial assistance to meet higher program standards.

Describe:

All financial resources will be tracked within the data system. Quality Improvement supports will align with overall program Quality Improvement Plans and be evaluated continually. An evaluation of resources aligned with increases facility rating will occur annually understanding that the rating timeline has not been established.

☐ Other.

Describe:

☐ None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality?

DEL uses the following performance measurements to hold the system accountable for results:
- Number of facilities (family homes/centers) participating in QRIS
- Overall rating and evaluation of participating facilities, including the following components:
  a) CLASS assessment
b) ERS assessment
c) Professional development (including certificate and degree attainment and training)
d) Licensing compliance data
e) Outcomes associated with coaching activities (as specified on Quality Improvement Plan)

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

DEL just completed a two year field test and a one year evaluation called Seeds to Success. The quality standards will be finalized based on the results of the evaluation and will be available in August 2011. DEL is working with the UW to develop a broader rating and assessment protocol for statewide implementation in July 2012. This plan will be complete in spring 2012 and will include rating and assessment procedures, rerating timelines, and timelines.

DEL will work with the UW to reevaluate the system after a five year period. The evaluation can be found here:
http://www.del.wa.gov/publications/elacqris/docs/Seeds_to_Success_Final_Evaluation_June_2011.pdf

3.3.9 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub -section in 3.3. What are the State/Territory's goals for the program quality improvement system in the coming biennium? What progress does the State/Territory expect to make across the five key elements for quality improvement systems?

WA has completed a two year field test and will begin implementing the final quality standards and systems framework in all licensed child care centers and homes in July 2012. From July 2011 through July 2012, 60 licensed child care facilities (across 5 regions) who participated in the Seeds to Success field test will continue working on their quality improvement and professional development goals prior to statewide implementation. These Early Adopters will assist with the development of a statewide database as well as participate in broader outreach activities. Further, DEL plans to make progress

across the five elements for quality improvement systems:

1. Program Standards

The quality standards will be finalized by August 2011. Licensing will serve as the foundation for QRIS standards, therefore all licensed centers and family homes will be invited to participate in QRIS from the beginning. Focused on child outcomes and school readiness, the standards will align with Head Start Performance Standards and include multiple measures of quality including the Environment Rating Scale, the Strengthening Families Protective Factors and the Classroom Assessment Scoring System for licensed child care facilities. Further, the standards will focus on child progress, transitions and school readiness. Over the next year:

- DEL will work with Schools Out Washington from to develop a plan for school age inclusion by July 2013, which includes standards specific to school age facilities.
- DEL will develop a plan for Head Start/ECEAP inclusion by July 2013 which includes plans for reciprocity of monitoring.

2. Supports to Programs to Improve Quality

DEL is developing a multi-pronged approach to program outreach and support that builds upon existing expertise and local capacity. The Washington State Resource and Referral Network will oversee all local outreach activities, building upon existing local frameworks and including consideration for mono-lingual and bi-lingual populations. The Outreach and Engagement Plan will include the following:

- Branding effort of all QRIS materials distributed to partner organizations and local agencies
- Web-based materials and information sharing (blogs etc)
- Orientation and Town Hall Meetings
- Webinars

Practitioner support will include free training opportunities as well scholarships for credit based learning within the Washington Scholars Program. Further DEL will work with stakeholders to develop an individual wage supplement aligned with overall facility rating. Actual implementation will be based on cost estimates.

3. Financial Incentives and Supports

Each participating facility (Early Adopters) currently receives a Quality Improvement Grant based on the size of the facility as facilities were not rated. DEL is developing a plan for implementation in July 2012 which includes the following:

- A tiered reimbursement framework for child care subsidy
- Wage incentive for individual providers (see above)
- Quality Improvement Grants based on facility rating

4. Quality Assurance and Monitoring

The University of Washington will lead evaluation and facility assessments. Focused on child progress and school readiness, the UW will develop a measure called 'Focus Child 360' wherein one child per facility is selected to ensure that program curriculum, documentation and assessments are having impact down the level of the child. The UW will develop and submit a long term rating procedure plan in spring 2012 which includes policies and processes for facility rating as well as re-rating and grievance and appeals.

5. Outreach and Consumer Education

During the field test, facilities were not rated thus there was no broad strategy to inform parents about facility ratings. DEL is currently developing various strategies to share ratings once the model is fully implemented in July 2012. Included are the following:

- Posting facility ratings on the DEL/QRIS web site

- Sharing with families via the Resource and Referral
- Sharing via local media outlets

DEL recognizes the importance of developing materials focused specifically on parent awareness and child care quality. DEL has multiple resources that families can currently access that have been translated and shared broadly statewide

3.4 Pathways to Excellence for the Workforce - Professional Development Systems and Workforce Initiatives (Component #4)

Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to five key elements for workforce systems:

1) Core Knowledge and Competencies
2) Career Pathways (or Career Lattice)
3) Professional Development Capacity
4) Access to Professional Development
5) Compensation, Benefits and Workforce Conditions

a) Describe which entities are involved in planning and administering the activities in Section 3.4, including State/Territory entities and local or community level entities.

DEL, Thrive by Five, CCR& R, community colleges and universities of higher education.

3.4.1 Workforce Element 1 - Core Knowledge and Competencies

Definition - For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

☑ Yes

☐ No, the State/Territory has not developed core knowledge and competencies. **Skip to question 3.4.2.**

☐ Other.
Describe:

http://www.del.wa.gov/publications/partnerships/docs/CoreCompetencies.pdf

b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

☑ Child growth, development and learning
☑ Health, nutrition, and safety
☑ Learning environment and curriculum
☑ Interactions with children
☑ Family and community relationships
☑ Professionalism and leadership
☑ Observation and assessment
☑ Program planning and management
☑ Diversity
☐ Other.
Describe:

☐ None.

c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

☐ To define the content of training required to meet licensing requirements
☐ To define the content of training required for program quality improvement standards (as reported in section 3.3)
☐ To define the content of training required for the career lattice or credential
☐ To correspond to the early learning guidelines
☐ To define curriculum and degree requirements at institutions of higher education
☐ Other.
Describe:

At this time, the Lead Agency is in the process of establishing an implementation plan to ensure incorporation of the new CKCs into the first four areas noted in this list.

☑ None.

d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

☐ Cross-walked with the Child Development Associate (CDA) competencies
☐ Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, Head Start SOLAR staff skills indicators)
☐ Cross-walked with apprenticeship competencies
☑ Other.
Describe:

The Core Competencies were aligned with CDA competencies, NAEYC standards for early childhood professional preparation, current degree requirements and content areas in Washington, the Early Learning Benchmarks and the P-3 Guidelines. This work was recently completed by a Professional Development Consortium who developed recommendations over the past three years.

☐ None.

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.

☐ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:

☐ Providers working directly with children in family child care homes, including aides and assistants.
Describe:

☐ Administrators in centers (including educational coordinators, directors).
Describe:

☐ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

☐ Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:

☐ Other.
Describe:

☑ None.

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

☐ Birth-to-three
☐ Three-to-five
☑ Five and older
☑ Other.
Describe:

The Core Competencies are designed for professionals working with children birth through age eight.

☐ None.

3.4.2 Workforce Element 2 - Career Pathways

Definition - For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

☑ Yes.

Describe:

The pathway/lattice is in draft form and has not been formally adopted by the State. It can be found on page 47 in the following linked document:
http://www.del.wa.gov/publications/research/docs/PDConsortiumReport123110.pdf
DEL will implement the final pathway/lattice in the first quarter of 2012.

☐ No, the State/Territory has not developed a career pathway. **Skip to question 3.4.3.**

http://www.del.wa.gov/publications/partnerships/docs/PDLegUpdate123109.pdf

b) Check for which roles, if any, the career pathway (or lattice) include qualifications, specializations or credentials.

☑ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:

Lead teachers, child care center program supervisors, center directors (without program supervisors), and school-age coordinators in licensed settings will have an associate degree.

☑ Providers working directly with children in family child care homes, including aides and assistants.
Describe:

Licensed family child care providers will have high school completion or equivalent and 30 hours of approved pre-service training before becoming licensed.

☑ Administrators in centers (including educational coordinators, directors).
Describe:

School-age leads and center directors in licensed child care settings will have the equivalent of a one-year certificate of proficiency from a community college.

☐ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).
Describe:

☑ Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

The trainer approval process includes:
Application: applicant completes application and other requirements for training level through MERIT and sends all supporting documentation to DEL.
Verification: Education is verified through MERIT
Screen: DEL initially screens trainer applicant and ensures that all pieces of application are complete and prepares materials for tainer approval board
Review: Trainer approval board meets to review applicants and score professional development unit examples. Board recommends final approval/denial of applicants
Approve: DEL enters information into MERIT and approved trainers can enter training information into MERIT

☑ Other.
Describe:

The draft lattice includes the following roles tied to education/training qualifications:

Licensed Facilities
Family child care home assistant, owner, primary provider
Child care center assistant teacher, lead teacher, program supervisor, director
School age assistant teacher, lead teacher, site coordinator

Head Start/ECEAP
Teacher assistant, lead teacher, education coordinator, family advocate
Child Care Licensor
Early Childhood Education Instructor/Professor

The draft lattice is in the process of being finalized to link to the online registry and is linked directly to the state core competencies. It will include approved state training, as well as certificates and degree programs required of the positions noted above. The lead agency is also working in partnership with higher education to design statewide credentials which will be added to the lattice when available.

☐ None.

c) Does the career pathway (or lattice) include specializations or credentials, if any, for working with any of the following children?

☐ Infants and toddlers
☐ Preschoolers
☐ School-age children
☐ Dual language learners
☐ Children with disabilities, children with developmental delays, and children with other special needs
☐ Other.
Describe:

☑ None.

d) In what ways, if any, is the career pathway (or lattice) used?

☑ Voluntary guide and planning resource
☐ Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13
☐ Required placement for all practitioners working in programs that receive public funds to serve children birth to 13
☐ Required placement for adult educators (i.e., those that provide training, education and/or technical assistance)
☐ Required placement for participation in scholarship and/or other incentive and support programs
☐ Required placement for participation in the QRIS or other quality improvement system
☐ Other.
Describe:

☐ None.

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice?)?

☐ Yes.
If yes, describe:

Lead Agency will verify training, education and current employment at the lattice's adoption.

☑ No.

3.4.3 Workforce Element 3 - Professional Development Capacity

Definition - For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children.

a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?

☑ Yes.
If yes, describe:

As a result of this assessment, DEL contracts with the CCR&R to administer the Washington Scholarships for Child Care Professionals which supports teachers and child care providers who wish to enhance their education and professional skills in early childhood education by receiving formal training at community and technical colleges. Through this association, DEL has a clear picture of the availability of degree programs in early-childhood education, school-age care or youth development and related fields.

☐ No.

b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both physical location and distance-based, degree level, etc.)?

☑ Yes.
If yes, describe:

As a result of this assessment, the Lead Agency contracts with the CCR&R and School's Out Washington (SOW) to provide on-site consultation, training and technical assistance to early learning and school-age programs. CCR&R must provide, annually, nine hundred and forty hours of State Training and Registry System (STARS) approved training and four thousand one hundred forty five hours of on-site consultation/technical assistance. SOW must provide, annually, eight thousand one hundred and twelve hours of approved training and technical assistance. Revised performance based contractors are currently being developed between DEL, CCR&R and SOW.

☐ No.

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

☑ Standards set by the institution
☑ Standards set by the State/Territory higher education board
☐ Standards set by program accreditors
☐ Other.
Describe:

☐ None.

d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?

☐ Training approval process.
Describe:

☑ Trainer approval process.
Describe:

Trainers who provide STARS-approved training had the following validated prior to their approval: work experience, higher education, adult teaching experience, references and training curriculum samples. Trainer and training approval processes, criteria, standards and evaluation are being redesigned to increase/improve quality assurance.

☑ Training and/or technical assistance evaluations.
Describe:

Each STARS training delivered by DEL-approved trainers must include a training evaluation completed by the participant. As the redesign of training approval moves forward, a more thorough evaluation process will also be implemented.

DEL recently launched a statewide on-site consultation/technical assistance referral form used by the DEL licensors and local CCR&R agencies. The form will standardize and streamline the on-site consultation/technical assistance process as well as help gather consistent information on information services provided and outcomes.

☐ Other.
Describe:

☐ None.

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

☑ Yes.

If yes, describe:

The State Board of Technical and Community Colleges (SBCTC) allows for the articulation of nine college credits at any state community college when the student holds a Child Development Associate (CDA) from the Council for Professional Development.

☐ No.

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

☐ Yes.
If yes, describe:

☑ No.

3.4.4 Workforce Element 4 - Access to Professional Development

Definition - For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.

a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?

☑ Yes. If yes, for which sectors?
☑ Child care
☑ Head Start/Early Head Start
☑ Pre-Kindergarten
☐ Public schools
☑ Early intervention/special education
☐ Other.
Describe:

☐ No.

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all

members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

☑ Yes.
If yes, describe:

The Managed Education and Registry Information Tool (MERIT) is the statewide online training database for early learning and school age professionals. MERIT manages STARS training, which is required of certain staff employed at licensed centers, family homes and school-age facilities. The MERIT database allows access for anyone to search for DEL-approved trainers and their available STARS training.

☐ No.

merit.del.wa.gov

c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

☑ Scholarships.
Describe:

DEL contracts with the CCR&R to administer the Washington Scholarships for Child Care Professionals which supports child care providers who wish to enhance their education and professional skills in early childhood education by receiving formal training at community and technical colleges. The student can receive seventy five or ninety percent of their tuition and books paid for, a fifty dollar travel stipend per enrolled quarter, paid release time and a two to three hundred dollar bonus upon completion of the coursework. A contract with the Washington Association of the Education for Young Children (WAEYC) allows for limited scholarships to child care providers to attend statewide early learning and school-aged conferences

☑ Free training and education.
Describe:

A variety of DEL-approved trainers who provide STARS-approved community based continuing education training offer the training for free.

☑ Reimbursement for training and education expenses.
Describe:

DEL contracts with the WAEYC to administer the reimbursement program for center, school age and family home providers. STARS-approved community based continuing education training provided by DEL-approved trainers and ECE credit-based education is eligible for reimbursement (within available funds). Additionally, DEL provides reimbursement for the cost of STARS-approved community based continuing education training (within available funds) for union covered family, friend, and neighbor caregivers.

☐ Grants.
Describe:

☐ Loans.
Describe:

☐ Loan forgiveness programs.
Describe:

☐ Substitute pools.
Describe:

☐ Release time.
Describe:

☑ Other.
Describe:

Union covered family, friend, and neighbor providers are incentivized with a six hundred dollar bonus to complete at least ten hours of STARS-approved community based continuing education training annually.

☐ None.

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?

☑ Yes.
If yes, describe:

On a very limited basis through the Washington Scholarships for Child Care Professionals, providers may receive some career advice through the coaching and mentoring component.

☐ No.

e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce?

☑ Yes.
If yes, describe:

Through the R&R Network WA Scholarships for Child Care Professionals, providers receive one on one coaching and mentoring. The local R&Rs also provide mentoring.

☐ No.

3.4.5 Workforce Element 5 - Compensation, Benefits and Workforce ConditionsDefinition - For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

a) Does the State/Territory have a salary or wage scale for various professional roles?

☐ Yes.
If yes, describe:

☑ No.

b) Does the State/Territory provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?

☑ Yes.
If yes, describe:

Within the Washington Scholarships for Child Care Professionals program, participants who complete their required coursework are eligible for a two to three hundred dollar bonus once per year. If these same participants are employed by a center, their employers pay a bonus or salary increase once their required coursework is completed.

☐ No.

c) Does the State/Territory provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?

☐ Yes.
If yes, describe:

DEL is currently developing a strategy to incentivize early learning professionals as they move to higher levels of the final pathway/lattice. Implementation will be contingent on available funding. This proposal will be outlined in Washington's final RTT–ELC grant application.

☑ No.

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?

☑ Yes.
If yes, describe:

The Lead Agency provides limited funds through the collective bargaining agreement with SEIU 925 that assists with providing health care coverage only to licensed family home providers who do not have other health insurance coverage.Eligibility requirements include caring for children with subsidy payments for a set amount of time per month.

☐ No.

3.4.6 Data & Performance Measures on the Child Care Workforce - What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) Data on the child care workforce. Indicate if the Lead Agency or another agency has access to data on:

☑ Data on the size of the child care workforce.
Describe (optional):

MERIT, when fully functional, will allow for the Lead Agency to report on the size of the active child care workforce.

☑ Data on the demographic characteristics of practitioners or providers working directly with children.
Describe (optional):

All data that is collected in MERIT directly aligns with the recommendations of the National Registry Alliance. The following are mandatory fields currently collected on providers in MERIT: name, birth date, gender, primary language, contact information (phone, email, address including county and zip code). Mandatory workforce data will also be collected which includes the following data: hours worked per week in child care, months worked per year in child care, hourly wage, time of last wage increase, types of benefits received by employer, age groups currently work with and length of time in the child care field.

☑ Records of individual teachers or caregivers and their qualifications.
Describe (optional):

Providers listed in MERIT are asked to provide current employment that is verified. There are optional fields that will capture self-report data on past employment. Providers may submit an application for verification of educational qualifications which are added to individual records. Providers also record position title, and health and safety data (CPR/First Aid, BBP/(HIV/AIDS), Food Handlers) which will be confirmed in MERIT by qualified employers or DEL staff. Training records are verified and added to individual profiles by state approved trainers.

☑ Retention rates.
Describe (optional):

MERIT, when fully functional, will allow the lead agency to track how often providers change employment as well as the percentage of providers that leave the field through an inactive status recorded in the registry.

☑ Records of individual professional development specialists and their qualifications.
Describe (optional):

MERIT will record the following on state approved trainers: professional work experience, educational qualifications, relevant experience teaching adults, sample training/course example and evidence of required pre-service training including training on the Early Learning Guidelines, MERIT, Washington State Core Competencies, Adult Learning and Assessment, Cultural Competency, and Child Development/ Brain Science.

☑ Qualifications of teachers or caregivers linked to the programs in which they teach.
Describe (optional):

MERIT will require professionals who have specific education and training requirements to verify those qualifications through MERIT. Pre-service and annual required training is verified through state approved trainers which populates to individual records in MERIT. Educational qualifications are verified through an application process in MERIT and populate individual records once approved.

☑ Number of scholarships awarded .
Describe (optional):

The Lead Agency currently has this information, however MERIT, when fully functional, will allow for real time reports of this information.

☑ Number of individuals receiving bonuses or other financial rewards or incentives.
Describe (optional):

DEL currently has this information for Washington Scholarships for Child Care Professionals program participants and for union covered family, friend, and neighbor providers.

☑ Number of credentials and degrees conferred annually.
Describe (optional):

DEL currently has this information for Washington Scholarships for Child Care Professionals program participants.

☑ Data on T/TA completion or attrition rates.
Describe (optional):

MERIT collects individual training information on all participants that is entered and verified by state approved trainers.

☑ Data on degree completion or attrition rates.
Describe (optional):

Individual providers submit education applications through MERIT to verify a completed degree or credit requirement.

☐ Other.
Describe:

☐ None.

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

Definition - For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

☑ Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

☑ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:

Lead teachers and assistants and school-age Participation MERIT is currently voluntary and will become mandatory in 2013. Participation in MERIT is mandatory for QRIS participants.

☑ Providers working directly with children in family child care homes, including aides and assistants.
Describe:

Licensee, primary staff- Participation in MERIT is currently voluntary and will become mandatory in 2013.

☑ Administrators in centers (including educational coordinators, directors).
Describe:

Director, program supervisor, site coordinator and school-age. Participation in MERIT is currently voluntary and will become mandatory in 2013. Participation in MERIT is mandatory for QRIS participants.

☐ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).
Describe:

☑ Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:

Mandatory participation for state approved trainers.

☐ Other.
Describe:

☐ None.

b-2) Does the workforce data system apply to:

☑ all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?
☐ all practitioners working in programs that receive public funds to serve children birth to age 13?
☐ No.

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

DEL uses performance data related to the number of degrees/certificates achieved by participants and percentage completion data related to the Washington Scholarships for Child Care program.

d) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

DEL will implement a new trainer /training approval process which will include annual evaluation of training quality and alignment to the Core Competencies and Early Learning Guidelines.

3.4.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals.

Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.4. What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

DEL was mandated to work with partners and stakeholders in developing recommendations for a comprehensive system of professional development. Over 30 participants representing higher education, the CCR&R, community and technical colleges, community based training organizations, child care providers, child care licensing, state agencies and advocacy organizations met for over two years to develop the final recommendations. The Professional Development Consortium (PDC) submitted 22 recommendations to the Governor and Legislature on December 30, 2010.

http://www.del.wa.gov/publications/research/docs/PDConsortiumReport123110.pdf

The recommendations included:
Core Competencies for Early Care and Education Professionals and Core Competencies for Child and Youth Development Professionals which were completed in 2010.
http://www.del.wa.gov/publications/partnerships/docs/CoreCompetencies.pdf

http://www.schoolsoutwashington.org/documents/CoreComptenciesSchool_FINAL.pdf

- A career lattice aligned with the core competencies and current positions in the early learning/school age field
- Recommendations for an integrated professional development registry
- An analysis of existing professional development opportunities including gaps and opportunities
- A discussion of evidence based incentives and compensation strategies
- An exploration of strategies for providing professional development opportunities in languages other than English

DEL will adopt the core competencies as the foundation for all training and professional development opportunities as well as ensure seamless integration within MERIT and QRIS. Further, professional development scholarships and supports will support alignment with the career lattice which includes support for achievement of CDA or credit bearing coursework.

DEL is currently prioritizing integrating the PDC recommendations into MERIT to:

- Establish a baseline of where providers are in terms of education and experience
- Assist with building the necessary linkages with Washington's QRIS
- Ensure trainers and instructors receive approval based on the core competencies, level of education and experience
- Ensure training is available to support trainers and training organizations on using the core competencies for training development
- Provide adult education opportunities
- Move toward data driven decision making for professional development goals

DEL is developing an implementation plan for the following components:

- Incorporation of the Core Competencies into all STARS approved training;

- All DEL approved trainers will be trained on the Early Learning Guidelines, MERIT, Washington State Core Competencies, Adult Learning and Assessment, Cultural Competency, and Child Development/ Brain Science.
- All DEL approved trainers assigned mastery level according to Core Competencies.
- Adoption and implementation of career lattice in MERIT.
- Process for evaluating individual trainings according to Core Competencies content and instructional design.
- Process for evaluating individual trainers.
- Online application for training reimbursements.
- Increasing the number of participants achieving CDA and/or AA through the Washington Scholarship for Child Care Professionals
- Infant toddler credential
- Professional development work group in ELAC

Attachment 2.2.9

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

CHILD CARE SUBSIDY PROGRAMS (CCSP)

CCSP Application

Date: _____

_____
PARENT/GUARDIAN

_____
CASE NUMBER

_____
FOLD

Dear Applicant:

We are sending this application because you requested Child Care Subsidies.

We will process your application and determine eligibility once you provide the following information.

- CCSP application / provider information (you must **complete** this even if you are in a WorkFirst activity);
- Provide proof of the last three months of household income (such as copies of pay stubs, child support, Social Security Income, Supplemental Security Income (SSI), and any other income received by someone in your family). Include your employment schedule and a contact person and telephone number. You don't need to provide proof of income from cash assistance from the state (TANF).
- If you are newly employed and have no pay stubs, we will accept a statement from your employer with a hire date, how much you are making (per hour, salary, etc.), and what your schedule will be. Please ensure the statement includes a contact person and telephone number. You must provide us a copy of your wage stubs within 30 days WAC 170-290-0012.
- Proof of court or administrative ordered child support payments (if applicable) and verification of payments made.
- Seek services from, or continue to cooperate with the Division of Child Support as a condition of eligibility unless you have good cause not to cooperate under WAC 170-290-0030, 170-290-0060, or 170-290-0082.
- Working Connections Child Care **Only**: If care is provided by an in-home/relative provider, the provider must meet the qualifications listed on page four of this form and you must submit the provider's:
  - Valid and legible picture identification, such as a driver's license, state identification card, passport, or military identification;
  - Valid Social Security card;
  - Proof that the provider is legally able to work in the U.S., such as a Green Card, Resident Alien Card, or Employment Authorization Document (EAD);
  - Current physical address. If the address on the identification is different than their current address, provide verification of current physical address; such as a piece of mail with their name and current physical address;
  - Background Authorization form, DSHS 09-653. You may get this form from your WCCC authorizing worker. **No payment will be made for care provided prior to the date all background check results are received.**

Please call the number below if you have questions.

Call Center Telephone Number: _____ Fax Number: _____

CCSP APPLICATION
DSHS 14-417 (REV. 06/2011)

Washington State Department of Social & Health Services

CHILD CARE SUBSIDY PROGRAMS (CCSP)

CCSP Application

PART 1. APPLICATION INFORMATION

Incomplete information may delay approval for Services and payment. Type or print clearly.

DATE	
CALL CENTER TELEPHONE NUMBER	
FAX NUMBER	

APPLICANT'S NAME	CLIENT ID NUMBER	BIRTHDATE
APPLICANT'S ADDRESS	SSN (OPTIONAL)	TELEPHONE NUMBER
CITY STATE ZIP CODE	APPLICANT'S ETHNICITY RACE	APPLICANT'S GENDER ☐ Male ☐ Female

CHILDREN FOR WHOM YOU ARE RESPONSIBLE LIVING IN THE HOUSEHOLD

NAME (LAST, FIRST, MIDDLE INITIAL)	BIRTHDATE	MALE/ FEMALE	ETHNICITY	SSN (OPTIONAL)	U.S. CITIZEN OR LEGAL RESIDENT	RELATIONSHIP TO APPLICANT
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	

SPOUSE OR THE CHILD'S OTHER PARENT/GUARDIAN LIVING IN THE HOUSEHOLD (REQUIRED)

NAME	BIRTHDATE	SSN (OPTIONAL)	RELATIONSHIP TO APPLICANT	RELATIONSHIP TO ABOVE CHILDREN

APPLICANT	SPOUSE OR SECOND PARENT/GUARDIAN
NAME OF EMPLOYER, WORKFIRST ACTIVITY, OR SCHOOL	NAME OF EMPLOYER, WORKFIRST ACTIVITY, OR SCHOOL
ADDRESS (EMPLOYMENT, WORKFIRST ACTIVITY,OR SCHOOL)	ADDRESS (EMPLOYMENT, WORKFIRST ACTIVITY,OR SCHOOL)
TELEPHONE NUMBER DATE STARTED	TELEPHONE NUMBER DATE STARTED
IF YOU ARE EMPLOYED, HOW OFTEN ARE YOU PAID **AND** YOUR WAGE PER PAY PERIOD? ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly $	IF YOU ARE EMPLOYED, HOW OFTEN ARE YOU PAID **AND** YOUR WAGE PER PAY PERIOD? ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly $

Do you pay court ordered child support? ☐ Yes ☐ No Monthly amount: $

Do you have a court order to received child support? ☐ Yes ☐ No Monthly amount: $

MONTHLY SOURCES OF EARNED/UNEARNED INCOME FOR ALL FAMILY MEMBERS

Include COPIES (for the last three months):	NAME SELF	NAME	NAME	NAME
Employment (gross, before taxes)				
Self-employment				
Temporary Aid to Needy Families (TANF)				
Child support received				
Social Security (SSI, SSA)				
VA, Disability, L&I, or Unemployment benefits				
Other (specify):				

CCSP APPLICATION
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Barcode label

14417

PARENT/GUARDIAN'S ACTIVITY SCHEDULE		
APPLICANT		SPOUSE OR SECOND PARENT/GUARDIAN
ACTIVITY (EMPLOYMENT, SCHOOL, WORFIRST ACTIVITY) INDICATE TIME WITH A.M./P.M.		ACTIVITY (EMPLOYMENT, SCHOOL, WORFIRST ACTIVITY) INDICATE TIME WITH A.M./P.M.
	WHAT IS YOUR SCHEDULE FOR EMPLOYMENT, SCHOOL, WORKFIRST ACTIVITY?	WHAT IS YOUR SCHEDULE FOR EMPLOYMENT, SCHOOL, WORKFIRST ACTIVITY?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

What date will child care begin:
Applicant: One way, how long does it take you to travel from the childcare to your activity (work, school, etc.)?

Other parent/guardian: One way, how long does it take you to travel from the childcare to your activity (work, school, etc.)?

CHILDREN'S ACTIVITY SCHEDULE. FOR ADDITIONAL CHIDREN, ATTACH A SEPARATE PIECE OF PAPER WITH THEIR INFORMATION.		
CHILDREN'S NAMES	SCHOOL SCHEDULE (EXACT DAYS AND TIMES)	CHILD CARE SCHEDULE (EXACT DAYS AND TIMES)

Do you have a child with Special Needs? ☐ Yes ☐ No

If yes, please contact the Authorizing Worker for information about special needs payment rates.

HEARING RIGHTS

If you disagree with this decision, you may request a hearing by contacting this office or write to Office of Administrative Hearings, P O Box 42489, Olympia, WA 98507-2489. You must request your hearing:

- On or before the effective date of this action or no more than 10 days after we send you notice of this action, IF you receive benefits now and you want them to continue, or
- Within 90 days of the date you receive this letter.

At the hearing, you have the right to represent yourself, be represented by an attorney or by any other person you choose. You may be able to get free legal advice or representation by contacting an office of legal services.

I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law. (RCW 74.08.055)

FIRST PARENT/LEGAL GUARDIAN'S SIGNATURE	DATE	SECOND PARENT/LEGAL GUARDIAN'S SIGNATURE	DATE

MEDICAL FOR YOUR CHILDREN

Did you know that you could get medical and dental coverage for your children? There is no waiting list and it's as easy as 1 - 2 - 3!

1. Are you receiving any other type of assistance through the state, such as food stamps or cash assistance?
   - **YES:** Call the financial worker in charge of your case and request medical coverage for your children.
   - **NO:** Call the toll free telephone number for Children's Medical assistance at 1-800-204-6429.
2. Provide the worker with the information they need to tell if you are eligible. They may already have this or be able to take it over the telephone.
3. Receive the medical card in the mail.

Don't wait - medical coverage for your children is as close as a phone call away! Discrimination is prohibited in all programs and activities: No one shall be excluded on the basis of race, color, religion, creed, national origin, sex, age, marital status, disabled veteran or Vietnam-era veteran status, or handicap.

CCSP APPLICATION
DSHS 14-417 (REV. 06/2011)

Washington State Department of Social & Health Services

CHILD CARE SUBSIDY PROGRAMS (CCSP)

CCSP APPLICATION

PART 2A. LICENSED PROVIDER INFORMATION

(TO BE COMPLETED BY PARENT/GUARDIAN AND PROVIDER)

Type or print clearly. Incomplete information may delay approval for payment.

DATE	
CALL CENTER TELEPHONE NUMBER	
FAX NUMBER	
CLIENT IDENTIFICATION NUMBER	
PARENT/GUARDIAN'S NAME	
PROVIDER NUMBER	
PROVIDER TELEPHONE NUMBER	
EXPECTED START DATE FOR CARE	

1. PROVIDER'S NAME AND ADDRESS

The provider's name and address given to us is public information and can be given to anyone who requests it.

PROVIDER'S NAME

PROVIDER'S ADDRESS

CITY STATE ZIP CODE

2. TYPE OF CARE: CHECK THE CORRECT BOX IDENTIFYING THE TYPE OF CARE YOU PROVIDE. PROVIDER COMPLETE SECTIONS 3 AND 4.

☐ Licensed Child Care Center	PROVIDER'S SSN OR FEDERAL TAX IDENTIFICATION NUMBER	☐ Licensed Family Home Child Care	PROVIDER'S SSN OR FEDERAL TAX IDENTIFICATION NUMBER

3. ENTER THE DAYS AND TIMES YOU WILL PROVIDE CARE FOR THE FOLLOWING CHILDREN (PLEASE USE SECTION FIVE FOR ADDITIONAL CHILDREN YOU CARE FOR)

NAMES	BIRTHDATE	DAYS AND TIMES CARE WILL BE PROVIDED, SPECIFY BEFORE AND AFTER SCHOOL TIMES

4. LICENSED PROVIDER: ENTER YOUR DAILY RATES

What are the usual rates you charge to parent's/guardians?

This information must be provided before payment is authorized.

INFANT (ZERO – 11 MONTHS) $	ENHANCED TODDLER (12 – 17 MONTHS) $	TODDLER (18 – 29 MONTHS) $	IF YES, AMOUNT: $_____ ☐ PER CHILD ☐ PER FAMILY
PRESCHOOL (30 MONTHS – FIVE YEARS NOT IN SCHOOL) $	SCHOOL AGE (FIVE – 12 YEARS) $	REGISTRATION FEE ☐ NONE ☐ ONE-TIME ☐ YEARLY ☐ FIELD TRIP FEE	$_____ PER MONTH RATE

Contact the Call Center for payment rates for children with special needs.

I understand completing this form does not guarantee payment. If child care is authorized, I agree to child care payment at my usual rate or the DEL rate, whichever is less.

PROVIDER'S SIGNATURE ☐ Director ☐ Owner ☐ Other	DATE	TELEPHONE AND FAX NUMBER (INCLUDE AREA CODE)

CCSP APPLICATION
DSHS 14-417 (REV. 06/2011)

Washington State Department of Social & Health Services

WORKING CONNECTIONS CHILD CARE (WCCC)

WCCC ONLY APPLICATION

PART 2B. IN-HOME / RELATIVE PROVIDER INFORMATION

(TO BE COMPLETED BY PARENT/GUARDIAN AND PROVIDER)

	DATE
	CALL CENTER TELEPHONE NUMBER
	FAX NUMBER
PROVIDER'S NAME AND ADDRESS The provider's name and address given to us is public information and can be given to anyone who requests it.	CLIENT IDENTIFICATION NUMBER
	PARENT/GUARDIAN'S NAME
PROVIDER'S NAME	PROVIDER NUMBER
PROVIDER'S ADDRESS	PROVIDER TELEPHONE NUMBER
CITY STATE ZIP CODE	EXPECTED START DATE FOR CARE

IN-HOME / RELATIVE CARE

Parent and Provider must complete rest of the form.		PROVIDER'S SSN	
PROVIDER'S PHYSICAL ADDRESS	PROVIDER OVER 18? ☐ Yes ☐ No	BIRTH DATE	RELATIONSHIP TO CHILD
CHILD'S ADDRESS	Do you live with the children you are providing care for? ☐ Yes ☐ No		
PROVIDER'S EMAIL ADDRESS	☐ Care will be done in the children's home. ☐ Care will be done in the provider's home.		

IMPORTANT: When using unlicensed care, this section MUST BE COMPLETED BY THE PARENT applying for childcare. Incomplete information will cause a delay in payment.

1. The provider is the applicant's child (natural, step, adopted, or foster) 18 through 20 years old. ☐ Yes ☐ No
2. The provider is the applicant's parent (natural, step, adopted, or foster). ☐ Yes ☐ No
   If yes, please check the box below that applies to the person applying for childcare.
   The applicant is: ☐ Widowed. ☐ Divorced. ☐ Married, separated, or never married.
   ☐ Living with my disabled spouse who is unable to care for my child for at least four continuous weeks in a calendar quarter.
3. ☐ Neither 1 or 2 apply to the person applying for child care.
4. You must completely fill out every section or the application will be returned, delaying childcare authorization.
   - DSHS pays the maximum hourly state rate or the provider's usual hourly rate, whichever rate is less. http://apps.leg.wa.gov/wac/default.aspx?cite=170-290-0240
   - In-home / relative providers can bill the state for no more than six children at the same time.

CHILD'S FIRST AND LAST NAME	BIRTHDATE	DAYS AND TIMES CARE WILL BE PROVIDED, SPECIFY BEFORE AND AFTER SCHOOL TIMES	THE USUAL HOURLY RATE I CHARGE TO CARE FOR THE CHILD IS:	CHOOSE ONE OF THE TWO BOXES BELOW FOR EACH CHILD.	
				MY RATE IS MORE THAN THE STATE RATE FOR THIS CHILD. I WANT THE MAXIMUM STATE RATE.	I WANT MY LESSER HOURLY RATE FOR THIS CHILD.
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CCSP APPLICATION
DSHS 14-417 (REV. 06/2011)

CONTACT THE CALL CENTER FOR PAYMENT RATES FOR CHILDREN WITH SPECIAL NEEDS.

I understand completing this form does not guarantee payment. If child care is authorized, I agree to child care payment at my usual rate or the State rate, whichever is less.

PROVIDER'S SIGNATURE	DATE	☐ Non-relative caretaker ☐ Relative caretaker

IN-HOME / PROVIDER COMPLETE IF THE CHILD CARE OCCURS IN YOUR HOME AND THE CHILD DOES NOT LIVE THERE

The provider must be an adult relative. The relative must provide the department with the names and birth dates of all persons, 16 years of age or older, who live with that provider. Do you have someone living in your house that is 16 years of age or older? ☐ Yes ☐ No

ONLY list the names of household members who are 16 years of age or older.

NAME	BIRTHDATE	NAME	BIRTHDATE
1.		4.	
2.		5.	
3.		6.	

I certify the persons listed above are the only individuals, 16 years of age or older, who reside with me. I understand these individuals will be subject to the same background inquiry process as me. I also understand if another person, 16 years of age or older, moves into my home while I am an authorized provider for WCCC, I must immediately notify the parent.

PROVIDER'S SIGNATURE	DATE

PARENT AND PROVIDER CERTIFICATION

Are you, the provider, a U.S. citizen or an alien legally able to work in the U.S.? ☐ Yes ☐ No

To be an in-home/relative provider, you must:

- Be 18 years of age or older.
- Provide care only in the children's home. Care may be provided in the provider's home only if he/she is one of the following relatives to the children; aunt, uncle, grandparent, sibling living outside the home, or a great aunt, great uncle or great grandparent.
- Not have a disqualifying criminal background under WAC 170-290-0160 or WAC 170-290-0165.
- Be physically and mentally healthy enough to meet all the needs of the child in care. If WCCC staff ask for it, the parent(s) must provide written proof you are physically and mentally healthy enough to be a safe child care provider.
- Be able to care for the child without using physical punishment or mental abuse.
- Provide care to the child in a safe home.
- Be informed about basic health practices, prevention and control of infectious disease, and immunizations.
- Provide constant care, supervision, and activities based on the developmental needs of the child.
- Immediately report, to the parent, any notice of criminal convictions or pending charges against yourself or of anyone in the household, 16 years of age or older, when care occurs outside the child's home.
- Not be the child's biological, step or adoptive parent, legal guardian, in loco parentis, or the spouse of any of these individuals.
- **Keep correct attendance records. Records must:**
  1. **Show both days and times the care was provided**
  2. **Be kept for five years; and**
- **Be given to us within 14 consecutive calendar days if we ask for them.**

8. PARENT AND PROVIDER CERTIFICATION (CONTINUED)

I, as the parent/guardian, certify my in-home/relative provider meets the requirements listed above. I understand:

- If I cannot make these assurances, payment will not be authorized.
- Certain background information may disqualify my provider. It is my provider's responsibility to immediately tell me if they, or any person, 16 years of age or older living with the provider, when care occurs outside of the child's home are charged or convicted of any crime. I am then responsible to immediately tell my WCCC authorizing worker.
- **No payment will be made for care provided prior to the date all background check results are received.**
- I must notify CCSP staff, within five days, if this provider stops child care.
- My provider will not be paid for the care of more than six children at the same time (same hours and days).
- I may not have more than three in-home/relative providers authorized for WCCC payment at the same time during my eligibility period. Only one of these three providers can be a back-up (alternate) provider. I may use a licensed/certified provider for back-up care.
- **As the employer of your in-home/relative provider, it is your responsibility to have your provider complete the USCIS Employment Eligibility Verification Form I-9.**
  - All U.S. employers must complete and retain a Form I-9 for each individual they hire for employment in the United States.
  - This includes citizens and noncitizens.
  - On the form, the employer must examine the employment eligibility and identity document(s) an employee presents to determine whether the document(s) reasonably appear to be genuine and relate to the individual and record the document information on the Form I-9.
  - The list of acceptable documents can be found on the last page of the form. *The form and instructions can be found at:* ***http://www.uscis.gov/i-9***
- If the living situation changes between you and the provider please report this immediately (this type of change can impact what tax document will be sent to the providers for their service).

I declare under penalty of perjury the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize willful falsification of this information by me may subject me to penalties as provided in Washington State Law. (RCW 74.08.055)

PARENT/GUARDIAN'S SIGNATURE	DATE	PROVIDER'S SIGNATURE	DATE

ALL CHILD CARE PROVIDERS

By accepting CCSP payments, providers agree to the following:

The state reserves the right to withhold approval/authorization for any child care request.

Provider Notification Note: Please note the family eligibility end date on the Social Service Payment System (SSPS) payment authorization notice. Licensed/certified providers can contact CCSP staff for a copy of the provider information booklet, "Child Subsidies, A Booklet for Licensed and Certified Child Care Providers," DEL 22-877.

Additional Payments: Licensed and certified providers may not make parents/guardians pay the difference between the CCSP rate for regular child care services and the provider's usual rates. A provider may not make a client find a third party to make additional payments or for the purposes of paying a copayment.

A provider may charge extra to a client authorized for CCSP when a parent/guardian:

- Requires child care in excess of the amount of care authorized due to personal reasons (e.g., a parent/guardian is late picking up the children because they went shopping); or
- Requests optional enrichment programs (e.g., gymnastics, ballet, etc.) for the children.

Providers are not employed by the state: The provider and their employees performing under this agreement are not employees or agents of the state. The provider will not claim to be an officer or employee of the State of Washington, nor will they make any claim of right, privilege, or benefit which would accrue to a civil service employee under Chapter 41.06 RCW.

Child care rates are set by the Department of Early Learning (DEL) and taxes may be withheld when appropriate. The state reports child care earnings to the Internal Revenue Service (IRS). Providers will be sent a 1099 or W-2 form by the end of January each year. The form will be sent to the last address the state has on file.

Attachment 2.4.1

COPAY CALCULATION TABLE for 175% FPL – EFFECTIVE April 1, 2011									
	COLUMN 1	COLUMN 2	COLUMN 3		COLUMN 4		COLUMN 5		COLUMN 6
If Countable Income is:									
If Family size is	100% FPL	Above 175% FPL	0 to 82% FPL		More than 82 to 137.5%		More than 137.5 to 175%		137.5% FPL
1	$908	$1589	$0	$745	$746	$1249	$1250	$1589	$1249
2	$1226	$2146	$0	$1005	$1006	$1686	$1687	$2146	$1686
3	$1544	$2702	$0	$1266	$1267	$2123	$2124	$2702	$2123
4	$1863	$3260	$0	$1528	$1529	$2562	$2563	$3260	$2562
5	$2181	$3817	$0	$1788	$1789	$2999	$3000	$3817	$2999
6	$2499	$4373	$0	$2049	$2050	$3436	$3437	$4373	$3436
7	$2818	$4932	$0	$2311	$2312	$3875	$3876	$4932	$3875
8	$3136	$5488	$0	$2572	$2573	$4312	$4313	$5488	$4312
9	$3454	$6045	$0	$2832	$2833	$4749	$4750	$6045	$4749
10	$3773	$6603	$0	$3094	$3095	$5188	$5189	$6603	$5188
		Not Eligible	$15 COPAY		$65 COPAY		Subtract 137.5% FPL From Countable Income, then Multiply by .50 and Add $65		

STEPS TO CALCULATE WCCC ELIGIBILITY AND COPAYMENT:

1. Determine TOTAL income. This is the sum of all gross earned and unearned income.
2. Determine COUNTABLE income. This is TOTAL income minus any child support PAID OUT.
3. Compare COUNTABLE income to Column 2. If amount is greater, client is not eligible. If COUNTABLE income is below column 2 then check column 3, 4 or 5 for correct income range and copayment.

Attachment 2.6.1

Child Care Subsidies

A Booklet for In-home and Relative Child Care Providers

Washington State Department of
Early Learning

DEL 22-223 (Rev. 12/09) Effective April 1, 2010

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Introduction

Child care subsidies help families pay for care while they work, look for work or are in job training. As a child care provider, you have an important role to play in Washington's child care subsidy programs. This booklet will help you as an in-home or relative child care provider understand the child care subsidy programs offered in our state. You will learn:

- How to find out if you are eligible to get subsidy payments, and
- Subsidy program rules and payment rates

Child Care Subsidy Programs in This Booklet

Child care subsidies are paid with federal and state funds and have specific rules about eligibility and payment. This booklet explains program requirements, responsibilities and steps to take to get payment for two types of programs:

- **Working Connections Child Care (WCCC) Program**
  The WCCC program helps families with lower incomes pay for child care so they can participate in approved activities, such as work or training and educational programs. The state Department of Early Learning (DEL) sets the policies and rules for WCCC. The state Department of Social and Health Services (DSHS) determines family eligibility and pays providers. Licensed or certified child care providers and in-home or relative providers may be eligible to provide child care paid by WCCC.

- **Children's Administration (CA) Child Care Programs**
  CA child care services are approved for families by CA social workers. Social workers must verify child care services are provided by a qualified provider. Payments to providers are authorized by the child's assigned social worker and paid by DSHS. Licensed or certified providers and in-home or relative providers may be eligible to provide child care paid by CA.

Please read through this booklet carefully and keep it for future reference. Most subsidy billing steps are the same for WCCC and CA child care programs. You will see a note when the process is different.

Glossary of Terms

CA – Children's Administration

CBA – Collective Bargaining Agreement

DEL – Department of Early Learning

DSHS – Department of Social and Health Services

SEIU 925 – Service Employees International Union Local 925

SSPS – Social Services Payment System

WAC –Washington Administrative Code

WCCC –Working Connections Child Care

WCIP –Working Connections Information Phone

Service Employees International Union Local 925 (SEIU 925)

In 2006, legislation was passed allowing collective bargaining between the State of Washington and SEIU 925. The union represents licensed family home child care providers and in-home/relative child care providers. The Collective Bargaining Agreement (CBA) outlines the provisions and benefits covered for SEIU 925 members.

Covered SEIU 925 members receive the benefits of the contract negotiated between SEIU and the State of Washington. The dues rate is 2 percent of the child care services paid by the state. The maximum dues you will pay per month are $50. Your Remittance Advice form lists dues as a deduction.

You are required to take billing training as described in the CBA. You can learn more about this training and other union benefits by calling the union at 1-877-734-8673 or by reviewing the CBA online at **www.ofm.wa.gov/labor/**

Note: In-home/relative providers are referred to as "exempt providers" in the union contract.

Your WCCC Responsibilities as an In-home/Relative Child Care Provider

1. Follow all the rules in this booklet.
2. Provide care only in the home approved by DSHS.
3. Keep attendance records that show the days and times you cared for each child. The parent must sign and date the attendance records at least weekly. You must provide copies of attendance records within 14 days, if DSHS or DEL asks to see them. You must keep the attendance records for five years.
4. Report to DSHS within 24 hours any criminal convictions or pending charges against you. If care is provided in your home, report any criminal convictions or pending charges against anyone in your home 16 years of age or older.
5. Submit a completed background authorization form to DSHS when you care for the child in your own home and someone 16 years of age or older lives with you or moves into your home.
6. Report to DSHS within 10 days if you change your legal name, address or telephone number.
7. Bill DSHS only for care provided during the parent's approved activities. You may not bill for more than six children during the same hours.
8. Keep a written record of names, addresses and telephone numbers of who the parent says can pick up the children.

Parent's WCCC Responsibilities

1. Complete the application procedure and forms required to determine eligibility. Families apply for WCCC by calling DSHS or going online at: **https://fortress.wa.gov/dshs/f2esaapps/esaosa/**
2. Meet program income guidelines and participate in approved activities, such as work, training and education, or other family support activities.
3. Make payment arrangements for child care needed for personal reasons that are not authorized.
4. Pay the provider directly:
   - Any monthly copayment. The parent may arrange for a third party to pay some or all of the copayment.
   - Any additional charges for services the family requests.
5. Make sure care is provided in the correct home as approved by DSHS.
6. Report to DSHS within 24 hours any known pending charges or criminal convictions that would affect the provider's child care subsidy eligibility.
7. Report to DSHS within five days a change in child care providers.
8. Report to DSHS within 10 days changes in:
   - Number of hours care is needed
   - Family income
   - Family size, such as someone moving in or out
   - Work, training or education schedule
   - Family's address or telephone number
   - Family's legal obligation to pay child support
9. Provide a written list to the provider with the names, addresses and telephone numbers of who can pick up the children.
10. Review, sign and date the attendance records at least weekly.
11. Monitor the provider's quality of care to make certain that the child's environmental, physical, nutritional, emotional, cognitive, safety, and social needs are being met.

DSHS WCCC Responsibilities

1. Determine a family's eligibility for child care subsidies.
2. Authorize the amount of child care needed by a family for approved activities.
3. Pay providers for authorized child care services provided to an eligible family.
4. Give the family and provider at least 10 days notice when subsidy benefits end before the original end date on the Social Services Notice.
5. Assess overpayments and underpayments to you or the family.
6. Answer questions related to eligibility, authorizations and payments.

DEL WCCC Responsibilities

1. Write policy and eligibility rules for the WCCC programs.
2. Administer the Collective Bargaining Agreement for licensed family home child care providers and in-home/relative providers.
3. Report to the federal government on child care subsidy programs and expenditures.
4. Coordinate and support early learning services, child care licensing, child care provider professional development, and child care quality initiatives in Washington.

Eligibility Determination and Payment Process

The following steps are a short overview of the child care subsidy process. You will find more details throughout this booklet.

Step 1: Family Requests Subsidy

The family contacts DSHS to apply for WCCC subsidies. For CA subsidies, the family works with the CA social worker to determine eligibility.

Step 2: Complete Required Paperwork and Background Check

You and the parent work together to complete the application. You must also pass a background check. If you are eligible to provide child care in your home, a background check is required for anyone age 16 or older who lives in your home. If anyone 16 or older moves into your home, you are required to report this information to DSHS within 24 hours. He or she must also complete a background check.

Step 3: Family's Eligibility is Determined

DSHS or CA social worker gathers information about the household and the parent's approved activities, and determines eligibility. If the family is eligible for WCCC, the parent will receive an award letter. This letter shows the dates the family is eligible for child care and the monthly copayment amount.

IMPORTANT! If you do not know if the family is eligible for subsidies, you must decide if you want to provide care. You may make private pay arrangements with the family until the family is determined eligible and care is authorized.

Step 4: Child Care is Authorized in the Social Services Payment System

Once the family is approved, child care is authorized in the DSHS Social Services Payment System (SSPS). If you give an e-mail address to DSHS, you will receive an e-mail when the WCCC authorization is done.

Step 5: Social Services Notice Sent

You will receive a Social Services Notice in the mail confirming the family's eligibility. The notice tells you the maximum number of hours authorized.

Step 6: You Provide Care and Keep Daily Attendance

You are now authorized through WCCC to receive subsidy payments from DSHS for providing child care. You must keep track of the child's daily hours of attendance. Make sure you review the record weekly with the parent. The parent must sign and date it at least weekly. You must keep the attendance records for five years.

Step 7: Invoice Arrives

You will receive an Invoice, normally before the last day of each month. However, the first Invoice for a new authorization may not arrive until the middle of the following month.

Step 8: You Complete the Invoice Using Your Attendance Records

Review your daily attendance records to determine the total hours of care provided to the child. Complete the Invoice, sign and date it, and keep a copy for five years. You can mail the Invoice or call Invoice Express.

Step 9: Payment Issued

After receiving the completed Invoice, DSHS processes the Invoice and sends you the payment.

Step 10: WCCC Reauthorization

Before the end of the WCCC authorization, DSHS sends a reapplication packet to parents. You will receive a reminder five weeks before the end of the authorization. Families call DSHS or return the packet with updated information. You can remind families when their authorization is near the ending date so that you may continue to be paid for care you provide. If you continue to provide care past the authorization end date without receiving an updated authorization, DSHS will not pay for the service if the family is no longer eligible. Child care is not backdated when families complete the review process after the end date.

How to Get Started With WCCC

After DSHS decides a family is eligible for WCCC, the family can choose the provider they want. DSHS helps pay the cost of the child care you provide to the eligible family.

When a family chooses you as an in-home or relative child care provider, you are employed by the parent. The parent is responsible to hire you, direct the work you do, and ensure the health and safety of each child while in your care.

When a family asks you to provide child care, you need to meet the requirements and complete the steps below before DSHS can pay you for child care. To be an in-home or relative provider, you must:

- Be 18 years of age or older.
- Be a citizen or a legal resident of the United States.
- Pass a background check. This means you cannot have a disqualifying background under Washington Administrative Code (WAC) 170-290-0160 or WAC 170-290-0165.
- Agree to provide care, supervision, and daily activities based on the child's developmental needs, including environmental, physical, nutritional, emotional, cognitive, safety, and social needs.
- Be physically and mentally healthy enough to meet all the needs of the child in care.
- If DSHS asks, the parent(s) must provide written proof you are physically and mentally healthy enough to be a safe child care provider.
- Care for the child without using physical punishment or mental abuse.
- Accept and follow instruction, maintain personal cleanliness and provide care to the child in a safe home.
- Be prompt and regular in your child care employment.
- Be informed about basic health practices, prevention and control of infectious disease, and immunizations.
- Not be the child's biological, step or adoptive parent, legal guardian, or in loco parentis, or the spouse of any of these individuals.

Where Child Care Can Be Provided

You must care for the child ONLY in the home approved by DSHS. This will be stated on your Social Services Notice. (See chart below)

In Child's Home	In Provider's or Child's Home
Any approved provider, including: › Friends › Neighbors › Nannies › Relatives	› Adult siblings that live outside the child's home › Extended tribal family members › Grandparent › Great-grandparent › Aunt or uncle; great-aunt or great-uncle

WCCC Required Paperwork

As an in-home or relative provider, you must work with the parent to complete the application form. You need to complete a background check authorization form. If you are eligible to provide child care in your home, a background check is required for anyone age 16 or older who lives in your home, or who moves into your home. The paperwork must be completed and returned to DSHS before care can be authorized.

The WCCC application must:

- Be signed and dated by both you and the parent.
- Include your legal name, current address and telephone number.
- Include a copy of your valid photo identification, such as a driver's license.
- Include a copy of your valid Social Security card, or Permanent Residence Card (Green Card).
- Include the signed and dated background authorization form(s).

If your background check shows a conviction, pending convictions for certain crimes, or negative actions, the law prohibits you from being paid state or federal funds. Background checks must be completed at least every two years, or if DSHS has a valid reason to do a check more frequently or if there is a break in the parent's eligibility.

Note: You will not be paid for child care provided prior to the date the background check is cleared. For example, if you make arrangements with the family to begin care on the first day of the month, and your background check is not cleared until the 15th day of the month, you will not be paid by DSHS for care provided before the 15th of the month.

Social Services Notice

Once child care is authorized and the information is processed, you will receive a Social Services Notice. You will receive the notice about a week after the service is authorized. If you do not receive a notice within two weeks, call the Provider Line at 1-800-394-4571.

Check the Social Services Notice to make sure the following information is correct:

- Your name
- Your provider number
- Services authorized
- Children's names
- Number of hours authorized
- Child care rate authorized (maximum state rate or your rate, whichever is less)
- Begin and end date of the authorization
- If applicable, family's monthly copayment
- Any changes or termination of services

If the Social Services Notice is incorrect:

For WCCC, call the Provider Line at 1-800-394-4571.

For CA child care, call the CA social worker listed on the Social Services Notice.

Use the Social Services Notice to identify the end date of the family's authorization. You may want to remind families when their authorization is near the end date.

You will receive a Social Services Notices when there is a change in the authorization or when child care subsidies end.

See the sample Social Services Notice.

Your actual Social Services Notice may vary depending on your circumstances.

WASHINGTON DSHS SOCIAL SERVICES NOTICE

06-11-X

TRI-COUNTY CSO B33-1
330-1-ESA
1100 S MAIN
COLVILLE WA 99114

06-11-2010

PROVIDER #
PROVIDER NAME 8xxxx53-01
PROVIDER ADDRESS
INCHELIUM, WA 99138 200XXXXX21
PARENT'S NAME

1. **PARENT'S NAME** IS REQUIRED TO PAY $15.00 PER MONTH TOWARD THE COST OF SERVICES FROM 07-01-10 THROUGH 12-31-10. **PROVIDER'S NAME** COLLECTS THIS AMOUNT FROM **PARENT'S NAME** EACH MONTH. THIS AMOUNT WILL BE DEDUCTED FROM THE PAYMENT BEFORE A WARRANT IS ISSUED.

2. **PROVIDER'S NAME** IS AUTHORIZED TO PROVIDE CARE IN CL'S HM FOR **CHILD'S NAME**. PAYMENT IS APPROVED FOR UP TO 207 HOURS PER MONTH OF SERVICE AT $2.20 PER HOUR FOR A MAXIMUM OF $455.40PER MONTH FROM 07-01-10 THROUGH 12-31-10.

- YOU MAY BILL FOR THE FIRST DAY SERVICES ARE PROVIDED TO THE CLIENT, BUT NOT FOR THE DAY THE CLIENT LEAVES.
- YOU WILL RECEIVE A SERVICE INVOICE EACH MONTH. FILL OUT THE INVOICE ACCORDING TO THE INSTRUCTIONS.
- SOCIAL SECURITY AND MEDICARE TAXES WILL BE WITHHELD FROM EMPLOYEE WAGES. THE STATE OF WASHINGTON PAYS THE EMPLOYER'S SHARE ON BEHALF OF **PARENT'S NAME**, THE EMPLOYER.
- A 2% DEDUCTION FOR UNION DUES IS SUBTRACTED FROM YOUR PAYMENT. MAXIMUM DUES ARE $50.00 PER MONTH.

3. **PROVIDER'S NAME** IS AUTHORIZED TO PROVIDE CARE IN CL'S HM FOR **CHILD'S NAME**. PAYMENT IS APPROVED FOR UP TO 108 HOURS PER MONTH OF SERVICE AT $2.17 PER HOUR FOR A MAXIMUM OF $234.36 PER MONTH FROM 06-13-10 THROUGH 06-30-10.

- YOU MAY BILL FOR THE FIRST DAY SERVICES ARE PROVIDED TO THE CLIENT, BUT NOT FOR THE DAY THE CLIENT LEAVES.
- YOU WILL RECEIVE A SERVICE INVOICE EACH MONTH. FILL OUT THE INVOICE ACCORDING TO THE INSTRUCTIONS.
- SOCIAL SECURITY AND MEDICARE TAXES WILL BE WITHHELD FROM EMPLOYEE WAGES. THE STATE OF WASHINGTON PAYS THE EMPLOYER'S SHARE ON BEHALF OF **PARENT'S NAME**, THE EMPLOYER.

IF YOU HAVE ANY QUESTIONS PLEASE CALL CUSTOMER CALL CENTER AT 800-692-4128.

Checking WCCC Status

For Providers: Working Connections Information Phone: 1-866-218-3244

The Working Connections Information Phone (WCIP) is an automated phone system for WCCC only. It is available 24 hours per day, seven days per week, in English and Spanish. WCIP allows you to check:

- If an application is approved, denied, pending or closed
- The effective dates of service
- What child care services are authorized
- The family's monthly copayment amount
- For any special messages related to the WCCC program

To use WCIP, you will need:

› Your SSPS Child Care Provider Number;
› Your Employee Identification Number or last four digits of your Social Security Number; and
› The family's child care application number, which is found on the Social Services Notice.

For Families: The Answer Phone: 1-877-980-9220

The Answer Phone is an automated phone system available for families receiving WCCC only. It is available 24 hours per day, seven days per week, in English and Spanish. The Answer Phone allows families to check:

- If an application is approved, denied or pending
- The effective dates of service
- What child care services are authorized
- The family monthly copayment amount

To use Answer Phone, families will need:

› Client ID number
› Social Security Number

WCCC Child Care Subsidy Rates

DSHS pays you up to the maximum state rate. The state pays a rate for the first child in the family, and a different rate for additional children from the same family. For WCCC rates, go online to **www.del.wa.gov/publications/subsidy/docs/ChildCareSubsidyRates.pdf**

If your hourly rate is lower than the authorized state rate, call DSHS to have the rate corrected on your Invoice. (See Invoice Information on how to bill if the rate is incorrect.)

WCCC Special Needs Child Care

Child care subsidy programs may pay an additional rate for children under the age of 19 who have physical, mental, emotional or behavioral conditions requiring a higher level of care. The special needs rate may be paid for a child from 13 to 19 years of age who is under court supervision.

The parent works with DSHS to decide if the child qualifies for the special needs rate. To qualify for the special needs rate, the child must have the condition and need for a higher level of care verified. The parent must obtain this information and provide it to DSHS.

Verification can be done by a health, mental health, social service, or education professional with at least a Master's degree, or by a registered nurse. The verification must describe the level of care needed in the child care setting. This may include an Individualized Education Plan (IEP), Individual Health Plan (IHP), or Individual Family Plan (IFP).

Care is authorized at the state's special needs rate or the provider's reasonable additional cost associated with the care for that child, whichever is greater. Once the special needs rate is approved, the provider will be paid retroactively from the date of the request.

- **Level 1 Special Needs.** A level 1 authorization means you accept the standard state special needs rate. DSHS reviews the professional evaluation for verification of the child's need for a higher level of care.
- **Level 2 Special Needs.** A level 2 authorization means you asked for a special needs rate greater than Level 1. You must submit written documentation of the reasonable cost for caring for the child. DSHS reviews the documentation to determine if the child qualifies for Level 2.

DSHS special needs forms can be downloaded at **www.del.wa.gov/publications/subsidy/**

DSHS does not pay for training or equipment to help care for children with special needs.

Call the Provider Line at 1-800-394-4571 for more information.

WCCC Monthly Copayment

You will receive payment from DSHS and the parent. The parent's payment is a copayment. The Social Services Notice and the Invoice state the amount of the family's monthly copayment. If you do not collect a copayment from the parent, DSHS will not pay that portion. Some subsidy programs do not require a copayment. If a family has two providers, the copayment may be assigned to either one of the providers.

Families may make payment arrangements with you for a third party to pay part or all of the monthly copayment.

School-Holiday Hours

School-age children are 5 years of age or older by September 1. During the school year, most school-aged children only need care before and after school. Sometimes, school is closed or children may be released early. The child may need extra hours of care on those days.

To bill for these hours, use the "School Holiday Care" box on your Invoice. Bill hours in this box **ONLY** if you cared for a school-age child during hours the child normally would be in school **AND** you provided care for more hours than printed in the regular "units" box.

Example: Robin is 7 years old. During December, you provide 240 hours of care because of the winter break. The Invoice is for 230 hours. Complete the "units" box for 230 hours and the school-holiday box for the remaining 10 hours.

The "School Holiday Care" hours are only available September through May.

DSHS mails a notice to all WCCC parents who have school-age children each spring and late summer. The notice is a reminder to contact DSHS to update the child care hours based on summer and school attendance.

Mandatory Subsidy Billing Training

As a member of SEIU Local 925, you are required to take mandatory subsidy billing training as described in the CBA. You will learn about the rules for an in-home or relative provider, and how to bill for child care subsidies. Training is offered in-person or on the Internet.

You may bill the state for four hours of care per child after you complete the mandatory billing training at your authorized hourly rate per child. Your Invoice will include an additional authorization for the four hours. Keep track of your training on your attendance records in case the state asks you to explain the hours you billed. It should appear on your Invoice within 60 days. If you have questions, call the Provider Line at 1-800-394-4571.

Other Training Opportunities and Incentives

You may be eligible to receive more training benefits as a member of SEIU 925:

- Tuition reimbursement for certain classes you complete
- A cash bonus if you become a licensed family home child care provider
- A cash bonus for taking a specific amount of approved training courses

Information regarding these training incentives and other benefits can be found in the union contract.

WCCC Subsidized Child Care Billing Rules

To bill correctly, you must refer to your attendance records and the rules in this booklet. You must keep accurate and complete daily attendance records for all children in your care who receive child care subsidies.

Keep the following rules in mind when you bill DSHS for child care:

- DSHS pays you up to the maximum state rate
- Keep attendance records for each child, signed and dated at least weekly by the parent or guardian, for at least five years
- Submit requested attendance records to DSHS or DEL within 14 days of request

Attendance records must support the billing submitted to DSHS. Bill only when the child has attended at least one day in that month. Return your Invoice promptly. Invoices are only valid for one year (12 months) after the actual date of service. You may receive an overpayment or underpayment notice if your records are reviewed and they do not support your billing.

Completing the Invoice

You will receive an Invoice from DSHS before the last day of each month that child care is authorized. The Invoice lists each child you are authorized to provide care.

Note: The first Invoice for a newly authorized child might not arrive until the middle of the month following the month you first provide authorized care.

Never claim more hours on your Invoice than you worked. If you do, this is considered an overpayment. All overpayments must be repaid to the state. This may include tax benefits paid on your behalf due to the over-claimed hours.

Complete the Invoice based on a careful review of attendance records. If you bill without any attendance records you may receive an overpayment for the entire amount billed. You must repay all overpayments.

You may bill for child care by:

- › Mailing the completed Invoice, or
- › Calling Invoice Express (see page 16)

Do not do both.

Complete your Invoice after the last day of that month so you can review the entire month of attendance. DSHS cannot process invoices until the first day of the following month.

Below are the steps in completing the Invoice:

Step 1

When you receive the Invoice, check to make sure your name or address on the Invoice is correct. If your name or address is incorrect, call the Provider Line or your CA social worker. If a child's name is incorrect, or you have questions regarding the rates or hours authorized, call the Provider Line or the CA social worker.

Do not write comments or questions on your Invoice or attach notes. The only change you can make on your Invoice is to lower the rate. Step 3 explains how to change rates.

Step 2

To bill, fill in the section on the SSPS billing invoice called "TOTAL UNITS." Bill only for the child care related to the family's approved activities, such as work or training. Use whole numbers when entering hours. If you enter 8.5 or 8 1/2, your invoice will be returned to you for corrections, which will delay your payment. Always 'round' any partial hours up to the next higher hour. For example, if you add the hours from your attendance records and they equal 100.5, claim 101 hours.

To bill for any special needs child care that is authorized, enter the same number of units in the special needs "TOTAL UNITS" box that you claimed for regular child care. For example, if you claimed 101 hours for child care, claim 101 hours for special needs care for the same child.

If you did not provide care that month, write "0" in the "Total Units" box. If you leave a "TOTAL UNITS" (bolded box) blank, the invoice will be returned to you for correction, which will delay your payment. If you provided additional child care for the family when they were not in the approved activities, you may not bill DSHS for that time.

Step 3

Check to be sure the rate in the "AUTHORIZED RATE" section is correct. The number of hours multiplied by the rate equals the maximum amount authorized for the month. If the preprinted rate is more than the rate you usually charge, or more than the maximum child care subsidy rate, write the correct rate in the space below the preprinted rate. Write the correct rate in dollars and cents. If the correct rate is two dollars write 2.00. An entry of 2 will be processed as 2 cents. Call the Provider Line or CA social worker to have the rate changed. Billing for incorrect rates may result in an overpayment to you. You must repay overpayments.

You cannot correct a rate if you use Invoice Express. To correct a rate, you must:

- Mail the Invoice, and
- Call the Provider Line or CA social worker to correct the rate on the next Invoice

Step 4

The "School-Holiday Care" box on the Invoice is available from September through May for school-age children. Remember, school-age children are 5 years old or older by September 1. Bill hours in this box ONLY if you cared for a school-age child during school holidays AND you provided care for more than the hours printed in the regular unit's box. If you need more hours than the Invoice allows, call the Provider Line or the CA social worker. Depending on the family's schedule, more hours may be approved.

Step 5

Sign the Invoice. If you mail your Invoice, make a copy for your records. The mailing address is on the Invoice. If you use Invoice Express, you must still fill out your Invoice, sign it and keep it for your records. **Do not mail your Invoice if you have billed by Invoice Express.**

Call DSHS at 360-664-6161 if you:

- Receive someone else's Invoice
- Need your earnings from the child care subsidies programs verified
- Want direct deposit information

Call the Provider Line or CA social worker if you have:

- An underpayment
- An overpayment
- Returned your Invoice to DSHS and not received payment within 10 working days

Sample Invoice

INVOICE CALL 1-888-461-8855 OR MAIL INVOICE USING YOUR OWN STAMP

INVOICE NUMBER	PAGE OF	PAYEE NUMBER	PROVIDER NUMBER	FOR MONTH ENDING

TO SIGN UP FOR DEPENDABLE DIRECT DEPOSIT, SEE INSTRUCTIONS.
FOR PAYMENT ISSUES, INCLUDING TIMELINESS, SEE INSTRUCTIONS.

SOCIAL SERVICE PAYMENT SYSTEM (SSPS)

_____ PAYEE

_____ PROVIDER

SERVICE RECIPIENT	SERVICE PERIOD	AMOUNT AUTHORIZED	AUTHORIZED RATE	SERVICE UNIT	TOTAL UNIT	SCHOOL HOLIDAY CARE
SERVICE NAME	TO	REFERENCE				

CASE NUMBER	AUTHORIZATION	WORKER I.D.	REPORTING UNIT	SERVICE CODE

SERVICE RECIPIENT	SERVICE PERIOD	AMOUNT AUTHORIZED	AUTHORIZED RATE	SERVICE UNIT	TOTAL UNIT	SCHOOL HOLIDAY CARE
SERVICE NAME	TO	REFERENCE				

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SERVICE NAME		REFERENCE				

CASE NUMBER	AUTHORIZATION	WORKER I.D.	REPORTING UNIT	SERVICE CODE

VENDOR'S CERTIFICATE: When you submit this invoice for payment, you are certifying that the items and totals listed herein are proper charges for services, materials, or merchandise furnished to the State of Washington and that all services, materials, or merchandise rendered have been provided without discrimination because of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, Vietnam era or disabled veterans status, or the presence of any sensor, mental or physical handicap.

PAYEE SIGNATURE	PROVIDER SIGNATURE

If mailing this invoice, make a copy for your records, attach postage and return to:
DSHS 08-141 (REV 09/2003)

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
ISSD DATA CONTROL
PO BOX 45889
OLYMPIA, WA 98504-5889

Using Invoice Express

Invoice Express is a fast and easy way to submit Invoices using a touch-tone phone. If you are using Invoice Express, do not mail your paper invoice. It is available 24 hours per day, seven days per week, in English and Spanish. Invoice Express allows you to:

- Enter Invoice information by telephone at any time
- Avoid post office delays due to mailing Invoices
- Confirm that your Invoice has been submitted

Call 1-888-461-8855

To use Invoice Express, complete the paper Invoice then call 1-888-461-8855 to claim payment. Do not mail your paper Invoice; keep it with your records for five years.

Follow the steps below to use Invoice Express for each page of the Invoice:

Step 1: Identify the type of Invoice.

The system will ask if the Invoice is regular or supplemental. Regular Invoices have the letter "R" and Supplemental Invoices have the letter "S" in the Invoice number in the upper left corner of the Invoice.

Step 2: Enter the Invoice number that appears on the top of the Invoice.

Enter the first three digits of the Invoice number, then the six digits after the letter and dash of the Invoice number. The system will repeat the numbers for confirmation.

Step 3: Enter the payee number from the top of the Invoice.

The system will repeat the numbers for confirmation.

Step 4: Listen for the system to say . . .

"You may now complete your Invoice."

Step 5: Locate the reference number.

The system refers to the last four digits of the "reference number" to identify the line of service that it is asking you to claim. The reference number appears in the shaded boxes on each service line on your Invoice.

Step 6: Follow the voice prompt to enter the number of hours you want to claim for each line of service.

Only follow this step after reviewing your attendance records and completing the paper Invoice. After each entry, the system reads the entry back and asks if it is correct. If there is an error, the system will allow you to re-enter the information.

Step 7: When the system says, "all service lines have been completed," DO NOT HANG UP.

Listen for the following statement: "By pressing the star key (*) you are claiming to have provided all services entered." Once you press the star key, you may not make changes to that page of the Invoice.

Step 8: Press the star key and wait for the message: "Your Invoice has been successfully submitted."

When the star key has been pressed for all pages of the Invoice, Invoice Express is complete.

Note: Calls to Invoice Express before 4:30 p.m. are processed the next working day. Calls after 4:30 p.m. will have a one-day delay in processing the Invoice for payment. Payments are mailed after the invoice is received by SSPS. Invoices submitted before the end of the month of service are held until the first working day of the following month.

Payment Options

Most of the time you will be paid the month after you provided child care. For example, if you work 150 hours in January, you will receive payment in February. Sometimes there is a delay in the first month that payment starts.

Warrant (Check) By Mail

You should receive a check by mail approximately 10 working days after DSHS receives your Invoice.

Direct Deposit

You may choose to have payments deposited into a checking or savings account. Checks are deposited into your account on the fifth day after the Invoice is processed by DSHS. You can learn more about direct deposit in the following ways:

1. Online at: **www.dshs.wa.gov/ssps/directdeposit.shtml**
2. Request information about direct deposit in writing. Be sure to include your:
   - Name
   - Written request for direct deposit forms
   - SSPS Provider Number
   - Mailing address including city/state/zip code
   - Phone number with area code
   - Mail the request to:
     DSHS-SSPS Attn: Direct Deposit Desk
     P.O. Box 45812
     Olympia, WA 98504-5812
3. Call for more information at: 360-664-6161

Whether you choose to get payment by mail or by direct deposit, you will be mailed a Remittance Advice. It is a record of DSHS payments. Each Remittance Advice will include a list of deductions. Keep the Remittance Advice for your tax records.

Tax Information

DSHS is not your employer. However, DSHS (with certain exceptions) is the Third Party Payer responsible for the withholding Social Security, Medicare taxes (FICA), and federal and state unemployment taxes (FUTA/SUTA). Federal income taxes are not withheld from your DSHS payment. The income you receive from DSHS is reported to the Internal Revenue Service (IRS). You will receive a W-2 form for income tax purposes. If you want federal income tax withheld from your child care payment, you must complete an IRS W-4 form. You may get the form by contacting the IRS at **www.irs.gov** or 1-800-829-3676.

Mail or fax the completed W-4 form to:
DSHS
Provider File Unit –Section Two
P.O. Box 45346
Olympia, WA 98504-5346

Remember!
You are employed by the parent.

Income Verification

If a person or company wants to verify your income, ask if the Remittance Advice is enough for them. It is similar to a pay stub. If you need something in addition to the Remittance Advice, you can request "evidence of income" from DSHS. Send your request in writing to:

SSPS
P.O. Box 45812
Olympia, WA 98504-5812

Billing Errors

Billing errors may cause an underpayment or an overpayment.

Timeframe for Correcting Billing Errors

In-home/relative providers must submit an Invoice for payment no later than 12 months after the date approved child care was provided. If the Invoice is submitted within the 12 months, the time limits for correcting payment errors are:

- Two years from the date child care was provided if the error is related to the rates, unless discovered by a federal audit
- Three years from the date child care was provided if the error was for any other reason, including those discovered by a federal audit

For more information contact the union, or refer to the CBA online at www.ofm.wa.gov/labor/

Overpayments

Some reasons overpayments may occur:

- You bill for more hours than you were eligible to bill for based on the days and time you provided care
- You do not have any attendance records (this results in an overpayment for the entire amount billed)
- You do not have attendance records to support your billing
- You bill for child care at a rate higher than you were eligible to receive

If you believe that you have been overpaid, follow these steps:

1. Compare your attendance records to your billing to see if you were overpaid.
2. Call the Provider Line or CA social worker to report the overpayment.

If it is determined you were overpaid, you will receive a Vendor Overpayment Notice. If you have questions about the overpayment, call the telephone number on the form. If you do not agree that you have been overpaid, you may dispute the overpayment. There are directions on the Vendor Overpayment Notice that outline how to dispute the overpayment. If overpayments are not resolved by talking to the DSHS Provider Line staff, CA staff or through an administrative hearing, you must repay the money.

Underpayments

Some reasons underpayments may occur:

- You made a mistake on your Invoice that caused you to be underpaid
- You did not receive payment for everything you claimed on the Invoice

If you believe that you have been underpaid, follow these steps:

1. Check your records to see if the child's name appeared on the Invoice within 12 months after the date of service.
2. Compare your attendance records to your Invoice to see if you were underpaid.
3. Call the Provider Line or CA social worker to report the underpayment.

Reminder:

Call the Provider Line or your CA Social Worker to report an underpayment or overpayment

If the underpayment is not resolved, contact the grievance line at 1-888-270-0613.

Underpayment Example: Last December, your records show that you cared for your grandchild for more hours than were authorized on the Invoice because there was a school holiday. You did not use the school holiday box to bill the additional hours. Contact the Provider Line to request the additional hours.

RESOURCES

Below is a list of frequently used resources for child care providers.

WCCC Provider Line

Providers may contact the WCCC Provider Line to:

- Check the status of a WCCC application or review.
- Check payment authorization or billing, such as, hours of care, units or payment type.
- Provide information about your rates
- Report a mistake on a current authorization

Providers can contact the Provider Line by:

1. Telephone, 1-800-394-4571 Monday through Friday, 8 a.m. to 5 p.m. Language assistance is available.
2. E-mail: **providerhelp@dshs.wa.gov** Send DSHS information or questions 24 hours a day about WCCC child care. The average response time is one business day.
3. Fax, 1-888-338-7410

Working Connections Information Phone (WCIP) for Child Care Providers 1-866-218-3244

This information is available in both English and Spanish. Automated access is available 24 hours a day.

- Use this number to check on the family's authorization, copayment, case status and effective dates of coverage.
- Information is only available after the case has been processed.
- If the parent's eligibility has not been determined, the information will not be available on the WCIP.

Invoice Express 1-888-461-8855

- Use this number to submit your SSPS Service Invoice for child care payment using a touch tone phone.
- Invoice Express is available in English and Spanish.

www.dshs.wa.gov

The Department of Social and Health Services has many programs to assist families in Washington.

WCCC Answer Phone for Families 1-877-980-9220

- Families use this number to check on the status of their case.
- You can encourage families to call and check on the status of their case.

SEIU 925 Member Support Department 1-877-734-8673

- Use this number if you have questions about your SEIU contract, SEIU meetings and workshops, or representation in your area or if you need need other resources.

Child Care Provider Grievance Line 1-888-270-0613

- Use this number to discuss issues related to the CBA, except for overpayments.
- When you call the grievance line, please be prepared to provide your full name, your provider number and details of your situation.

www.del.wa.gov

The Department of Early Learning's Web site has information about:

- Child care subsidies and rules
- Ways to support healthy child development
- State and federal preschool programs
- Other resources for you as a caregiver

Child Care Food Program

The U.S. Department of Agriculture's Child and Adult Care Food Program provides federal funds to serve nutritious meals and snacks. You may be eligible for the program when you are approved by DSHS to care for children in your own home. For more information about the program, contact the Office of Superintendent of Public Instruction at 360-725-6200.

http://apps.leg.wa.gov/WAC/default.aspx?cite=170

The Department of Early Learning Washington Administrative Code for WCCC.

Department of Early Learning
PO Box 40970
Olympia, WA 98504-0970
Toll-free: 1.866.482.4325
www.del.wa.gov

Child Care Subsidies: A Booklet for In-home and Relative Child Care Providers
DEL 22-223 (Rev. 12/09) Effective April 1, 2010

Attachment 2.7.1

July 1, 2009 Maximum Child Care Rates

Centers in Clark County paid Region 3 rates.

Centers in Benton, Walla Walla & Whitman Counties paid Region 6 rates.

Centers - Full Day	Infant (1 mo - 11 mos)	Toddler (12-29 mos.)	Pre-School (30 mos. - 5 yrs*)	School-Age (5-12 yrs**)
Region 1	$ 28.53	$ 23.99	$ 22.67	$ 21.34
Spokane Co.	$ 29.18	$ 24.54	$ 23.19	$ 21.83
Region 2	$ 28.81	$ 24.05	$ 22.30	$ 19.73
Region 3	$ 38.13	$ 31.79	$ 27.46	$ 26.67
Region 4	$ 44.38	$ 37.06	$ 31.09	$ 28.00
Region 5	$ 32.54	$ 28.00	$ 24.65	$ 21.88
Region 6	$ 31.99	$ 27.46	$ 23.99	$ 23.46

Centers - Half Day	Infant (1 mo - 11 mos)	Toddler (12-29 mos.)	Pre-School (30 mos. - 5 yrs*)	School-Age (5-12 yrs**)
Region 1	$ 14.28	$ 12.00	$ 11.34	$ 10.67
Spokane Co.	$ 14.61	$ 12.28	$ 11.61	$ 10.91
Region 2	$ 14.41	$ 12.03	$ 11.15	$ 9.88
Region 3	$ 19.07	$ 15.89	$ 13.73	$ 13.34
Region 4	$ 22.63	$ 18.54	$ 15.55	$ 14.00
Region 5	$ 16.26	$ 14.00	$ 12.32	$ 10.95
Region 6	$ 16.01	$ 13.73	$ 12.00	$ 11.74

Licensed Family Homes - Full Day	Infant (0-11 mos)	Enhanced Toddler (12-17 mos)	Toddler (18-29 mos)	Pre-School (30 mos - 5yrs*)	School-Age (5-12 yrs**)
Region 1	$ 24.29	$ 24.29	$ 21.12	$ 21.12	$ 18.78
Spokane Co.	$ 24.84	$ 24.84	$ 21.60	$ 21.60	$ 19.21
Region 2	$ 25.65	$ 25.65	$ 22.30	$ 19.95	$ 19.95
Region 3	$ 34.03	$ 34.03	$ 29.33	$ 25.81	$ 23.46
Region 4	$ 40.04	$ 40.04	$ 34.81	$ 29.33	$ 28.16
Region 5	$ 26.99	$ 26.99	$ 23.46	$ 22.30	$ 19.95
Region 6	$ 26.99	$ 26.99	$ 23.46	$ 23.46	$ 22.30

Licensed Family Homes - Half Day	Infant (0-11 mos)	Enhanced Toddler (12-17 mos)	Toddler (18-29 mos)	Pre-School (30 mos - 5yrs*)	School-Age (5 - 12 yrs**)
Region 1	$ 12.14	$ 12.14	$ 10.56	$ 10.56	$ 9.39
Spokane Co.	$ 12.42	$ 12.42	$ 10.80	$ 10.80	$ 9.60
Region 2	$ 12.82	$ 12.82	$ 11.15	$ 9.97	$ 9.97
Region 3	$ 17.02	$ 17.02	$ 14.67	$ 12.91	$ 11.74
Region 4	$ 20.03	$ 20.03	$ 17.42	$ 14.67	$ 14.08
Region 5	$ 13.50	$ 13.50	$ 11.74	$ 11.15	$ 9.97
Region 6	$ 13.50	$ 13.50	$ 11.74	$ 11.74	$ 11.15

Exempt Care - Hourly Rates

First Child	$ 2.20
Additional children from same family	$ 2.17

* The pre-school rate for a 5 year old child who has not entered kindergarten.

** The school-age rate for a 5 year old child who has entered kindergarten.

Level 1 Special Needs Additional Rates Chart for Licensed or Certified Child Care Center or Seasonal Day Camp

		Infants	Toddlers	Preschool	School-age
		(One month-11 mos.)	(12-29 mos.)	(30 mos.-5 yrs)	(5-12 yrs)
Region 1	Full day	$7.30	$6.14	$5.80	$5.45
	Half day	$3.65	$3.07	$2.90	$2.73
Region 2	Full day	$7.36	$6.15	$5.70	$5.05
	Half day	$3.68	$3.08	$2.85	$2.52
Region 3	Full day	$9.75	$8.13	$7.02	$6.82
	Half day	$4.88	$4.06	$3.51	$3.41
Region 4	Full day	$11.35	$9.48	$7.95	$7.16
	Half day	$5.67	$4.74	$3.98	$3.58
Region 5	Full day	$8.32	$7.16	$6.30	$5.59
	Half day	$4.16	$3.58	$3.15	$2.80
Region 6	Full day	$8.18	$7.02	$6.14	$6.00
	Half day	$4.09	$3.51	$3.07	$3.00

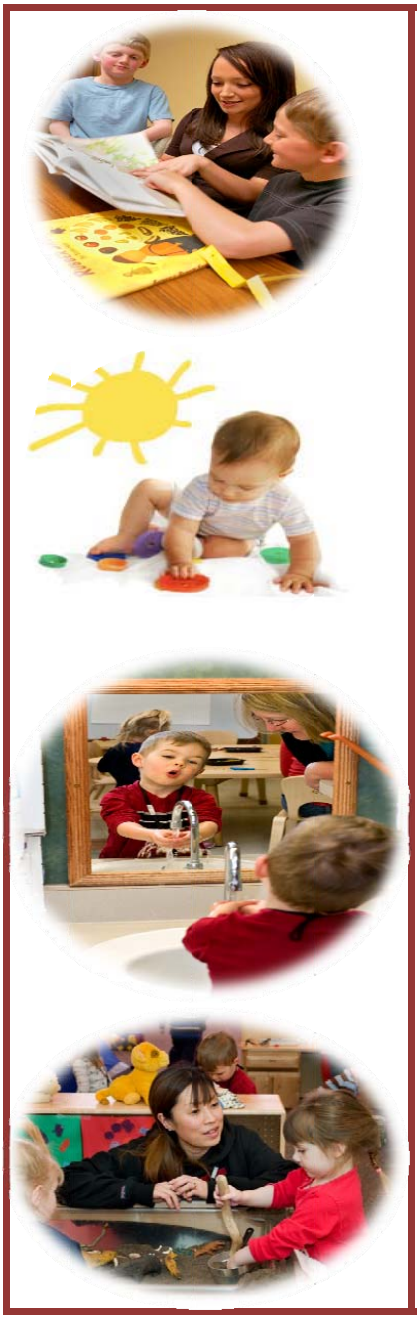
Level 1 Special Needs Additional Rates Chart for licensed or certified Family Home Child Care

		Infants	Toddlers	Preschool	School-age
		(One month-11 mos.)	(12-29 mos.)	(30 mos.-5 yrs)	(5-12 yrs)
Region 1	Full day	$6.00	$5.40	$5.40	$4.80
	Half day	$3.00	$2.70	$2.70	$2.40
Region 2	Full day	$6.00	$5.70	$5.10	$5.10
	Half day	$3.00	$2.85	$2.55	$2.55
Region 3	Full day	$8.70	$7.50	$6.60	$6.00
	Half day	$4.35	$3.75	$3.30	$3.00
Region 4	Full day	$9.00	$8.90	$7.50	$7.20
	Half day	$4.50	$4.45	$3.75	$3.60
Region 5	Full day	$6.60	$6.00	$5.70	$5.10
	Half day	$3.30	$3.00	$2.85	$2.55
Region 6	Full day	$6.60	$6.00	$6.00	$5.70
	Half day	$3.30	$3.00	$3.00	$2.85

In-Home/Relative License Exempt Child care

In addition to the base rate, we authorize whichever of the following is greater:

- Sixty-two cents per hour, or
- The providers reasonable documented additional cost associated with the care for that child.



TECHNICAL REPORT 10-054

Washington State 2010 Child Care Survey

Child Care Rate and Resources in Washington State

Fall 2010

Prepared for

Washington State Department of Early Learning
649 Woodland Square Loop SE
Lacey, WA 98503

Submitted by:

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EXECUTIVE SUMMARY AND KEY RESULTS FROM THE CHILD CARE SURVEY

Findings about Child Care Population:

- An estimated 176,384 children in Washington were enrolled in licensed child care in the spring of 2010. About 78 percent of these children were in child care centers and the remaining 22 percent were in licensed family homes.

- Information from the child care survey was combined with the population data from Washington's Office of Financial Management to estimate the proportion of children of various ages in licensed care at the time of the child care surveys. Roughly 16 percent of children in Washington were estimated to be in care, with the proportions of children in care varying substantially by age group. Just over 10 percent of infants, 26 percent of toddlers, 30 percent of preschoolers, 18 percent of kindergarteners and 7 percent of school-age children were estimated to be in licensed care at the time of the survey in the spring 2010.

Findings about Child Care Centers:

- The total capacity for centers was 139,542 children. A total of 137,642 children were cared for in centers. The average capacity for centers was 65.4 children.

- The number of vacancies for centers was 22,456. Among centers with at least one vacancy, the average vacancy rate was 16 percent.

- Sixty-four percent of children in child care centers were in full-time care. Half of all children in full-time care were preschoolers and 24 percent were toddlers. Twenty percent of children in full-time care were older; 9 percent were kindergarten age and 11 percent were school-age. The remaining 5 percent of children in full-time care were infants.

- Thirty-six percent of children in child care centers were in part-time care. Forty-five percent were school-age children, while an additional 34 percent were preschoolers. Nine percent of children were kindergarten age and another 9 percent were toddlers. Only 4 percent were infants.

- Forty-three percent of all child care centers were operated by or as non-profit organizations, 41 percent were private, for-profit businesses, 10 percent were government-run centers, and the remaining 4 percent were identified as other types of centers.

- Average hourly wage for employees at child care centers was $9.70 for assistants, $12 for teachers, $14 for supervisors and $16.30 for directors.

- The proportion of assistants newly hired was more than twice the proportion for teachers, which was 22 percent. Fourteen percent of supervisors were newly hired compared to 13 percent of directors newly hired after September 1, 2009.

- Less than 9 percent of survey participants from centers indicated they were uncomfortable calling their licensors.

- Seventy-eight percent of center participants reported they received timely information on changes to licensing policies; 87 percent agreed that the licensor clearly explained the reasons behind the licensing regulations at the most recent licensing visit; and 92 percent believed that the licensor clearly explained what the center needed to do to comply with regulations.

Findings about Licensed Family Home:

- Family home providers cared for 38,742 children with total capacity in family homes at 51,851 children. The average capacity for a family home was 9.5 children.

- The number of vacancies for family homes was 15,844 with a vacancy rate of 31 percent

- Sixty-eight percent of children in child care provided in family homes were in full-time care. Preschoolers accounted for 51 percent of full-time attendance in family homes, followed by toddlers, accounting for 25 percent of children. School-age children made up 8 percent of children in full-time care, kindergarteners were 7 percent and infants were 9 percent of children in full-time care in family homes.

- Thirty-two percent of children in child care provided in family homes were in part-time care. School-age children composited 40 percent of all children in part-time care provided by family homes, whereas kindergarteners composited 13 percent of all children in part-time care. Preschoolers accounted for 51 percent of children, toddlers 25 percent, and infants 9 percent of all children in part-time care provided by family homes.

- In 2010, 61.8 percent of family homes received assistance from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program.

- More than half (56 percent) of participants from family homes reported having liability insurance.

- Thirteen percent of family home providers had a college or master's degree. Eleven percent of family home owners reported having an associate degree in child development or a Child Development Associate (CDA) credential; less than 3 percent had a bachelor's or graduate degree in early childhood development.

- On average, a licensed family home provider's gross income was $36,551. For 56 percent of family home providers, child care earnings were their households' primary source of income; their average income ($41,173) was considerably higher than family home providers with other income sources.

- The majority of family home participants had positive experiences with their licensors and said they had no hesitation in calling their licensors (87 percent), reported they received timely information on licensing policy changes (82 percent) and clear explanations (90 percent) and suggestions from their licensors (95 percent). About 7 percent of participants didn't feel that they were regarded as knowledgeable about, and a professional in, the field of child care by their licensors.

Findings about Special Needs Care:

- At the time of the survey, 61 percent of centers and 40 percent of family homes were providing care for children with special needs. One-fifth of centers that did not currently provide special needs care, and 40 percent of family homes, had previously.

- Twelve percent of centers and 11 percent of family homes received the special needs rate (Tier 1) and/or applied for and received a rate above the special needs rate (Tier 2) since July 1, 2009. The majority, or 83 percent of centers and 62 percent of family homes, received the special needs rate after they applied for it since July 1, 2009.

Findings about Children in Subsidized Child Care:

- In 2010, an estimated 46,550 children received subsidized child care in Washington: 17,415 children in licensed family homes, representing 45 percent of all children in family homes; and 29,135 children in child care centers, representing 21 percent of all children in centers.

- Seventy-seven percent of centers and 68 percent of family homes cared for children with child care subsidies.

- More than 45 percent of children in family homes and about 21 percent of children in centers received subsidized child care. On average, a family home cared for 4.66 children receiving subsidized child care, and centers cared for 19.3 children with subsidized care over the last typical week of operation.

CHAPTER 1: INTRODUCTION

The Child Care and Development Fund (CCDF) is a federal block grant that helps families access affordable, quality child care in their communities. Grant rules require states to evaluate subsidy rates based on a child care market survey conducted every two years. CCDF dollars are used to:

- Offer child care subsidies to low-income families while parents work, look for work or are in approved job training.
- Improve the quality of child care available to families.
- Fund technical assistance from the federal Child Care Bureau to states and territories.
- Fund child care research and evaluation activities at the national, state and local levels.

In Washington, the state Department of Early Learning (DEL) has served as the lead agency for the CCDF since October 2007. DEL must submit a plan every two years to the federal Child Care Bureau that outlines how the state will use CCDF dollars. As the CCDF lead agency, DEL also is required to conduct a market rate survey within two years of the effective date of its current approved plan. Therefore, DEL conducts a biennial study of child care providers to determine rates charged for care, the costs associated with running a child care business and the availability of child care across the six Department of Social and Health Services (DSHS) regions of the state.

DEL contracted with the Social and Economic Sciences Research Center (SESRC) at Washington State University to conduct the market rate study in 2010. DEL uses the data gathered to set the reimbursement rate for providers caring for children who receive subsidies paid by CCDF.

Additional objectives of the survey included determining:

- Availability of child care in the six DSHS regions across the state
- Use of certain resources available to providers
- How and when providers operate their child care business
- Some of the costs associated with operating a child care business

Availability was determined by asking about licensed capacity, number of additional children the provider wanted to care for, and the number of children currently in care. Questions regarding the wages of staff, number of hours worked, and gross income were asked to determine the cost of running the business. Child care providers also were asked about hours of operation and how fees and co-pays were collected.

The distribution of counties among DSHS regions is shown in figure A and Table 1.

Figure A: DSHS Administrative Regions

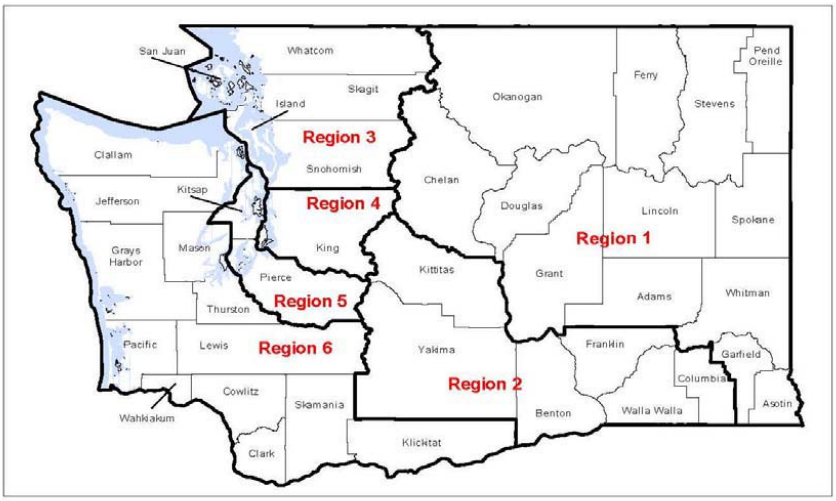


Table 1: Washington State Counties by DSHS Region, 2010

Region					
1	2	3	4	5	6
Adams	Benton	Island	King	Kitsap	Clallam
Asotin	Columbia	San Juan		Pierce	Clark
Chelan	Franklin	Skagit			Cowlitz
Douglas	Kittitas	Snohomish			Grays Harbor
Ferry	Walla Walla	Whatcom			Jefferson
Garfield	Yakima				Klickitat
Grant					Lewis
Lincoln					Mason
Okanogan					Pacific
Pend Oreille					Skamania
Spokane					Thurston
Stevens					Wahkiakum
Whitman					

Methodology

Survey

The SESRC conducted the multi-mode (telephone, web and mail) survey of child care facilities for DEL from May to July 2010. The population for the Washington 2010 Child Care Survey consisted of all 2,004 licensed child care centers, and 2,196 family child care providers stratified by DEL from all 5,504 family home child care providers licensed in Washington as of May 2010. SESRC designed two surveys: one for child care centers and the other for family homes.

Among the 2,004 child care centers, SESRC identified 340 sites that belonged to one of 42 multiple-site centers. The SESRC called the "lead center" for each of the 42 multi-site centers before the survey to determine if there was a single director in charge of the centers. If the multiple-site center was determined to have a single director, this director was sent a paper questionnaire that allowed him or her to fill out information for all the sites of responsibility. Follow-up calls were made as the survey progressed to encourage the multiple-site directors to return these surveys. If the multiple-site centers had separate directors, they were contacted individually.

For the family home providers, the sample was selected in direct proportion to the number of licensed providers within each region of the state. If a region did not have enough providers for an appropriate sample, then all providers from that region were included in the sample.

DEL staff members compared previous studies to determine changes to the interview script and worked with SESRC to design a multi-mode survey. Telephone and web modes were offered to both the center and family home providers; and a written, self-administered (mailed) questionnaire was offered only to multiple-site center directors. Each mode contained similar questions with only minor wording differences that were mostly based on whether the survey would be heard (phone) or read (Internet and mailed).

Different survey protocols were implemented based on whether each respondent was part of the single center group, a multiple-site group or a family home child care provider.

Single Site and Family Home Providers

Before the telephone calls began, centers and family home providers were sent a prior notification, a reply card, a business reply envelope, and a worksheet to prepare the respondent for the survey in advance. The notification, with slight wording differences for centers and family home providers, informed the providers that a telephone survey was being conducted, the purpose of the study, and the expected length. Providers also were given the option of completing the survey online. The letter informed providers that responses were voluntary and confidential. In addition, the letter explained by returning the enclosed reply card or completing the web survey, participants would be entered in a drawing for a $100 grocery gift certificate. The reply card allowed providers to update their phone numbers and request the times they would prefer to be called. The card also included a check box to indicate if a child care provider no longer provided care. All documents were translated into Spanish by an SESRC translator. Spanish was printed on the reverse side of the English documents.

All letters were printed on DEL stationary and placed in envelopes with a business reply envelope with return labels showing the client's name but SESRC's address. SESRC printed all documents and assembled the mailing. The assembled letters were mailed from DEL on May 14, 2010.

The full telephone study began May 17, 2010, and was completed on June 25, 2010. All active cases received a minimum of 15 call attempts. The average completed interview length was 24 minutes for centers and 25 minutes for family home care providers.

Multiple-Site Pre-Call

SESRC conducted a series of calls with centers that appeared to have multiple sites. These calls were intended to verify that a single director was in charge of the associated sites and to identify the mailing address for survey materials. In addition, several multiple site centers were identified during the course of calling. Paper questionnaires were prepared and mailed to these sites by SESRC. A series of follow-up calls were made to encourage the directors of these multiple-site centers to complete the survey and mail it back to the SESRC using the business reply envelope that was included in the mailing.

Multiple-Site Mail Questionnaire

The questionnaire was formatted into an 11x17 inch booklet and was customized for the lead center of each multiple site. If the lead center indicated there were a total of 12 sites, the names of those 12 sites became rows in each table in the questionnaire. If the center only had two sites, the table only contained two rows. The mailing included a cover letter giving instructions on how to fill out the questionnaire and the deadline for returning the questionnaire.

An initial mailing took place on May 19, 2010. Surveys were sent to 33 directors of multiple sites with a request to return surveys by May 29. Final contacts – in the form of the phone follow-up calls (both reminder and survey calls) – were conducted June 8-18 2010. During the follow-up calls, these directors were notified that the cutoff date was extended to June 25. Whenever a multiple-site director was identified during the course of calling single centers, additional mailings were sent out as necessary. A total of nine more directors of multiple sites were identified during the course of calling the single site centers; therefore, the total number of directors of multiple sites was 42.

Outcome of Survey

Response Rate

A total of 2,004 child care centers were contacted for this survey and 1,420 completed questionnaires were obtained. Of these, 577 were completed by telephone, 244 were mailed and 599 were completed online. A total of 42 multiple site lead centers received the written survey, encompassing a total of 340 sites. In addition, 40 centers partially completed questionnaires and were included in the response rate calculation. Response rates for the multiple site centers were better than expected, with 22 completed questionnaires returned (52 percent of those mailed), which covered 244 sites (72 percent of all sites in the mailings). A total of 160 out of the 2,004 centers were considered ineligible (including non-working numbers, no longer in business, does not provide care and duplicate numbers) and were excluded from the response rate calculation. The overall response rate was 79 percent.

A total of 2,196 family home child care providers from a population of 5,504 were contacted for this survey, and 1,310 completed questionnaires were obtained. Of these, 947 were completed by telephone and 363 were completed online. Sixty-four family homes partially completed the questionnaire and were included in the response rate calculation. A total of 212 out of the 2,196 family homes were considered ineligible (including non-working numbers, no longer in business, does not provide care and duplicate numbers) and were excluded from the response rate calculation. The overall response rate for the family home provider survey was 69 percent.

The following table displays the AAPOR[1] response rate (AAPOR response rate 4) calculations for all completed and partially completed questionnaires.

[1] AAPOR is the American Association for Public Opinion Research and is recognized as the leader for establishing industry standards for reporting of response rates.

Table 2. Response Rate for Centers and Family Home Providers

	Centers		Family Home Providers	
	#	%	#	%
(A) Completed Interviews	1420	70.9%	1310	59.7%
(B) Partial Completes	40	2%	64	3%
(C) Refusals	68	3.4%	97	4.4%
(D) Unable to Interview [2]	6	0.3%	55	2.5%
(E) Unable to Reach [3]	310	15.5%	458	20.9%
Subtotal 1 (included)	**1844**	**92%**	**1984**	**90%**
(F) Non-working Numbers [4]	20	1.0%	91	4.1%
(H) Electronic Device	2	0.1%	5	0.2%
(I) Ineligible [5]	138	6.9%	116	5.3%
Subtotal 2 (excluded)	**160**	**8%**	**212**	**10%**
Total Sample	**2004**	**100%**	**2196**	**100%**
Cooperation Rate: (A+B)/(A+B+C)	**95.5%**		**93.4%**	
Response Rate: RR4=(A+B)/(A+B+C+D+(e^{6}*E))	**79.2%**		**69.6%**	

[2] *Language barrier and physically unable (hard of hearing)*

[3] *Unanswered callbacks, answering machines, no answers, communication barrier, respondent never available, and busy signals*

[4] *Disconnect, wrong number, missing phone number, and temporarily out of order*

[5] *Ineligibles including no longer in business, does not provide care, and duplicate numbers*

[6] *e is the estimated proportion of cases of unknown eligibility that are eligible*

Sample Error

The survey results for centers have no sample error since the entire population of licensed child care centers in Washington was included in the survey. For the family home providers survey, completed interviews were obtained from 1,310 (both phone and online) of 5,504 licensed family child care providers in Washington, yielding a margin of error of about $\pm$ 1.6 percentage points at the 95 percent confidence level.

Procedures for Calculating Population Estimates

Population estimates for this report were based on the weighted results of the survey data. Responses from 1,420 fully completed child care center surveys were weighted to represent a population of 2,134 child care centers throughout the state. Responses from 1,310 fully completed family home surveys were weighted to represent a population of 5,504 family homes throughout the state. Thus each completed child care center survey represents about 1.5 child care centers in the state population; and each completed family home survey represents about 4.2 family homes in the state.

CHAPTER 2: CHILD CARE POPULATION

Based on the surveys conducted from May through July 2010, an estimated 176,384 children in Washington were in licensed care during that time. In-home care (care in the child's home, not subject to licensing) and unlicensed out-of-home care were not part of this study.

About 78 percent of these children were in child care centers and the remaining 22 percent were in licensed family homes. Centers provided care for 137,642 children and employed 23,931 staff at 2,134 licensed facilities. Family home providers cared for 38,742 children and employed 1,143 paid staff (not including the family child care owner) at 5,504 family homes. Both the number of children in licensed care and the number of licensed facilities had increased for centers and family homes since 2008. The number of employees both at centers and family homes (not including family child care owner), however, had decreased since 2008.

Table 3: Children in Care, Employees and Licensed Child Care Facilities by Type of Facility, 2010

	Children in Licensed Care	Employees	Licensed Facilities
Centers	137,642	23,931	2,134
Family Homes	38,742	1,143	5,504
Total	176,384	25,074	7,638

* Does NOT include family care owner

Family homes outnumbered centers by a factor of 2.58. There were five times as many homes as there were centers providing child care in Region 2. Even in Region 6, which had the closest ratio of family homes and centers, the ratio was close to 2.

Table 4: Licensed Child Care Facilities by Region, 2010

Region	Centers	Homes	Ratio of Homes to Centers
1	349	954	2.74
2	198	1,084	5.46
3	301	861	2.87
4	615	1,302	2.12
5	289	613	2.12
6	383	689	1.80
Total	2,134	5,504	2.58

Number of Children in Care, Capacity and Vacancies in Child Care

Sixty-four percent of children enrolled in centers received full-time care; 68 percent of children at family homes attended on a full-time basis. The average capacity for centers was 65.4 children and 9.5 children for family homes. The total capacity was 139,542 in centers and 51,851 in family homes; both showed an increase since 2008. The number of vacancies in centers and family homes combined was 38,300. The 31 percent vacancy rate for family homes about doubled the rate for centers which was 16 percent. The vacancy rate for centers in 2010 was 6 percent higher than the 2008 rate which was 10.3 percent.

Table 5: Children in Care, Capacity, Vacancies, and Vacancy Rate by Type of Facilities and Full-Time Versus Part-Time Enrollment, 2010

	Children Enrolled	Average Capacity	Total Capacity	Number of Vacancies	Vacancy Rate
Centers					
Full-time*	88,373				
Part-time	49,269				
Total in Centers	137,642	65.39	139,542**	22,456	16.09%***
Family Homes					
Full-time*^	26,359				
Part-time^	12,383				
Total in Homes	38,742	9.48	51,851	15,844	30.56%
Total	176,384	26.55	191,393	38,300	20.01%

* full-time care is at least 25 hours a week

^ Since only a total number of children were reported for each home, full and part time attendance had to be calculated from the hours of the individual children in each home. These totals occasionally totaled to a number fewer than the reported total number of children in care. Calculations were adjusted by proportion to the overall total based on the number of reported full and part time children in order to match the overall reported total.

** Average Capacity times number of centers (2,134)

*** Value is 60% greater than rate for 2008

Overall, 88,373, or 77 percent, of children were enrolled in centers full-time whereas 26,359 or 23 percent of children were enrolled in family homes full-time in 2010. Similarly, 49,269 or 80 percent of children were enrolled in centers part-time whereas 12,383 or 20 percent were enrolled in family homes part-time in 2010.

Centers were estimated to provide full-time care for 4,630 infants, 21,441 toddlers, 44,193 preschoolers, 8,114 kindergarteners and 9,995 school-age children in 2010. Centers were also estimated to provide part-time care for 1,888 infants, 4,507 toddlers, 16,551 preschoolers, 4,270 kindergarteners and 22,053 school-age children in 2010. In addition, centers had the highest number of vacancies for school-age children (8,088 children) and only 1,025 vacancies for infants.

Family homes provided full-time care for 6,075 children who were less than two years of age and for 20,284 children who were two years of age or older. Family homes also provided part-time care for 1,456 children who were less than two years of age and for 10,927 children who were two years of age or older. There were 9,642 vacancies for children who were two years old or older in family homes while only 6,202 vacancies for children who were less than two years of age.

Table 6: Estimated Number of Full-Time Versus Part-Time Children Enrolled in Child Care, and Vacancies by type of Facility and Age Group, 2010

	Full-Time Enrolled	Part-Time Enrolled	Number of Vacancies
Centers			
Infant	4,630	1,888	1,025
Toddler	21,441	4,507	3,236
Preschooler	44,193	16,551	6,638
Kindergartener	8,114	4,270	3,469
School-Age	9,995	22,053	8,088
Total for Centers	88,373	49,269	22,456
Family Homes			
Children < 2 years	6,075	1,456	6,202
Children 2 or Older	20,284	10,927	9,642
Total for Family Homes	26,359	12,383	15,844
Total	114,732	61,652	38,300

The projected number and related proportion of children in Washington, as available through the state Office of Fiscal Management (OFM) (www.ofm.wa.gov/pop/april1/default.asp), are presented in columns (A) and (B) of Table 7. Estimates of the number and proportion of children in licensed care, as derived from the 2010 Child Care Survey, are listed columns (C) and (D). Column (E) displays the proportion of children in licensed care throughout the state.

Roughly one-in-seven or 15.6 percent of children in Washington were estimated to be in licensed child care, with the proportions of children in care varying substantially by age group. About 10 percent of infants, 25.9 percent of toddlers, and 18 percent of kindergarteners were in licensed care. Preschoolers represented the age group with the largest number and proportion (29.75 percent) of the population of children in care while school-age children represented the age group with the smallest proportion (6.9 percent).

Table 7: All Children in Washington State Age < 13 Years and Children in Licensed Care by Age Group, 2010

	(A) Pop Est < 13 Years	(B) A % of Pop	(C) Est # of Child in Lic Care	(D) Age Group as % of Col C Total	(E) C/A % of Age Group in Lic Care
Infant	88,033	7.78%	9,356	5.30%	10.63%
Toddler	132,050	11.68%	34,219	19.40%	25.91%
Preschooler	263,074	23.26%	78,014	44.23%	29.65%
Kindergarten*	85,982	7.60%	15,703	8.90%	18.26%
School-Age	561,864	49.68%	39,092	22.16%	6.96%
Total < 13 Years	1,131,003	100%	176,384	100%	15.60%

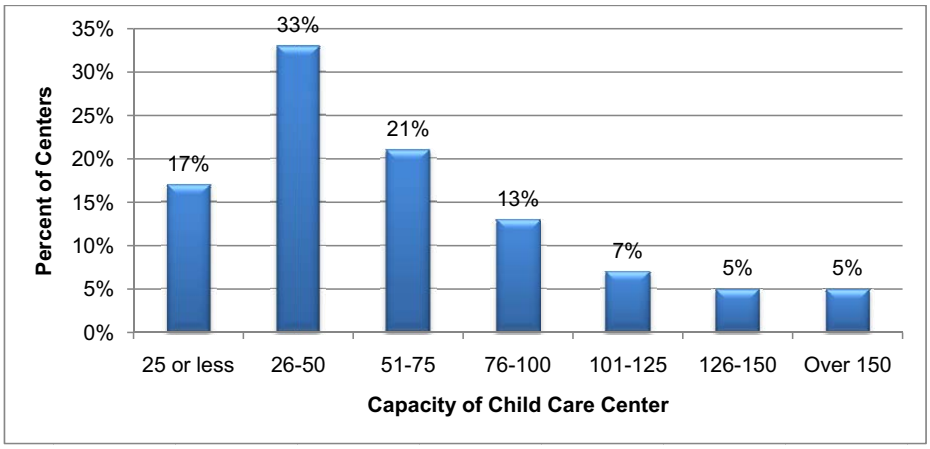
* Row added -- not in 2008 table

CHAPTER 3: CHILDREN IN LICENSED CARE – CENTERS

Capacities

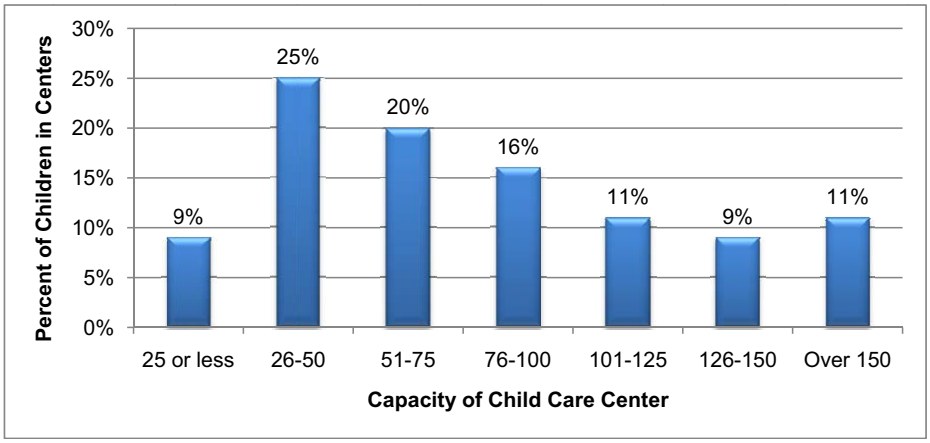
One half of centers had a capacity of 50 children or less. Just over a fifth (21 percent) had a capacity of 51-75, while 13 percent had a capacity for 76-100 children. The remaining 17 percent of centers reported having a capacity of more than 100 children.

Figure 1: Distribution of Child Care Centers by Capacity, 2010



When looking at the distribution of children in child care centers by center capacity, the distribution was relatively equal between small (less than 50; 34 percent), mid-sized (51-100 children; 36 percent), and large centers (more than 100; 31 percent).

Figure 2: Distribution of Children in Child Care Centers by Capacity, 2010*

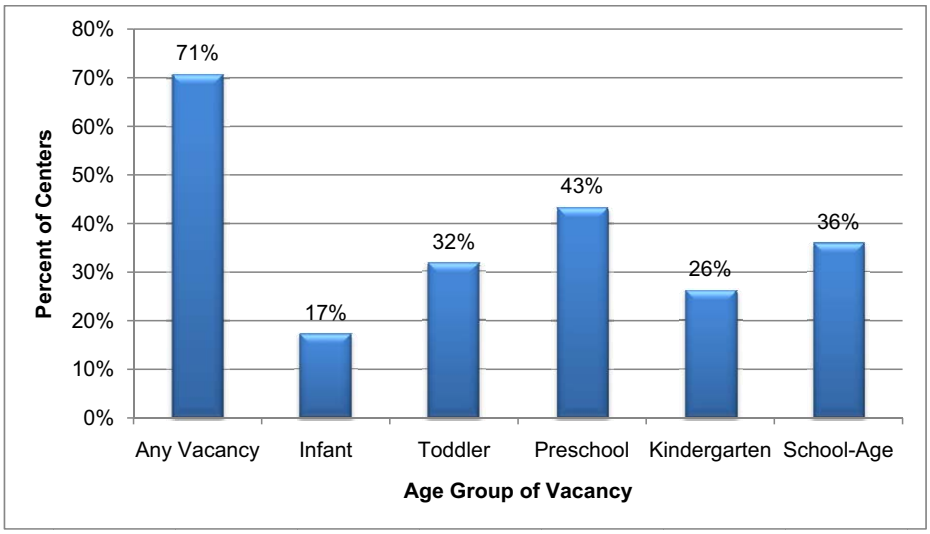


* Chart columns are based on capacity. The percent is based on the total number of children in center care = 137,642

Vacancies

More than two-thirds, or 71 percent, of centers indicated they had vacancies. Vacancies for preschool children were reported by 43 percent of centers; a higher proportion than for any other age group. Only 17 percent of centers reported that they could enroll additional infants. The vacancy rate for toddlers was 32 percent while the vacancy rate for kindergarteners was 26 percent which increased to 36 percent for school-age children.

Figure 3: Percent of Centers with Vacancies by Age Group, 2010



Overall, 71 percent of centers had at least one vacancy. However, when looking at differences in vacancies by region, Region 2 had proportionately fewer centers with vacancies in all age categories except for children in kindergarten. This region includes Yakima, Walla Walla, Kittitas, Franklin, Columbia and Benton counties. In Region 2, only 10.6 percent of centers had vacancy for infants, which was the lowest proportion across all regions and age groups. Other vacancy rates in Region 2 ranged from 21.2 percent to 27.3 percent across the other age groups.

Regions 3 and 6 had the highest vacancy rates among centers with vacancies in almost all age groups. Vacancy rates in Region 3 ranged from 19.6 percent for infants to 47 percent for preschool age. Vacancy rates for Region 5 ranged from 25.6 percent for infants to 51.6 percent for preschool age.

Table 8: Percent of Centers with Vacancies by Age Group and Region, 2010

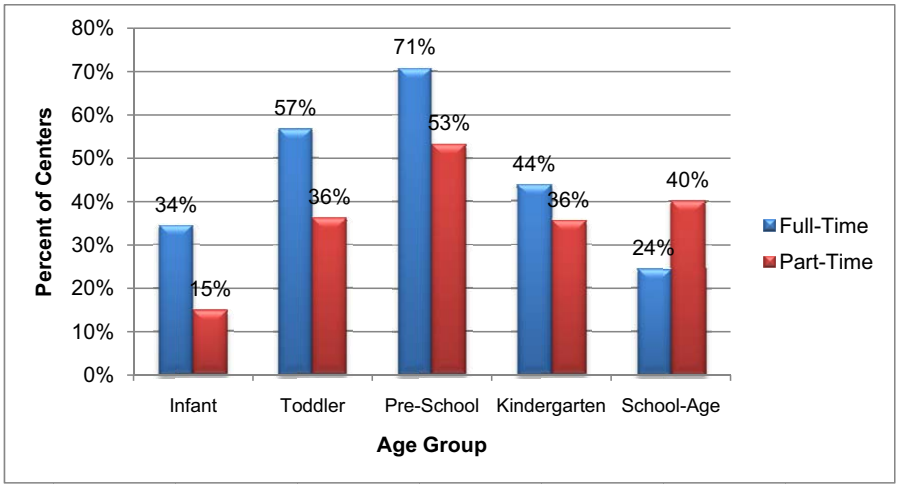
Region	Any Vacancies	Infant	Toddler	Preschool	Kindergarten	School-Age
1	61.6%	16.9%	33.6%	40.5%	28.1%	31.5%
2	51.5%	10.6%	22.7%	27.3%	21.2%	23.6%
3	80.4%	19.6%	38.5%	47.0%	32.6%	38.5%
4	66.8%	14.0%	23.5%	42.8%	19.3%	30.1%
5	79.6%	25.6%	42.7%	51.6%	31.3%	40.1%
6	81.5%	18.0%	35.0%	46.2%	29.4%	50.7%
Total	70.8%	17.2%	31.8%	43.4%	26.2%	36.0%

Full-Time and Part-Time Care in Centers by Age Category

Seventy-one percent of centers were providing full-time care for preschool children, and 57 percent were providing full-time care for toddlers. Fewer centers were providing full-time care for older children, with 44 percent providing full-time care for children in kindergarten and only 24 percent providing full-time care for school-age children. Finally, 34 percent of centers were providing full-time care for infants. In all age categories except school-age, higher percentages of centers were providing full-time care compared to part-time care.

More than half of centers, 53 percent, were providing part-time care for preschoolers, less than half of centers were providing part-time care for any other age group. Thirty-six percent of centers were providing part-time child care for toddlers, and 36 percent were providing part-time care for children in kindergarten. Forty percent were providing part-time care for school age children, and only 15 percent of centers were providing part-time care for infants.

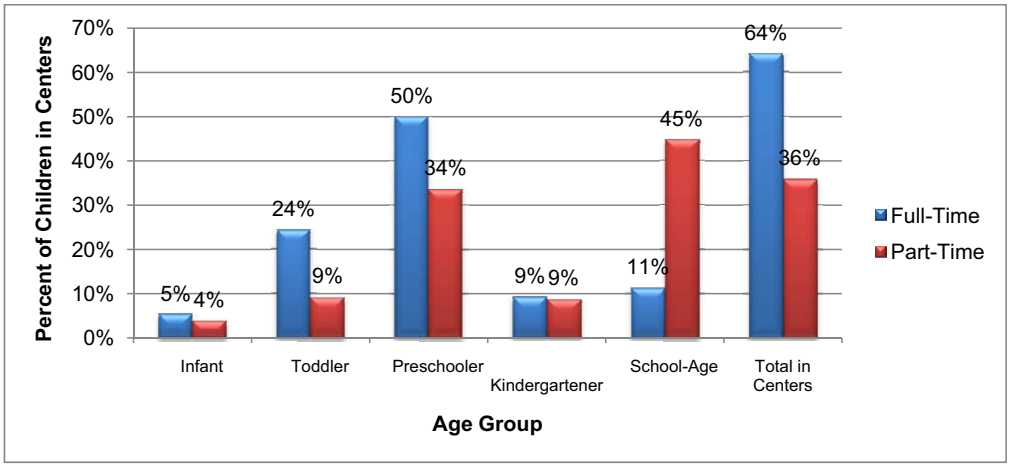
Figure 4: Centers Providing Full-Time and Part-Time Care by Age Group, 2010



Sixty-four percent of children in child care were in full-time care while 36 percent were in part-time care. Of all the children in full-time care, half were preschoolers, about one fourth, 24 percent, were toddlers, 9 percent were kindergarten age, and 11 percent were school-age. The remaining 5 percent of children in full-time care were infants.

Among all children in part-time care, about two-fifths, or 45 percent, were school-age children, while an additional third, or 34 percent, were preschoolers. Only 9 percent of children in part-time care were kindergarten age and another 9 percent were toddlers. The remaining 4 percent were infants.

Figure 5: Distribution of Children in Centers in Full-Time and Part-Time Care by Age Group, 2010



When examining the population of children enrolled in centers by DSHS region and age group, Region 4 had the highest number of children receiving full-time or part-time care. Region 2 had the lowest number of children receiving full-time or part-time care.

Table 9: Child Care Center Population by Region and Age Group, 2010

	Region						
	1	2	3	4	5	6	All
Full-Time							
Infant	639	385	540	1,426	873	768	4,631
Toddler	2,356	1,512	2,502	7,015	3,656	4,399	21,440
Preschooler	4,970	4,303	7,346	15,380	5,995	6,199	44,193
Kindergartener	1,213	1,057	1,097	2,163	1,243	1,342	8,115
School-Age	920	774	1,871	2,705	2,430	1,295	9,995
Total for Full-Time	10,098	8,031	13,356	28,689	14,197	14,003	88,374
Part-Time							
Infant	131	68	150	594	739	207	1,889
Toddler	636	216	762	1,422	628	843	4,507
Preschooler	1,912	944	2,386	6,455	1,413	3,441	16,551
Kindergartener	827	335	537	1,316	615	640	4,270
School-Age	4,098	2,029	3,045	6,501	1,946	4,435	22,054
Total for Part-Time	7,604	3,592	6,880	16,288	5,341	9,566	49,271

Centers were asked if they provided before- and after-school care and if they offered summer care for school-age children. If so, they were asked how many part-time and full-time school-age children they anticipated for summer. Sixty-one percent of centers offered before- and after-school care during the school year, and 58 percent planned to offer care for school-age children in the summer. Centers planning to provide summer care for school-age children, anticipated having an average of 23.9 full-time children and an average of 5.1 part-time children.

Table 10: Anticipated Average Number of Full-Time, School-Age Children Enrolled in Before and After School and Summer Care among Centers, 2010

	Percent	Anticipated Average # of Full-Time School-Age Children	Anticipated Average # of Part-Time School-Age Children
Provide Before and After School Child Care for School-Age Children	61.3%	--	--
Provide Summer Child Care for School-Age Children	58.0%	23.9	5.1

CHAPTER 4: CHILDREN IN LICENSED CARE – FAMILY HOMES

Vacancies

To estimate vacancies, family home providers were asked how many openings they had for children of any age, and more specifically, the number of openings for children under age two. More than half of family child care providers, 59.6 percent, had at least one vacancy compared to 70.8 percent of centers (Table 8).

Compared to the other regions, Region 6 had the fewest vacancies for children under two years old in family homes at 27.4 percent. On average, in Regions 1 through 4, child care for children less than two years of age was available in at least two out of five family homes providing infant care. In Region 5, care could be found in about a third of family homes that provided infant care. The highest vacancy rate for children younger than two years old occurred in Regions 3 and 1, with 44.9 percent and 46.2 percent vacancy rates respectively.

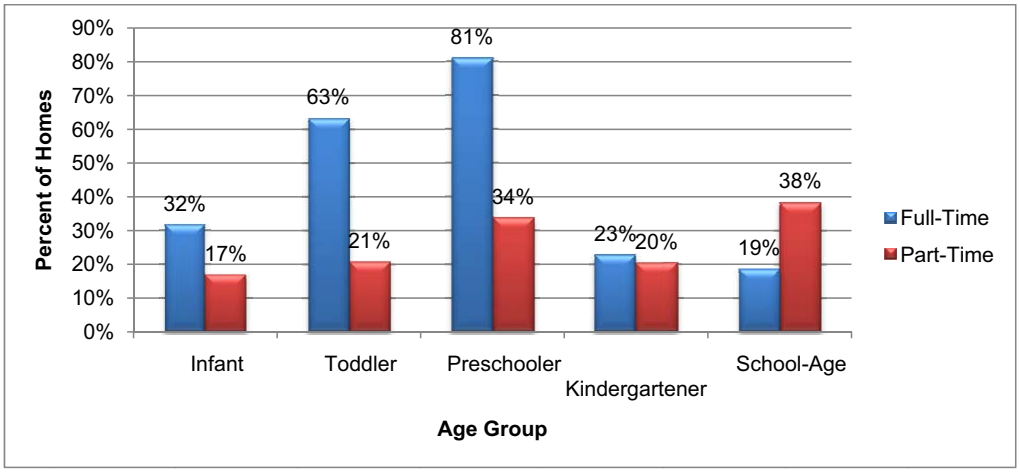
Table 11: Family Homes with Vacancies by Region, 2010

Region	Children < 2 Years	Any Vacancies
1	46.2%	62.1%
2	40.3%	60.9%
3	44.9%	62.4%
4	42.9%	60.6%
5	35.8%	57.3%
6	27.4%	50.7%
All	40.6%	59.6%

Full-Time and Part-Time Care in Family Homes by Age Category

Eighty-one percent of family homes provided full-time care for preschool children, and 63 percent provided full-time care for toddlers. In contrast, only 19 percent provided full-time care for school-age children, and only 23 percent provided full-time care for children of kindergarten age. Thirty-two percent provided full-time care for infants. Fewer family child care providers provided part-time care than full-time care for each age group except for school-age children. While 38 percent of family child care providers provided part-time care for school-age children, 20 percent provided part-time care for the kindergarten age group. Similarly, 34 percent provided part-time care for preschools, and 21 percent provided part-time care for toddlers. Only 17 percent provided part-time care for infants.

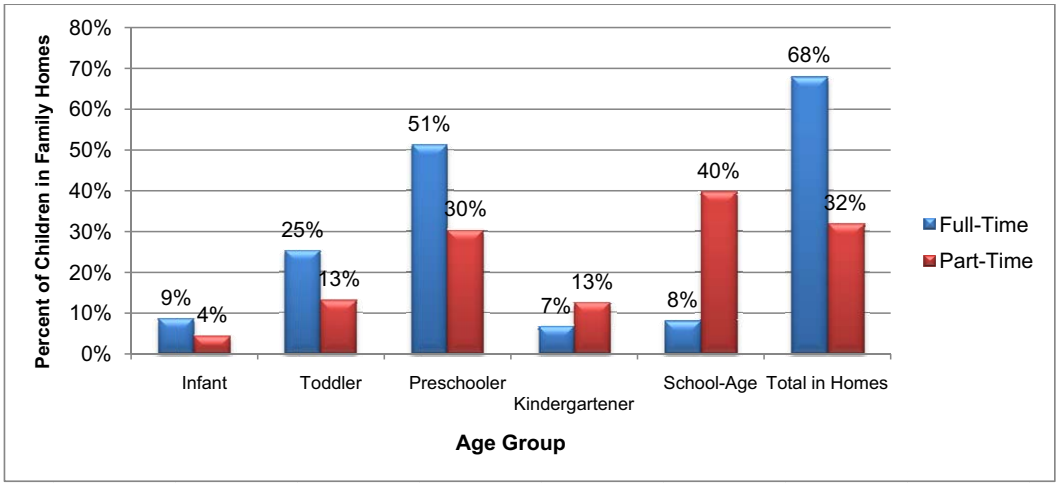
Figure 6: Family Homes Providing Full-Time and Part-time Care by Age Group, 2010



In family child care homes, full-time care for infants, toddlers and preschoolers was more prevalent than part-time care. Kindergarten and school-age children were more likely to be enrolled in part-time care. Preschoolers accounted for the highest proportion, or 51 percent, of full-time attendance, followed by toddlers at 25 percent. In contrast, school-age children made up only 8 percent, kindergarteners 7 percent, and infants 9 percent of children in full-time care in family homes. The result of the highest and lowest proportion was very similar to that of the centers.

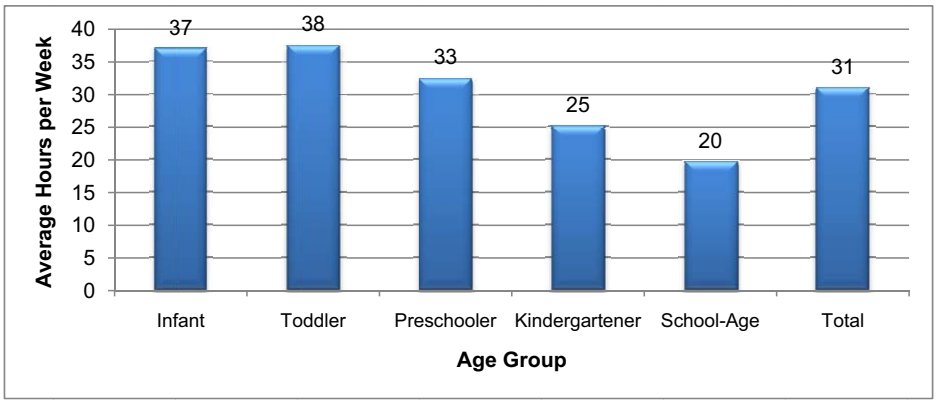
When compared to the number of children in full-time care, fewer children across all age groups were in part-time care provided in family homes except for kindergarteners and school-age children. In family child care homes, school-age children accounted for 40 percent and kindergarteners 13 percent of all children in part-time care. Preschoolers accounted for more than half, or 51 percent of children, toddlers accounted for a quarter, and infants accounted for 9 percent of all children in part-time care provided in family homes.

Figure 7: Distribution of Children in Family Homes in Full-Time or Part-Time Care, 2010



On average, children received care in family homes for at least 31 hours except for kindergarteners, who received 25 hours, and school-age children, who received 20 hours of care in family homes per week. Toddlers and infants spent the most time, 38 hours and 37 hours respectively, while preschoolers spent 33 hours in care provided by family home providers in a typical week.

Figure 8: Average Hours per Week in Family Home Care by Age Group, 2010



Providers in Region 4 cared for the most full-time and part-time children, 6,383 and 2,845 respectively. Providers in Region 5 cared for the fewest full-time and part-time children, 3,013 and 1,521 respectively.

Table 12: Family Home Population by Region and Age Group, 2010

	Region						
	1	2	3	4	5	6	All
Full-Time							
Infant	390	474	323	580	248	275	2,290
Toddler	1,103	1,249	992	1,776	731	806	6,657
Preschooler	2,246	2,760	1,843	3,243	1,542	1,892	13,526
Kindergartener	266	416	248	363	235	235	1,763
School-Age	323	665	292	421	257	164	2,122
Total for Full-Time	4,328	5,564	3,698	6,383	3,013	3,372	26,358
Part-Time							
Infant	76	67	89	152	94	58	536
Toddler	255	206	336	398	192	228	1,615
Preschooler	577	412	622	1,047	461	626	3,745
Kindergartener	313	304	210	224	246	255	1,552
School-Age	971	877	662	1,024	528	872	4,934
Total for Part-Time	2,192	1,866	1,919	2,845	1,521	2,039	12,382

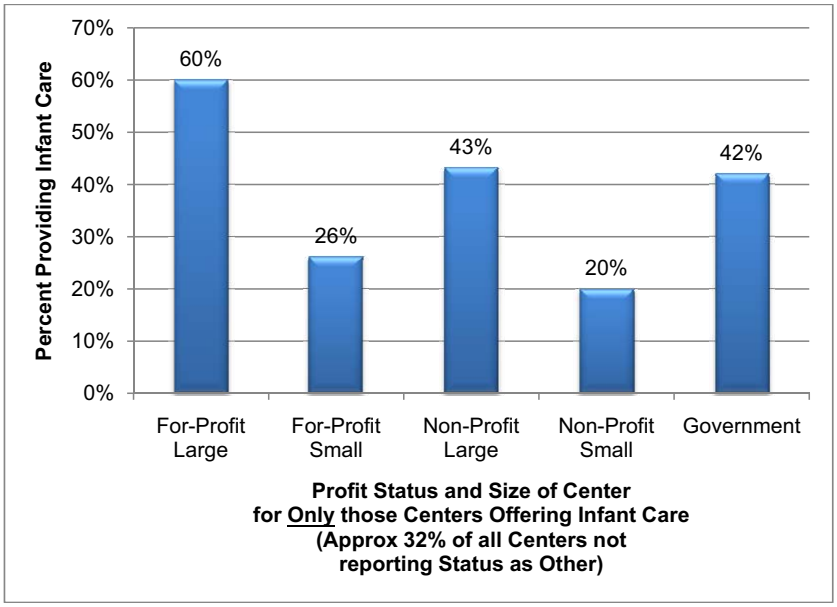
CHAPTER 5: PROFIT STATUS AND INFANT AND SCHOOL-AGE CARE AMONG CENTERS

Type of Center and Specialization

Differences in the centers' profit status and their sizes are listed in Figure 9, particularly in how these aspects related to specialization in the provision of child care. Centers were classified as either non-profit, for-profit or government centers. (Government centers include Tribal centers, military, Head Start, school district and community colleges.) In addition, centers with a capacity of 60 or more children were distinguished from smaller centers.

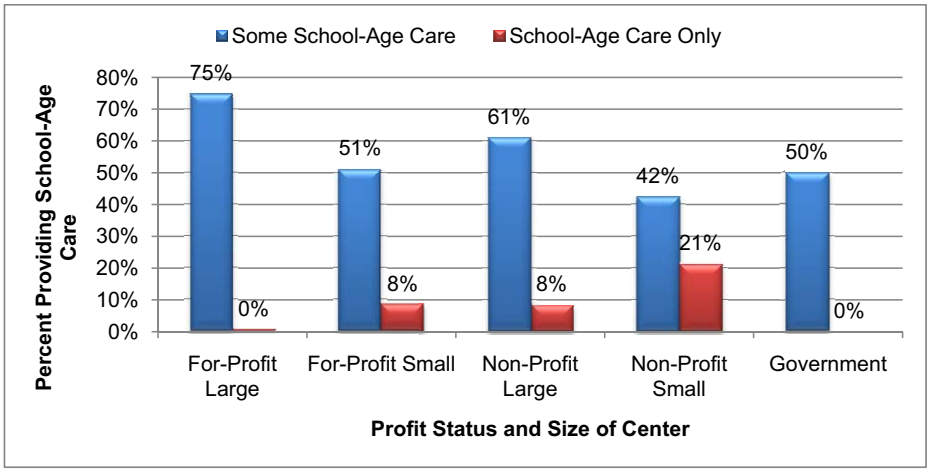
For-profit centers with a capacity of 60 or more were the type of centers most likely to provide care for infants, while non-profit centers with a capacity of fewer than 60 were least likely to provide care for infants. Large non-profit centers composited 43% of all centers providing infant care. Small for-profit centers composited 26 percent and government centers composited 42 percent of all centers providing care for infants.

Figure 9: Child Care Centers' Profit Status and Infant Care, 2010



Large for-profit child care centers were the most likely to provide care for some school-age children; whereas small non-profit centers were the most likely to specialize in school-age care.

Figure 10: Child Care Center's Profit Status and School-Age Care, 2010

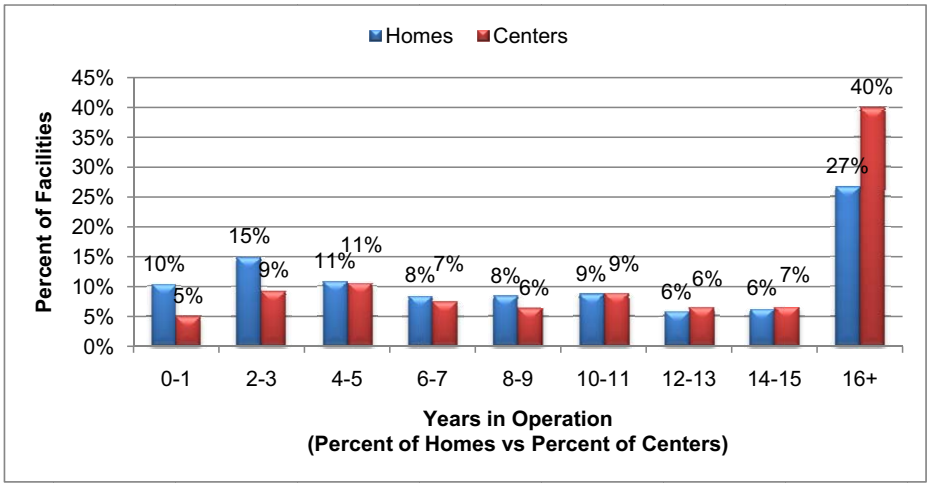


CHAPTER 6: PROVIDER BUSINESS TRAITS

Years of Operation for Child Care Centers and Family Homes

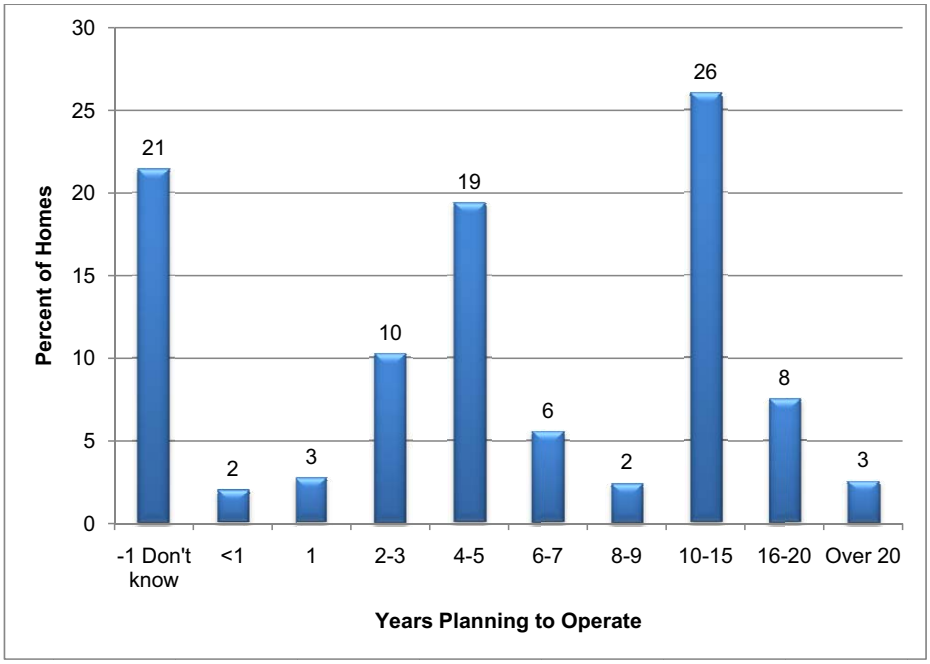
Centers generally stay in business longer than family homes. According to the 2010 surveys, centers had been in business for an average of 15 years while family homes had been in operation for an average of 11 years. More than half, 62 percent, of centers and 48 percent of family homes had been in operation for 10 years or more. A higher percentage of family homes than centers had been in business for fewer than six years (36 percent versus 25 percent).

Figure 11: Years in Business: Family Homes and Centers, 2010



Two percent of family home providers stated that their facilities would not be in business next year. This equates to 110 family homes out of business within the year. Fifteen percent of family home providers anticipated no longer being in the child care business within three years. Twenty-seven percent of family home providers expressed that their facility will stay in business for the next four to nine years. Twenty-six percent will stay in business for the next 10-15 years; 8 percent for the next 16-20 years; and about 3 percent providers will stay in business over the next 20 years. More than one-fifth of family home owners, however, didn't know how long they would stay in business.

Figure 12: Years Plan to Operate a Child Care Home, 2010



Characteristics of Child Care Centers

Forty-four percent of all child care centers were operated by or as non-profit organizations; 41.1 percent were private for-profit businesses, 10.5 percent were government-run centers, and the remaining 4.4 percent were identified as other types of centers. Internet access was available at the majority (82.5 percent) of centers.

Table 13: Characteristics of Child Care Centers, 2010

		# in Population	Population Percent
Location	Church	268	12.8%
	School	565	27.0%
	Other Public Building	88	4.2%
	Employer Provided Facility	93	4.4%
	Rent or Own	961	45.9%
	Other	115	5.5%
	Respondent volunteers that it's in his or her own home	5	0.2%
Type of Center	Non-profit Center	929	44.0%
	For-profit Center	867	41.1%
	Government **	222	10.5%
	Other	93	4.4%
	University or College Based Center	68	3.2%
	Head Start, Early Head Start, kindergarten or ECEAP program	430	20.1%
	Access to Internet on site	1,761	82.5%

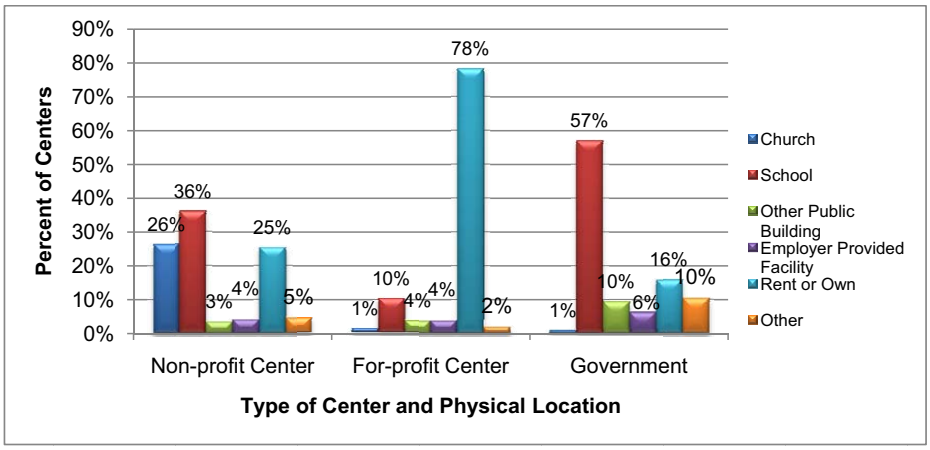
** Includes categories: Tribal, military, Head Start, school district, community college.

Centers of different types tended to be located in different types of buildings. More than half of government centers (57 percent) were located in schools and another 16 percent of government centers were located in a rented or owned building. Six percent of government centers were located in employer-provided facilities, 1 percent in churches and 20 percent in other types of buildings.

Most for-profit centers, or 78 percent, were located in private buildings that they either rented or owned; another 10 percent of for-profit centers were located in schools. The rest of the for-profit centers (11 percent) were located in employer-provided facilities, churches, privately rented or owned buildings, or other types of buildings.

Eighty-seven percent of non-profit centers were located in schools, churches and rented or owned facilities. The rest of the non-profit centers were located in employer-provided facilities or other types of buildings.

Figure 13: Type of Center and Physical Location, 2010



Years of Ownership, Number of Volunteer and Paid Staff, and Years of Center Staff Experience

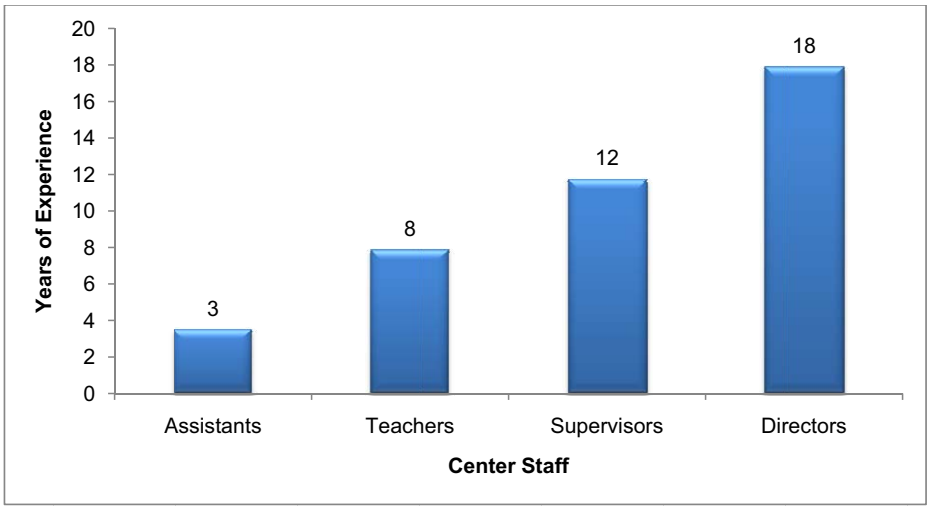
The average of years centers were under current ownership was 14.5 years. The average number of volunteers was 4.6 when considering only those centers with at least one volunteer. Sixty-seven percent of centers reported having no volunteers. On average, each center had 11.5 paid staff members.

Table 14: Average Years Ownership, and Number of Volunteer and Paid Staff among Centers, 2010

	Average
Years under Current Ownership	14.5
Number of Volunteers	4.6
Number of Paid Staff Members	11.5

Respondents at centers were asked to describe the experience of their paid staff members including assistants, teachers, supervisors and directors. Staff members' experience in child care ranged from less than a year to 26 years. The average experience varied with the type of position. Assistants had the lowest average amount of child care experience, three years, while directors averaged 18 years. Teachers had an average of eight years of experience compared to supervisors who had 12 years of experience.

Figure 14: Average Number of Years of Paid Child Care Experience for Center Staff, 2010



Paid and Non-Paid Staff at Centers

All centers employed paid staff members in 2010. About half, or 48 percent, were teachers, and about one-third, or 36.8 percent, were assistants. Supervisors accounted for 6.7 percent of staff compared to 8.6 percent directors. Close to one-third of centers received additional help from volunteers. The proportion of staff in the roles of supervisor and director were quite similar among for-profit, non-profit and government centers, ranging from 6.2 percent to 8.9 percent.

Government-affiliated centers were more dependent on assistants, at 51.1 percent, than for-profit and non-profit centers. Over two-fifths, or 42.6 percent, of government centers reported using volunteers to assist in the care of children. For-profit centers were the least likely, at 20.6 percent, to have volunteers compared to 42.6 percent of nonprofit centers and government-run centers. Among centers with at least one volunteer, for-profit centers averaged 0.6 volunteers, non-profits 2.3, and government-operated centers averaged 3 volunteers.

Table 15: Staff Composition by Type of Center, 2010

	Assistants	Teachers	Supervisors	Directors	% of Centers using Volunteers	Avg # of Volunteers
Non-profit Center	37.0%	47.2%	6.9%	8.9%	42.6%	2.3
For-profit Center	34.4%	51.4%	6.2%	8.0%	20.6%	0.6
Government	51.1%	32.8%	7.5%	8.7%	42.6%	3.0
Other	23.4%	56.1%	9.0%	11.5%	21.3%	0.7
All Centers	36.8%	47.9%	6.7%	8.6%	32.6%	1.5

Wages, Children Per Staff, and Type of Staff at Centers

Average hourly wages for center staff were $9.70 for assistants, $12 for teachers, $14 for supervisors, and $16.3 for directors. Compared to the 2008 survey results, average wages rose 5% for assistants and 5.9% for teachers over the last two years. However, average wages decreased 3% for supervisors and 33.9% for directors. The average monthly salary for directors in 2010, which was $2,822, was significantly lower than the average salary in 2008, which was $4,270. Whether the decrease was caused by the economy or calculation problems needs to be further examined.

Slightly fewer teachers, and supervisors were hired after September 1 in the previous year; more directors, at 1.3 percent, were hired compared to the 2008 survey. The proportion of assistants hired after September 1, 2009 remained the same as the assistants hired from September 1, 2007 to August 31, 2009.

Table 16: Median and Average Income, Children per Staff, and Turnover by Type of Staff among Child Care Centers, 2010

	Income*				
	Median Monthly	Average Monthly	Median Annual	Average Annual**	Hired After Sept 1, 2009
Assistants	$1,560	$1,674	$18,720	$20,888	41.1%
Teachers	$1,872	$2,082	$22,464	$24,984	22.1%
Supervisors	$2,340	$2,428	$28,080	$29,136	14.0%
Directors	$2,740	$2,822^	$32,880	$33,864^	12.6%

* Used the same monthly and annual hour estimates indicated in the footnotes for the 2008 table-Monthly income based on reported average hourly rate x 173.33 for assistant teachers, lead teachers, and supervisors. Annual income based on reported average hourly rate x 2080 for assistant teachers, lead teachers, and supervisors. Directors' annual income = average monthly income x 12.

^ Calculated same as 2008 footnote, however significantly smaller than 2008 figures. Since the 2010 medians compare favorably to the 2008 medians and the fact that the 2008 Means are exceptionally different from the 2008 Medians, I suspect the 2008 mean calculations were bad. In other words the means should not be as different from the medians as they appear in 2008 - the 2010 means and medians look more reasonable.

** We calculated the Average Annual column with values in the cents column. Corrected based on truncated average monthly income.

Staff turnover rates varied among different staff positions. The proportion of assistants newly hired was more than twice the proportion for teachers, which was 22.1 percent. Fourteen percent of supervisors were newly hired compared to 12.6 percent of directors newly hired after September 1, 2009.

Overall, the staff turnover rates of assistants, teachers and supervisors were lower than those of 2008. Over half of assistants in Region 2 were newly hired compared to 7.3 percent newly hired supervisors in Region 6. The turnover rate of directors varied significantly across the regions. Region 2 and 5 had no newly hired directors while more than one-third of the directors were newly hired in Region 3 since September 1, 2009.

Table 17: Percent of Staff Newly Hired by Region, 2010

Region	Assistants	Teachers	Supervisors	Directors
1	44.5%	24.3%	12.5%	7.9%
2	52.1%	18.7%	26.7%	0.0%
3	39.0%	25.7%	9.8%	37.6%
4	33.8%	20.2%	19.0%	8.1%
5	42.8%	25.4%	11.1%	0.0%
6	46.3%	19.4%	7.3%	8.3%
All*	41.1%	22.1%	14.0%	12.6%

* Since the populations of each region are not equal, the averages for the ALL row are weighted averages.

For all positions of employees, the wages paid in Region 4 (King County) were higher than those paid in other regions. The average monthly income for assistants, teachers, supervisors and directors in Region 4 was $1,878, $2,384, $2,759 and $3,256 respectively.

When comparing positions across the regions, assistants and teachers in Regions 2 had the lowest average monthly income at $1,542 and $1,914. For supervisors, Region 3 had the lowest average monthly income at $2,191. For directors Region 1 had the lowest average monthly income at $2,543.

Table 18: Median and Average Monthly Income of Child Care Center Staff by Region, 2010

	Monthly Income							
	Assistants		Teachers		Supervisors		Directors	
Region	Median	Average	Median	Average	Median	Average	Median	Average
1	$1,560	$1,630	$1,733	$1,958	$2,080	$2,332	$2,420	$2,543
2	$1,517	$1,542	$1,733	$1,914	$2,117	$2,269	$2,400	$2,603
3	$1,603	$1,662	$1,907	$1,977	$2,253	$2,191	$2,800	$2,924
4	$1,820	$1,878	$2,253	$2,384	$2,600	$2,759	$3,000	$3,256
5	$1,560	$1,573	$1,737	$1,986	$2,232	$2,218	$2,500	$2,564
6	$1,513	$1,561	$1,820	$1,918	$2,253	$2,396	$2,500	$2,577
All*	$1,560	$1,674	$1,872	$2,082	$2,340	$2,428	$2,740	$2,822

* Since the populations of each region are not equal, the averages for the ALL row are weighted averages.

Salaries paid to assistants, teachers, supervisors and directors are further broken down by center types in Table 19. Regardless of positions, staff members employed through government centers had the highest levels of income whereas staff members employed through for-profit centers had the lowest levels of income. The higher the position, the larger the gap was between the highest and lowest income.

The gap between the highest median monthly amount paid to assistants, at $1,964, and the lowest was $404. The gap between the highest median monthly amount paid to teachers, at $2,628, and lowest was $877. The gap between the highest median monthly amount paid to supervisors, at $3,111, and lowest was $858. The gap between the highest median monthly amount paid to directors, at $3,657, and lowest was $1,057.

Table 19: Median Monthly, Average Monthly and Annual Income in Child Care Centers by Center Type, 2010

	Income			
Center Type	Median Monthly	Average Monthly	Median Annual	Average Annual
Government				
Assistants	$1,964	$1,973	$23,566	$23,676
Teachers	$2,628	$2,721	$31,533	$32,652
Supervisors	$3,111	$3,156	$37,336	$37,872
Directors	$3,657	$3,494	$43,884	$41,928
Non-Profit				
Assistants	$1,560	$1,647	$18,720	$19,764
Teachers	$1,907	$2,070	$22,880	$24,840
Supervisors	$2,321	$2,366	$27,851	$28,392
Directors	$2,800	$2,875	$33,600	$34,500
For-Profit				
Assistants	$1,560	$1,619	$18,720	$19,428
Teachers	$1,751	$1,974	$21,008	$23,688
Supervisors	$2,253	$2,288	$27,040	$27,456
Directors	$2,600	$2,599	$31,200	$31,188

Employee Benefits for Teachers in Centers

Questions related to benefits were restricted to the lead teachers. Two-third of centers offered paid vacation and 56.2 percent offered paid sick leave. Half of the centers offered medical insurance. The centers were less likely to offer paid sick leave, paid vacation and medical insurance since 2008.

Table 20: Lead Teacher Benefits in Child Care Centers, 2010

	Percent of Centers
Paid Sick Leave	56.2%
Paid Vacation	66.5%
Medical Insurance	50.2%

Table 21 further breaks down benefits by regions. Centers in Region 4 were most likely to offer benefits to teachers whereas centers in Region 2 were the least likely to offer benefits. In Region 4, 71.9 percent of centers offered paid sick leave, 75.1 percent of centers offered paid vacation and 64.8 percent of centers offered medical insurance. In Region 2, 30.3 percent of centers offered paid sick leave, 47.7 percent of centers offered paid vacation and one quarter of centers offered medical insurance.

Table 21: Centers providing Benefits to Lead Teachers by Benefit Type and Region, 2010

Region	Paid Sick Leave	Paid Vacation	Medical Insurance
1	57.6%	65.3%	44.4%
2	30.3%	47.7%	25.8%
3	51.5%	55.8%	40.0%
4	71.9%	75.1%	64.8%
5	51.9%	65.4%	39.1%
6	49.7%	72.4%	61.1%
All*	56.2%	66.5%	50.2%

* Since the populations of each region are not equal, the averages for the ALL row are weighted averages.

Characteristics of Family Child Care Homes

In 2010, 61.8 percent of family homes received assistance from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program. More than half, or 56.2 percent, of participants from family homes reported having liability insurance, and 56.2 percent claimed that their child care earnings were the main source of income for their households.

Compared with 2008, more family home providers were covered by liability insurance, and more family homes providers regarded the child care earnings as their main source of income. On-site Internet access rate at family homes increased 4 percent since 2008 and was at a rate similar to that found for centers (84.9 percent versus 82.5 percent; Table 13).

Table 22: Characteristics of Family Home Providers, 2010

	Percent of Family Homes
Receive Assistance from the USDA Food Program	61.8%
Covered by Liability Insurance	56.2%
Child Care Earnings Main Source of Income	56.2%
Access to Internet On-site	84.9%

The majority, 73.7 percent, of family home providers indicated they had medical insurance. When asked about levels of education, 10.5 percent reported having an associate degree in child development or a Child Development Associate (CDA); only 2.7 percent had a bachelor's or graduate degree in early childhood development. Fewer owners of family homes had an associate degree, a CDA or a bachelor's or graduate degree in early childhood development compared to 2008 survey.

A little more than a quarter, or 27.6 percent, of family homes providers were Latino or Hispanic. Table 23 also displays the racial breakdown of the owners of family homes.

Table 23: Characteristics of Owners of Family Homes, 2010

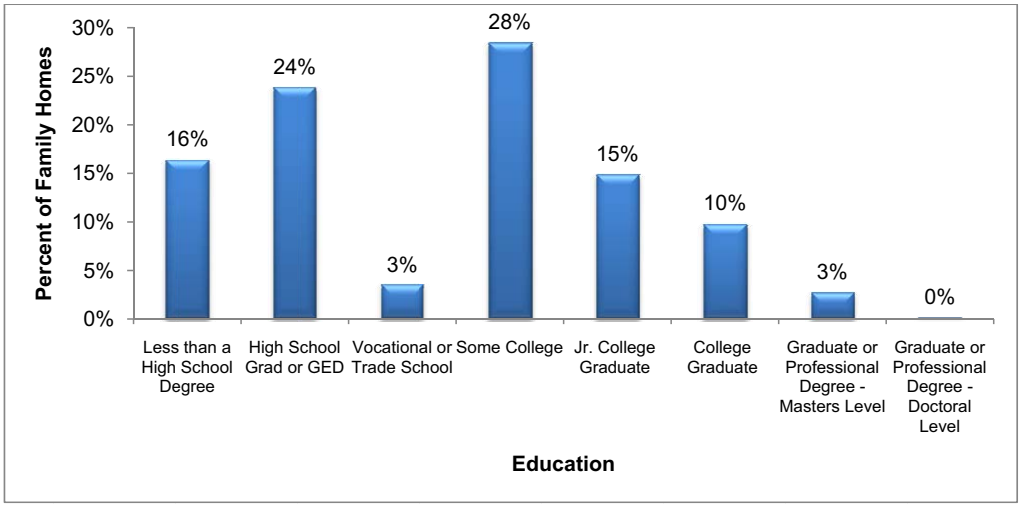
	Number of Family Homes	Percent of Family Homes*
Have Medical Insurance	4,059	73.7%
Have Associate Degree in Child Development or a CDA	580	10.5%
Have Bachelor's or Graduate Degree in Early Childhood Development	151	2.7%
Latino or Hispanic	1,521	27.6%
Racial Group		
White	3,151	57.3%
African American/Black	378	6.9%
Asian	202	3.7%
American Indian or Alaskan Native	113	2.1%
Hawaiian or Pacific Islander	55	1.0%
Other	1,525	27.7%
Refused to Answer	55	1.0%

*Note that percentages do not add up to 100% due to non-response.

Education of Family Home Providers

Thirteen percent of family home providers had a college or master's degree and among them, almost 3 percent had a bachelor's or graduate degree in early childhood education. Close to half, 43 percent, of family home providers either had some college experience or were junior college graduates. Three percent of family home providers had a vocational or trade school degree whereas close to one quarter of providers had Graduate Equivalency Degree (GED) or high school degrees. However, 16 percent of providers reported having less than a high school degree.

Figure 15: Family Home Providers' Highest Level of Education, 2010



Income of Family Home Providers

The average gross income for family home providers in King County (Region 4) was $46,729 and higher than those in all other regions. Family home providers in Region 1 earned the least with an average gross income of $36,551. Compared with income reported in 2008, family home providers in Region 1, 2, and 6 saw an increase in the average annual earnings whereas the remaining regions experienced a decrease.

Table 24: Median and Average Gross Annual Earnings of Family Home Providers by Region, 2010

	Family Home Annual Earnings	
Region	Median	Average
1	$28,000	$30,535
2	$29,500	$31,731
3	$32,000	$35,015
4	$35,000	$46,729
5	$33,500	$34,802
6	$29,233	$37,819
All	$30,010	$36,551

* Since the populations of each region are not equal, averages for the ALL row are weighted averages.

The earnings of family home providers were related to other factors besides geography. For the majority of family home providers, 56.4 percent, child care earnings were their households' primary source of income. The average income, $41,173, was considerably higher than family home providers with other income sources. A positive relationship was found between the length of time family homes had been in business and their incomes. The longer a family home provider was in business, the higher income he or she tended to make.

Table 25: Median and Average Earnings of Family Home Providers Overall and by Years in Business and Child Care as Main Source of Income, 2010

	Family Home Annual Earnings	
	Median	Average
Overall	$30,010	$36,551
Years in Business		
0 through 3 years	$20,339	$22,859
4 through 6 years	$29,000	$35,992
7 or more years	$36,000	$42,793
Child Care Main Source of Income		
Yes	$37,000	$41,173
No	$26,000	$30,662

Hours of Operation

Early morning child care was available at about 60 percent of centers and about half of family homes open before 7 a.m. Centers were more likely than family homes to stay open past 6 p.m. In 2010, 76.8 percent of centers were open later in the evening, after 6 p.m., compared to 34.9 percent of family homes.

Parents had a better chance finding 24-hour care and weekend care in family homes in 2010. While only 0.2 percent of centers were open 24 hours, close to one-fifth, 19.5 percent, of family homes were open 24 hours. Similarly, 48.6 percent of family homes provided weekend service compared to only 3.5 percent of centers.

Table 26: Child Care Availability by Type of Facilities, 2010

	Centers	Family Homes
Mornings		
Before 6 a.m.	10.7%	17.3%
6 to 7 a.m.	49.2%	31.7%
Evenings		
6 to 7 p.m. *	72.8%	26.4%
7 to 8 p.m. **	1.5%	2.5%
Later than 8 p.m. ***	2.5%	6.0%
Open 24 Hours	0.2%	19.5%
Weekends		
Saturday	2.9%	29.7%
Sunday	0.6%	18.9%

* Reported closing times from 6 p.m. to 6:59 p.m.

** Reported closing times from 7 p.m. to 7:59 p.m.

*** Reported closing times of 8 p.m. and later

Special Needs Care at Centers and Family Homes

More than half, 61.3 percent, of centers were providing care for children with special needs and about two-fifths of family homes either were providing or had provided care for children with special needs at the time of the survey. One-fifth of centers that weren't providing special needs care had provided care for children with needs previously. The main reason family homes did not currently provide special needs care was because no parents had sought that service.

Twelve percent of centers and 11 percent of family homes received the special needs rate (Tier 1) and/or applied for and received a rate above the special needs rate (Tier 2) since July 1, 2009. The majority of centers, 82.5 percent, and 61.8 percent of family homes received the special needs rate after they applied for it after July 1, 2009. The proportions of centers and family homes received a rate above (Tier 2) special needs rate were even larger since they applied for it after July 1, 2009 (Center: 84% & Family Homes: 63.6%).

When parents sought special needs care for their children, they were more likely to seek care from centers (74.2 percent) compared to family homes (40.3 percent).The majority of centers (73.2 percent) and family homes (64.9 percent) had the ability to provide special needs care. However, more centers (47 percent) stated they had special training or skills to care for children with special needs compared to family homes (26.9 percent). Fewer centers than family homes charged an extra rate for the care of a child with special needs.

Table 27: Comparison of Care to Children at Centers and Family Homes

	Percent of	
	Centers	Family Homes
Applied for the special needs rate since July 1, 2009?	8.0%	7.6%
Received special needs rate	6.6%	4.7%
Requested a rate above the special needs rate since July 1, 2009?	4.4%	3.3%
Received a rate above the special needs rate	3.7%	2.1%
Currently or have provided care for children with special needs	--	41.8%
Currently provide care for children with special needs	61.3%	--
Previously provided care for children with special needs (No Care Currently)	20.7%	--
Charge an extra rate for children with special needs	5.6%	11.2%
Have special training or skills to care for children with special needs	47.0%	26.9%
A parent with a child with special needs had sought the child care services	74.2%	40.3%
Have the ability to provide care for a child with special needs	73.2%	64.9%
Primary reason special needs care not provided:		
Lack of training	5.1%	9.6%
Lack of staff	5.6%	6.0%
None have sought service	--	31.8%
Something else	23.8%	9.5%

CHAPTER 7: CHILD CARE PRICES

In general, centers charged more per child than family homes regardless of the child's age. Infant care was the most expensive, with rates decreasing as children's age increased for both centers and family homes.

Table 28: Average Rate per Month and Annual Cost for Full-Time Child Care by Type of Facility and Age Group

	Average Rate per Month	Annual Cost of Child Care
*Centers **		
Infant	$1,060	$12,718
Toddler	$773	$9,281
Preschooler	$718	$8,613
Kindergartener	$610	$7,321
School-Age	$471	$5,654
All Ages	$693	$8,314
*Family Homes * ^*		
Infant	$682	$8,186
Toddler	$634	$7,607
Preschooler	$569	$6,833
Kindergartener	$486	$5,834
School-Age	$413	$4,959
All Ages	$586	$7,030

* Rates are all standard, full-time, non-subsidized

^ Rates for Family Homes calculated as in 2008: [Annual=Weekly Rate X 52] and [Monthly Rate=Annual/12]

CHAPTER 8: CHILDREN WHO RECEIVED CARE SUBSIDIZED BY THE STATE

Facilities That Accepted Child Care Subsidies

In 2010, an estimate of 46,550 children received subsidized child care in Washington. Among them 17,415 children were cared for in licensed family homes, representing 45 percent of all children in family homes, and 29,135 children were cared for in child care centers, representing 21.2 percent of all children in centers. Centers cared for children with subsidies at a higher rate than family homes, 77.3 percent versus 67.9 percent. Centers with no limits on the number of children with subsidies they accepted cared for 26,284 children with subsidies, which was more than nine times the number of children in the care of centers with limits. Of the centers that cared for children with subsidies, 1,434 centers (86.9 percent) didn't set limits on how many children with subsidized child care they accepted.

More than 45 percent of children in family homes received subsidized care and only 21.2 percent of children in centers received subsidized care. On average, a family home cared for 4.66 children with subsidies and centers cared for 19.3 children with subsidies over the last typical week of operation.

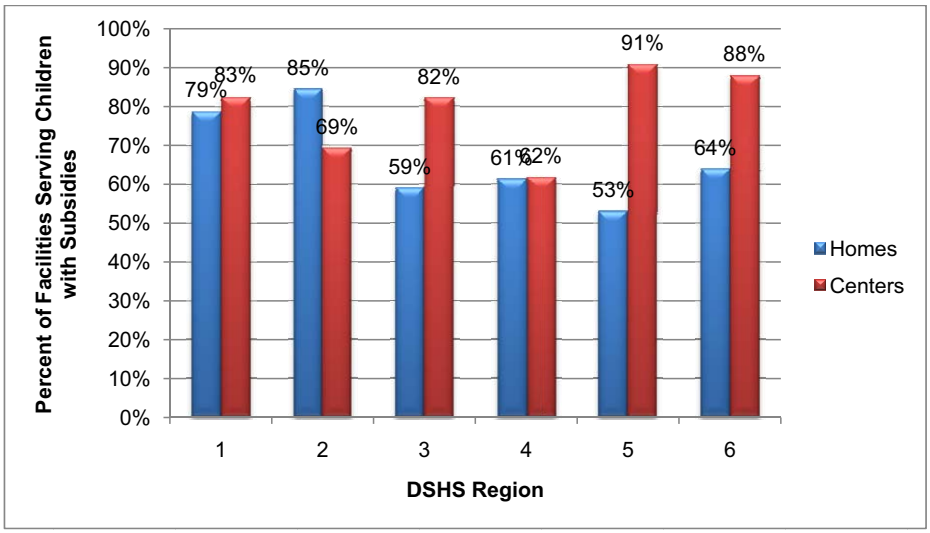
Table 29: Subsidies Accepted by Type of Facility, 2010

		Centers		
	Family Home Providers	Overall	Sets Limits	No Limits
Number of Facilities with Subsidized Children	3,739	1,650	216	1,434
As Percent of All Licensed Facilities	67.9%	77.3%	10.1%	67.2%
Total Number of Children Receiving Subsidies	17,415	29,135	2,851	26,284
As Percent of All Children in Licensed Care	45.0%	21.2%	2.1%	19.1%
Average # of Children Receiving Subsidies	4.66	19.3	13.8	20.1

Regional Variation

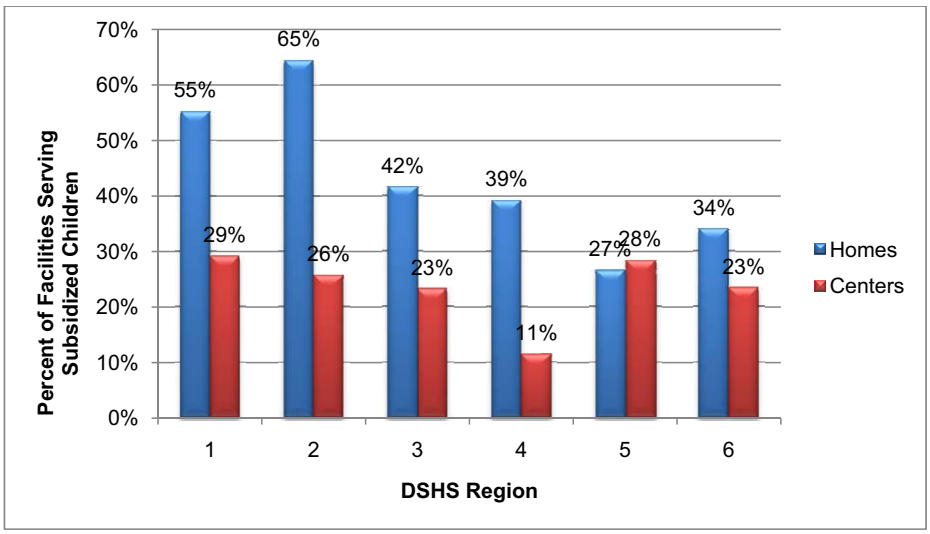
Centers in all regions – except Region 2 – had a higher rate of caring for children with subsidies than family homes. Region 5 had the largest disparity between homes and centers providing subsidized care. In that region, more than 90 percent of centers served children with state subsidies, the highest rate of all regions. However, just over half of family homes served children with subsidies in Region 5, the lowest rate of all regions. Centers and family homes in Region 4 had similar rates, about 61 percent, serving children with subsidies, the lowest rate for centers across the regions. The highest rate of family homes serving children with subsidies appeared in Region 2 compared to the lowest rate (53 percent) in Region 5.

Figure 16: Facilities Serving Subsidized Children by Region, 2010



In regions 1 and 2, children who received subsidized child care represented at least 50 percent of all children in licensed family homes. Region 2 had the highest proportion of children receiving subsidized child care in family homes at 65 percent, and Region 1 had the highest proportion in centers at 29 percent. The proportions of children receiving subsidized child care in family homes were higher than that in centers except for Region 5. Although family homes cared for fewer numbers of children with subsidies than centers overall, the difference was attributable to the smaller size of family homes.

Figure 17: Children Who Received Subsidies as Percent of All Children in Licensed Facilities by Region, 2010



In 2010, on average 77.3 percent of centers provided care for at least one child with subsidies. Region 4 had the lowest rate of serving children with subsidies, which was 61.7 percent. Of centers that provided care for children with subsidies, only one tenth of centers limited the number of children with subsidies that they enrolled. Region 2 was the most likely to set limits and Region 1 the least likely to set limits. For the centers not currently serving children with subsidies, the majority (52 percent) of centers were willing to serve them except for Region 2. Only 15.3 percent of centers in Region 2 were willing to accept children with subsidies in the future.

Compared to the 2008 survey results, all regions on average were less willing to serving children with subsidies in 2010, a reduction from 86.7 percent to 51.9 percent. For centers with limits, the average limit was 15 children with subsidies.

Table 30: Centers Limiting Enrollment of Children Who Received Subsidies by Region, 2010

Region	Number of Centers	% Serving Subsidized Children	% Willing to Serve Subsidized Children *	% Limiting Subsidized Children	Average Limit on Subsidized Children
1	349	82.6%	51.6%	6.0%	15
2	198	69.3%	15.3%	14.6%	25
3	301	82.3%	54.7%	10.6%	10
4	615	61.7%	56.7%	11.6%	13
5	289	91.0%	69.2%	13.2%	20
6	383	88.0%	60.5%	7.0%	16
All Centers	2,135	77.3%	51.9%	10.1%	15

* Of those centers not providing subsidized care (during their last typical week).

Effects of Subsidy Rates for Preschool Children in Centers

Among centers that cared for full-time preschool children, the average nonsubsidized monthly rate for such care was lower in centers that served children who received subsidies ($684) than in those centers that did not ($844). Region 2 had the largest impact on statewide differences at 58%, where 30.7% of centers not serving children with subsidies were located. In contrast, Region 5 had the smallest impact on statewide differences at 1%, where 9% of centers not serving children with subsidies were located.

Table 31: Full-Time Rates for Preschool Children, Differences between Centers Serving and Not Serving Children with Subsidies by Region, 2010

	Average Monthly Rates for Preschool Children		
Region	Serving Children Who Received Subsidies	Not Serving Children Who Received Subsidies	Percent Difference *
1	$564	$450	-20%
2	$539	$225	-58%
3	$691	$560	-19%
4	$920	$1,202	31%
5	$646	$637	-1%
6	$605	$591	-2%
All Centers	$684	$844	23%

* [(Not Subsidized Rate) - (Subsidized Rate)] / (Subsidized Rate)

DSHS Rates and 75th Percentile Rate for All Age Groups

Center non-subsidized monthly and weekly rates were converted to daily rates for comparison purposes in Table 32 and 33. The state subsidy rates were below the 75th percentile of the center private paid child care rate charged regardless of a children's age across the regions. In Region 4, three out of four centers charged an average daily rate for infant, toddler, preschooler care of $69.09, $57.95, and $48.64 respectively, which was significantly higher than the state subsidies reimbursement rates.

The data was also used to estimate the proportion of private paying children who received care that cost the same or less than the state subsidy rate. Using the same example, the daily subsidy rate for infant care in Region 4 was $44.38 or less at 11 percent of the centers' private pay rate. The biggest gap between the subsidy rate and the 75th percentile rate of all age groups appeared in infant care in Region 4, which was $24.71. The subsidy rate, however, was a lot closer to the 75th percentile of rates centers charged a day for school-age children in all regions, with the biggest difference being $1.21.

Table 32: Center DSHS Rates versus 75th Percentile Rate per Day[1] and Percent of Facilities At or Below DSHS Rate for Full-Time Children by Age Group and Region, 2010

	Infant			Toddler			Preschool			School-Age		
Region	Subsidy Rate*	75th Per-centile[2]	% At/Below Subsidy Rate[3]	Subsidy Rate	75th Per-centile[2]	% At/Below Subsidy Rate[3]	Subsidy Rate	75th Per-centile[2]	% At/Below Subsidy Rate[3]	Subsidy Rate	75th Per-centile[2]	% At/Below Subsidy Rate[3]
1	$28.53	$34.55	22%	$23.99	$30.68	20%	$22.67	$27.56	21%	$21.34	$22.93	57%
2	$28.81	$31.73	52%	$24.06	$28.18	39%	$22.30	$25.00	39%	$19.73	$20.00	68%
3	$38.13	$49.24	28%	$31.79	$39.00	33%	$27.46	$36.07	31%	$26.67	$27.52	72%
4	$44.38	$69.09	11%	$37.06	$57.95	13%	$31.09	$48.64	10%	$28.00	$28.34	73%
5	$32.54	$42.02	20%	$28.00	$36.00	20%	$24.65	$33.09	13%	$21.88	$23.09	63%
6	$31.99	$40.23	25%	$27.46	$35.23	28%	$23.99	$30.59	23%	$23.46	$24.55	67%

*All Rates are from the DEL website and are dated July 1, 2009 (and are the same as the 2008 report)
1 Daily Rate=Monthly/22.
2 Seventy-five percent of providers charge for care at or below given prices.
3 Percent of providers charging for care at or below rate.

The gap between the subsidy rate and the 75th percentile of the private paying rate family homes charged was smaller than that of centers. In Region 1, 3, and 6, the subsidy rates were even higher than the 75th percentile rate family homes charged per day for school-age children. In Region 4, the 75th percentile rate in three out of four family homes for infant, toddler, preschooler care of $44.00, $43.00, and $37.26 respectively, was higher than the subsidy reimbursement rates.

The daily subsidy rate for infant care in Region 4 was $40.04. Sixty-five percent of family homes in Region 4 reported charging the subsidy rate or less. The biggest gap between the subsidy rate and the 75th percentile rate for all age groups appeared in toddler care in Region 4, which was $8.19. The subsidy rate, similar to that of centers, was a lot closer to the 75th percentile rate family homes charged a day for school-age children.

Table 33: Family Home Subsidy Rates versus 75th Percentile Rate per Day[1] and Percent of Facilities At or Below the Subsidy Rate for Full-Time Children by Age Group and Region, 2010

	Infant			Toddler			Preschool			School-Age		
Region	Subsidy Rate*	75th Per-centile[2]	% At/Below Subsidy Rate[3]	Subsidy Rate	75th Per-centile[2]	% At/Below Subsidy Rate[3]	Subsidy Rate	75th Per-centile[2]	% At/Below Subsidy Rate[3]	Subsidy Rate	75th Per-centile[2]	% At/Below Subsidy Rate[3]
1	$24.29	$28.00	44%	$21.12	$25.20	34%	$21.12	24.00	42%	$18.78	$18.50	84%
2	$25.65	$29.70	57%	$22.30	$27.50	26%	$19.95	25.00	30%	$19.95	21.80	64%
3	$34.03	$37.43	41%	$29.33	$35.00	39%	$25.81	30.20	45%	$23.46	22.80	75%
4	$40.04	$44.00	65%	$34.81	$43.00	30%	$29.33	37.26	33%	$28.16	30.07	61%
5	$26.99	$32.00	30%	$23.46	$30.95	24%	$22.30	30.00	30%	$19.95	25.00	51%
6	$26.99	$30.00	46%	$23.46	$29.80	27%	$23.46	27.10	33%	$22.30	22.85	75%

*All rates are from the DEL website and are dated July 1, 2009 (and are the same as the 2008 report)
1 Daily Rate=Monthly/22.
2 Seventy-five percent of providers charge for care at or below given prices.
3 Percent of providers charging for care at or below rate.

Survey participants from centers not currently caring for children with subsidies were presented with the four statements listed in Table 34. They were asked to indicate whether they agreed or disagreed with each statement. About one-in-ten, or 8.9 percent, of participants believed caring for children receiving subsidies required extra work. The majority (77 percent) agreed that the state did not pay their full rates; 4.7 percent stated that they didn't understand subsidy billing rules, and 14.5 percent just didn't like to deal with the state.

Table 34: Beliefs and Attitudes about Subsidized Child Care Among Child Care Centers Not Currently Providing Subsidized Care, 2010

	Reasons for NOT Providing or Limiting Subsidized Care		
	Yes	No	DK/Refuse
The state does not pay my full rate	77.0%	11.1%	11.9%
Children with subsidies require extra work	8.9%	68.5%	22.6%
I don't understand subsidy billing rules	4.7%	71.1%	24.3%
I don't like to deal with the state	14.5%	64.3%	21.3%

Characteristics and Willingness of Family Home Providers Serving Children with Subsidized Child Care

In Washington, 67.9 percent of all family homes accepted children receiving child care subsidies. Fifty-seven percent of family home providers were white and more than half (58.3 percent) of those family homes served children with subsidies. A total of 7,470 children with subsidies were served in Hispanic-owned family homes, representing 42.9 percent of all children with subsidies in the state and 82 percent of all children in the care of Hispanic-owned family homes. A little more than 50 percent of Asian or Native American-owned family homes served children with subsidies compared to 81.2 percent in black-owned family homes.

While children with subsidies accounted for 45 percent of children in licensed care in 2010, 82 percent of the children cared for in Hispanic-owned family homes were children with subsidies, 79.1 percent in black-owned family homes, 38.7 percent in Asian-owned family homes, 37.3 percent in Native-American-owned family homes, and 31.8 percent of the children cared in white-owned family homes were children with subsidies. Also, children with subsidies accounted for 13.8 percent of all children cared for in family homes whose providers' ethnicities were unknown.

Table 35: Family Home Providers Serving Children with Child Care Subsidies by Ethnicity of Provider, 2010

	A	B	C	D	E	F
Ethnicity of Provider	# of Providers	Percent of Providers	Percent Serving Subsidized Children	# of Subsidized Children Served	Total # of Children Served	% of All Children (D as % of E)
White	3,151	57.3%	58.3%	7,189	22,638	31.8%
Hispanic	1,521	27.7%	88.7%	7,470	9,113	82.0%
Asian	202	3.7%	52.0%	420	1,084	38.7%
Black	378	6.9%	81.2%	1601	2,025	79.1%
Native American	113	2.1%	51.8%	315	845	37.3%
Other or Unknown	139	2.4%	87.6%	420	3,037	13.8%
State Total	5,504	100.0%	67.9%	17,415	38,742	45.0%

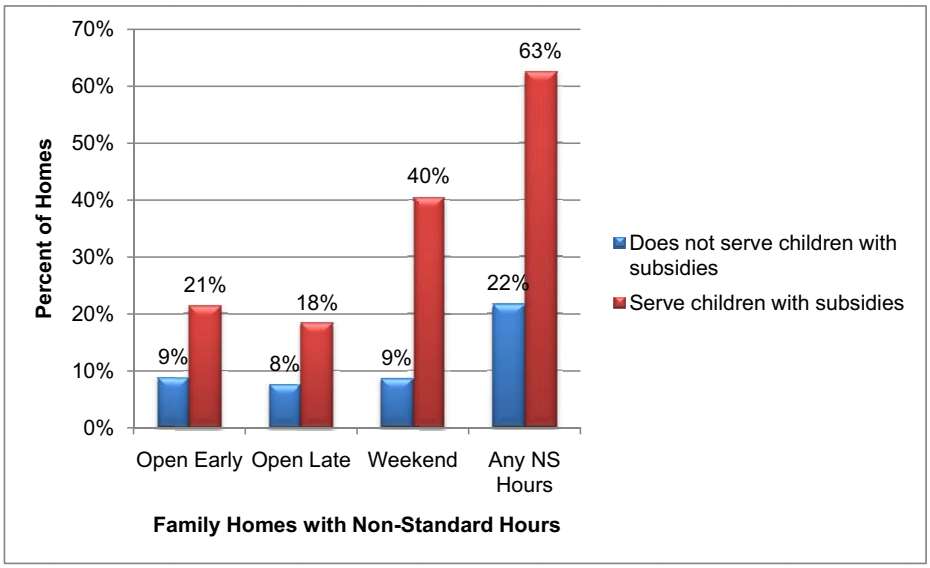
A total of 67.9 percent of family homes provided care for children with subsidies. Region 2 had the highest percentage of serving children with subsidies, which was 84.5 percent, compared to the lowest percentage in Region 5, which was 53.1 percent. Family homes in Region 6 that were not providing care to children with subsidies were the least willing to provide that type of care. Family homes in Region 1 that were not serving children with subsidies were the most willing to provide care to children with subsidies at 79.2 percent. Overall, 66.4 percent of family homes not serving children with subsidies were willing to provide care to children with subsidies.

Table 36: Family Homes Willing to Serve Children with Child Care Subsidies by Region, 2010

Region	Percent Serving Subsidized Children	Percent Not Currently Serving, but Willing to Serve Subsidized Children
1	78.8%	79.2%
2	84.5%	69.3%
3	59.0%	73.7%
4	61.3%	61.7%
5	53.1%	61.2%
6	64.0%	58.8%
All Family Homes	67.9%	66.4%

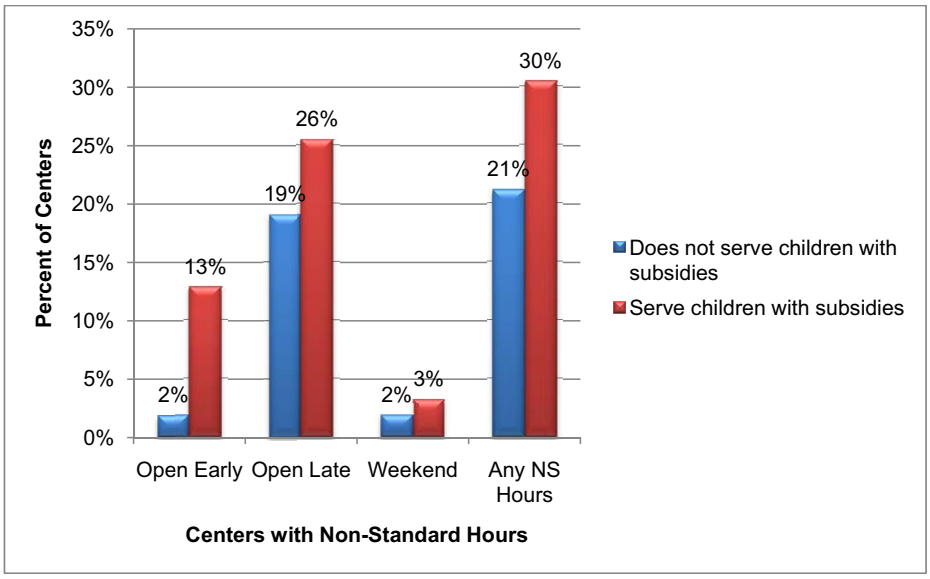
The data in Figure 18 indicated family homes that accepted children with subsidies were more accommodating of parents who worked non-standard work schedules than family homes that did not take children with subsidies. This was especially true for weekend (40 percent versus 9 percent) and any non-standard (NS) work hours (63 percent versus 22 percent). If parents were looking for a family home that had a NS work schedule, they were more likely to find it in a family home that served children with subsidies. In Figure 18, any NS hours included opening before 6 a.m., closing later than 6 p.m., or were open on a Saturday or Sunday.

Figure 18: Percent of Family Homes with Non-Standard Hours by Subsidy Status, 2010



Like family homes, centers that accepted children with subsidies were more accommodating of non-standard (other than Monday through Friday, 8 a.m. to 5 a.m.) work schedules than centers that did not take children with subsidies. However, regardless of serving children with subsidies or not, only a few centers (2 to 3 percent) were willing to open during weekends.

Figure 19: Percent of Centers with Non-Standard Hours by Subsidy Status, 2010



CHAPTER 9: EXPERIENCES WITH LICENSOR

Overall, the experiences with licensors were quite favorable in areas such as receiving timely information on licensing policy changes, getting answers to providers' questions, reasons behind licensing regulations, and suggestions on complying with the regulations. Less than 9 percent of participants from centers indicated that they were uncomfortable calling their licensors. Close to four-in-five (77.6 percent) of center providers stated they received timely information on changes to licensing policies; 87 percent agreed that the licensor clearly explained the reasons behind the licensing regulations at the most recent licensing visit; and 91.7 percent believed that the licensor clearly explained what the center needed to do to comply with the regulations.

Table 37: Distribution of Responses Regarding Attitudes and Experiences with Licensor among Child Care Centers, 2010

Child Care Centers	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
You are comfortable calling your licensor when you have questions about regulations.	60.7%	29.4%	4.8%	3.9%	1.2%
You receive timely information on changes to licensing policies.	29.9%	47.7%	14.8%	5.6%	2.0%
At your most recent licensing visit, the licensor clearly explained to you the reasons behind the licensing regulations.	48.3%	38.7%	7.1%	4.1%	1.7%
The licensor clearly explained to you what the center needs to do to comply with the regulations.	52.1%	39.6%	5.1%	0.9%	2.2%

The majority of family home participants also had positive experiences with their licensors and had no hesitation in calling their licensors, received timely information on licensing policy changes and clear explanations and suggestions from their licensors. Only 7.5 percent of participants didn't feel that they were regarded as knowledgeable about, and a professional in, the field of child care by their licensors.

Table 38: Distribution of Responses Regarding Attitudes and Experiences with Licensor among Family Home Providers, 2010

Family Homes	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
You are comfortable calling your licensor when you have questions about regulations.	37.7%	49.5%	8.0%	3.6%	1.1%
You receive timely information on changes to licensing policies.	21.6%	60.5%	12.1%	4.1%	1.8%
At your most recent licensing visit, the licensor clearly explained to you the reasons behind the licensing regulations.	36.6%	53.2%	6.3%	2.5%	1.5%
The licensor clearly explained to you what the center needs to do to comply with the regulations.	44.9%	49.6%	3.0%	1.0%	1.5%
The licensor regarded you as knowledgeable about, and a professional in, the field of child care.	43.5%	47.2%	4.6%	2.9%	1.8%

Figure 20: Attitudes and Experiences with Licensor by Centers

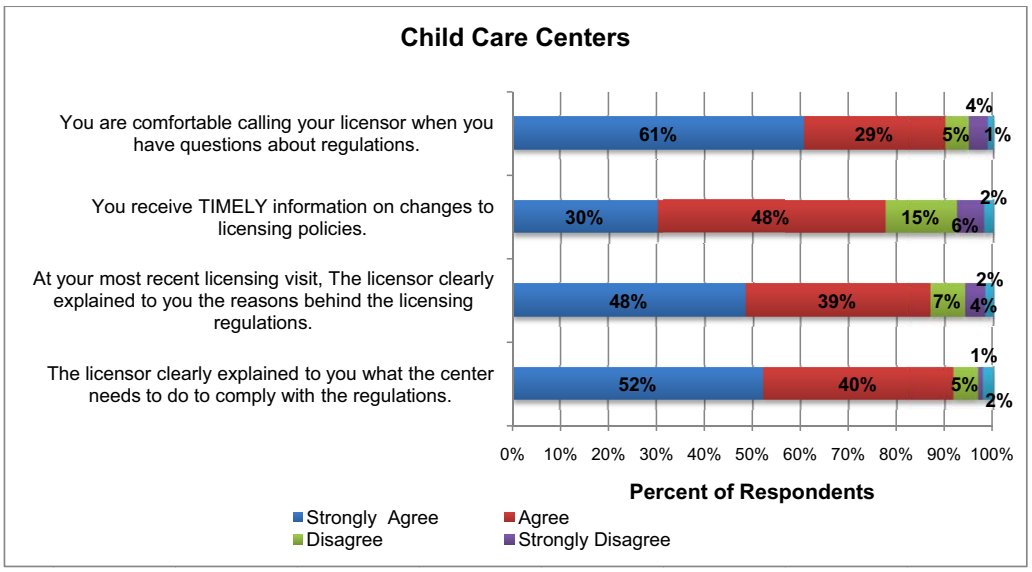
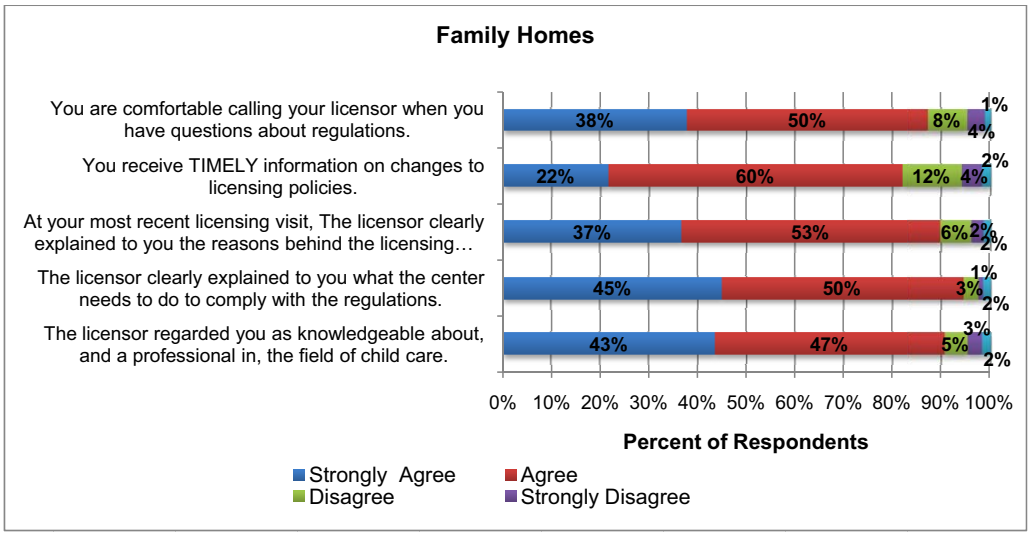


Figure 21: Attitudes and Experiences with Licensor by Family Homes



Center child care providers, compared with family homes, were more likely to call a licensor in the previous year. On average, center providers called their licensors 14.6 times compared to 3.4 times for family homes in the previous year. It took a seemly equivalent amount of days for the licensors to respond to both centers and family homes (centers: 2.8 days; family homes: 2.5 days). However, family home providers were more likely to receive a response from their licensors within the same day of inquiry (centers: 12.1 percent; family homes: 33.2 percent). Similarly, the majority (87.9 percent) of center child care providers had to wait for one or more business days for their licensors to return calls whereas a smaller proportion (66.8 percent) of family homes had to wait for one or more business days for their licensors to return calls.

Table 39: Experiences with Calling Licensor by Type of Facility, 2010

	Average	Response received the same day as inquiry	Response received 1 or more Days after inquiry
Child Care Centers			
Number of Times Called Licensor, Previous Year	14.6	6.0%	94.0%
Number of Business Days for Call to be Returned	2.8	12.1%	87.9%
Family Homes			
Number of Times Called Licensor, Previous Year	3.4	17.9%	82.1%
Number of Business Days for Call to be Returned	2.5	33.2%	66.8%

CHAPTER 10: CHILD CARE PROVIDERS' FEEDBACK

The last question of the 2010 Licensed Child Care Survey for both family homes and centers asked the participants to provide any further comments or questions either about this survey or for DEL. Almost 15 percent of center survey participants and 23.3 percent of family home survey participants answered this question. The fact that the number of comments was larger than the number of participants who answered this last question showed that some participants commented on more than one area. Table 40 shows the feedback categorized into different areas.

Table 40: Center and Family Home Provider Feedback

Topics	Centers	Family Homes

	#	%	#	%
Experiences with Licensor	41	19.2%	45	18.3%
DEL	29	13.6%	30	12.2%
Special needs	25	11.7%	5	2.0%
Reimbursement rates	20	9.3%	15	6.1%
Rules and regulations	14	6.5%	27	11.0%
Thank you/misc	9	4.2%	30	12.2%
STARS training	8	3.7%	2	0.8%
Pay and benefits	7	3.3%	0	0%
Educational opportunities and workforce	6	2.8%	7	2.8%
Survey related	37	17.3%	29	11.8%
Other	26	12.1%	63	25.6%
Total comment count	*227*	*106.0%*	*267*	*108.6%*
Total response count	*214*	*14.7%**	*246*	*23.3%***

*214/1460
**246/1054

Experiences with Licensor

Providers indicated they wanted licensors to have experience and education in child care or early development field, to get more training and refreshing courses, and/or to have worked in a child care facility or preschool programs before becoming a licensor. Family home providers wanted licensors to be more respectful, treat each provider equally, and respond more quickly. Moreover, lack of understanding by the providers and lack of consistency when interpreting Washington Administrative Code (WACs) were also mentioned by providers. Some of the comments were selected as following:

> *It would be extremely nice if all of the people that are sent out to monitor child care had actually worked in a child care center.*
>
> *Last time I called them it took them three months for them to return my calls. The licensors need to receive more training or something to improve their people skills.*
>
> *When a licensor has finished their review of a site, the provider should be given a questionnaire regarding the licensors professionalism, and knowledge of their job. They should also create a check list, so when they lose their files, we have proof that the information was actually given to them.*
>
> *For every licensor to be taught how to interpret the WACs the same way.*

Department of Early Learning (DEL)

About half of providers had positive feedback on DEL's performance, especially when it came to supporting children. However, some providers complained about not being

able to reach a real person in DEL, waiting too long for DEL's responses, or not having a help line when they have questions. Providers criticized the amount of paperwork needed to get licensed and the lack of information on reporting requirements. Some even suggested that DEL should obtain outside recommendations on how to improve. Others suggested that DEL have a system that offered encouragement for hardworking providers and teachers, such as an award each year for best provider and teacher in the state. Some of the comments were selected as following:

They are hardworking people at DEL, but they get a bad rap. DEL is exemplary and works extremely hard on behalf of all children, caring tremendously.

There needs to be some other form to get answers for DEL that is not a machine. I would like to have questions answered by a human being in a timely manner.

The biggest complaint is that you never feel free to call DEL, because they think if you are calling there is a problem.

DEL is heavy on the paperwork side but it isn't helpful. We used to have licensors who helped us and used to be advocates for us in a well rounded way. Now licensors are all about paperwork.

The amount of laws and rules are overwhelming and frustrating, including many hoops to jump through for taking care of just a few kids for a few hours.

Another reason we don't take DEL children is that the paperwork involved is complicated and time consuming.

DEL must provide documented training regarding mandatory reporting to providers. They train themselves annually, but the providers who deal with children every day ARE NOT BEING TRAINED. But they are being held responsible for accurate reporting.

DEL must provide clear reporting requirements that follow RCW and WAC regarding child/child sexual and/or abuse interaction.

Technical assistance must be documented.

The ability to question Licensors and Administration regarding RCW and WAC regulations will initiate documented assistance not retaliation.

DEL failed their own outside suggestions on how to improve things. They need to take recommendations by outside agency and look at the new child care bill written by the national child care association to better WAC codes.

Child care directors/staff usually get negative feedback but not much positive encouragement. I would suggest that through licensors every year a child care facility also teachers can be nominated for awards or star program. If there is a program like that which I am not aware of after five years then it should be better advertised.

They need to consider who they license and how they license. They focus on capacity, quantity, but not quality.

Educational opportunities and workforce

About 5 percent of all providers commented on the current educational opportunities and almost all of them requested more classes, seminars and conferences. They felt like they didn't get enough training on accommodating children with special needs, the current classes being offered had a lot of redundancy, and teachers and providers didn't have access to affordable or free training. Sample comments were selected and shown as following:

I would love to receive training on accommodating children with special needs into our program. My past experience with this has made me aware that each child has unique needs, but it would be great to have a resource to go to that would allow us to customize child care to allow care for all.

I wish we had more classes that the licensors provide, for directors, or things to do with STARS, I would like them to be involved because they have a lot of knowledge.

I think there should be more availability for teacher improvement at a lower cost. I would really like it if I could get more educated about children, and the way they learn and interact with the environment.

Finding new information relating to the needs of child(ren) in care I find myself going online more and networking with professionals more.

Pay and benefits

Among the few providers commenting on pay and benefits, lack of funding was the main issue for the providers. Some providers were only able to pay their employees minimum wages and therefore weren't able to keep good teachers. Providers hoped DEL would help them provide insurance to their employees. Sample comments were selected and shown as following:

It would be wonderful to have more funds for a smaller staff to child ratio so as to accommodate special needs children better.

> *If our private pay parents have to pay whether their child is absent for five or more days, then our contract with DEL should be the same. If we contract to fill a precious space with a DEL client and are required to have staff available to comply with our numbers at all times, then we should be guaranteed that we will be able to pay our staff same as with our private pay.*

Rules and regulations

The issue mentioned most by the 17 percent of providers commenting on the rules and regulations was that the current regulations were too excessive and a lot of the policies may sound good in an office setting but didn't apply to real world. Providers thought that some issues should be decided by directors and teachers. For example, directors and teachers should make decisions about when to transition older toddlers into classrooms with three and four year olds, not based on one rule. Public school should also follow the same rules given to the child care centers.

Certain rules were mentioned and perceived as not productive, such as asking for a child's dentist, the requirement for syrup of ipecac, the permission to use sunscreen and hand sanitizer, and the safety requirement for small climbing structures. Also, given the size of WACs, providers should be able to get free copies of WACS instead of having to download it from the Internet. Sample comments were selected and shown as following:

> *Because there are so many unlicensed providers in our state I think DEL needs to take that into account and try to loosen some of the regs to meet the qualifications of individual licensed providers. There must be a way to give variables on some regs and still keep the state covered in the event of a lawsuit.*
>
> *They need to look at how the policy have going a little over board, cause kids don't live in locked boxes.*
>
> *Maybe start thinking about different regulations for school aged care, not necessarily relaxing the regulations but some changes… the more the schools are underfunded for arts, academic support, and for additional behavioral support the more we have to fill that role at the expense of less recreation and less child care giving.*
>
> *The reduced number of license family home of child care providers should indicate to them that they need to reduce their regulations, if not, then family home child care is going to be a thing from the past.*

I am sick to death of being in competition with exempt half day preschools. They are putting me out of business. The people in my area who run exempt schools tell parents that being licensed is just "jumping through a bunch of hoops" and sometimes I feel that is true....

Bringing children that are four years old in the house every time I have to change a one year old is disruptive to the three and four year olds play. Play is never the same when I have to interrupt them.

The kids I take care of have been complaining about not being able to sleep with pillows, which is something the licensor that visited me prohibited me from having in my home.

Children miss out on normal childhood experiences because of the constant over governing of daycares due to the recklessness of a few.

I believe that child care programs still need to be prepared for poisoning emergencies but I believe we need to catch up with current best practices and get rid of syrup of ipecac in favor of activated charcoal.

DEL needs to provide free copies of WACs so providers can hand out to teachers. I understand safety, but some rules defy logic. They are theorized in an office somewhere, but aren't practical in real life.

Reimbursement rates

Of the 15 percent of providers who commented on the reimbursement rates, almost all providers criticized the state child care subsidy rate as being unrealistic and too low. For example, the low reimbursement rate for children with special needs was hurting the providers. The low rates sometimes forced providers not to take children with special needs in order to keep the child care centers and family homes open. Some providers claimed that the state should pay the same amount of money for the same type of work regardless of the region in which the centers or family homes were located. A couple examples are shown as following:

We would like to see tiered reimbursements to programs who meet higher standards.

I would really like to see a realistic subsidy rate. People need to realistically look at the income rates of people receiving subsidies so that the copays are more appropriate.

It would really help if the state rate for child care payments was closer to what we charge. Our rates are in line with other centers and yet we must take a huge financial hit in order to provide care for families that need us. Instead of things getting better, they lower our rate! Between paper work, people bouncing between "eligible" and "ineligible" a constant stream of renewals and the new "no back pay" rule, I often think about not accepting state paid kids.

We are finding that by taking the special needs students it is financially costing us a lot of money and burning out our staff.

Even our teachers who are over qualified, I can barely pay them a decent wage because we take so many DSHS kids and don't get reimbursed at a fair rate. It's not about a huge profit it's just about paying our educated teachers. How am I supposed to keep these teachers if we pay them a horrible rate?

They are paying us too little for everything we do to take care of the children.

It would be nice if we could get a raise because we are required to take classes and the state doesn't help us and we don't have enough to pay.

Why is the state pay so different…the gap is so large between counties for the same job being done?

Doesn't think it's fair that providers in different regions of the state receive different pay. Especially when two providers may be in such close proximities, and may pay the same prices (e.g. in grocery stores) as another nearby provider but could be paying higher utility bills and receiving a lower pay from DEL based on where they live.

Need to respectfully pay the same amount for all of you across the board no matter if you have a center or not. Everyone is bound by the same rule and regulation in order to care for children.

The State Training and Registry System (STARS) training

Only about 4 percent of all providers mentioned STARS training when asked to give further comments. Providers who took care of children with special needs would like more STARS training. Some providers complained about the cost for taking STARS classes every year and hope that DEL would help pay for their employees' training. Providers also wished STARS training would be offered online because it would be more convenient. Sample comments were selected and shown as following:

The packets of paper were wasteful, and the information could have been given other ways that are more environmentally friendly.

There is still a need for a better quality and more advanced trainings and it would be helpful if there was a way for the ones who complete the training, to have them demonstrate knowledge that they have obtained the content given.

I hate the STARS classes. They want us to have all this training, but they don't offer anything convenient - time wise or location wise.

Special needs

About 14 providers commented on a question asked earlier in the survey: "Do you want to care for children with special needs?" Providers felt the question was too vague and it would depend upon the special needs, whether it was emotional, medical, behavioral, or physical.

Some centers and family homes did accept children with special needs but did not have a specific special needs program. The centers and family homes that did take care of some children with special needs did not necessarily have teachers with backgrounds in special needs or were equipped for taking care of certain children with physical special needs.

A few providers would like to have more training in taking care of children with special needs. Additional training would allow them to feel more comfortable in caring for children with special needs. A few providers mentioned that they had not heard about tier 1 and tier 2 rates for special needs care and would like more information on those funds. Sample comments were selected and shown as following:

Unable to receive special needs child care rate as we cannot get a clearly defined answer(s) regarding the type of evidence needed to apply for the higher rate.

Applying for the special needs child care rate needs to be made more accessible to all centers. We have a couple children who qualify, but don't know how to go about applying for it.

If the state does want child care providers to take care of special needs, not only is the training upper most, but it takes a lot more care and energy, the pay should compensate for that.

They need to clarify more on the special needs, more options than yes or no. Based on the different needs, they need to say: do you have the ability to take care of a child in a wheelchair or an autistic or even a deaf child.

Other

Providers commented on a variety of other issues that did not belong to the broader categories. These issues were summarized as following:

- WACs and all materials translated in Spanish and other languages:

  The rules that are being changed by the licensors should be translated to Spanish. A lot of the child care providers are Spanish-speaking only, and when DEL sends the rules or new changes, they only send them in English, which makes it hard to know what is going on.

- *Health insurance:*

  I would like to see better healthcare for home child care providers. For example I would like to see dental and vision added in.

  Most of the providers work 9 to 10 house a day, 5 days a week, 52 week a year with no vacation, no sick days and no health insurance. Although our job is rewarding, it is very stressful and exhausting.

- *Better pay and extra pay on weekends:*

  As a small center, it can be a real problem paying for all the new inspections, keeping up with the newest rules and regulations, some of which seem downright silly, and feeling appreciated by our clients and DEL. What happened to the supplemented pay scale program of several years ago? It is hard to find someone willing to work for minimum wage and still take classes, etc.

  … in order to run a successful center, I need to hire educated teachers. I get people with great backgrounds in early childhood but I have to turn them away because I cannot afford them. I know the teachers I currently employ deserve more than minimum wage, but I simply cannot afford it.

- *Union issues:*

  I have huge concerns about the union and the state working together. I do not want to participate in a union. I feel the rate of subsidy is too low and I do not support paying any of that pay to a third party.

In-home daycare providers should not be forced to be union. Even though I chose not to be a part of the union I am frustrated that I still have to pay dues.

- *Too many regulations:*

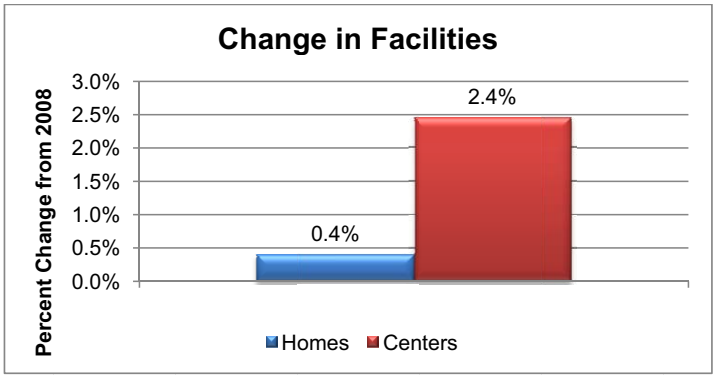
  I think that they have taken the joy out of the daycare for many people because of the constant change of rules and regulations and then the provider is scared to do something or change things around because they are scared of them coming in and telling them that something is not safe or that a child might get hurt with something within the household or in the play area because you have to constantly make sure that they have enough ground cover for them to play.

  Not as much fun to do daycare as it used to be. Too technical and too much red tape. Losing the touch of home day cares.

CHAPTER 11: COMPARISON OF FINDINGS FROM RECENT CHILD CARE SURVEYS

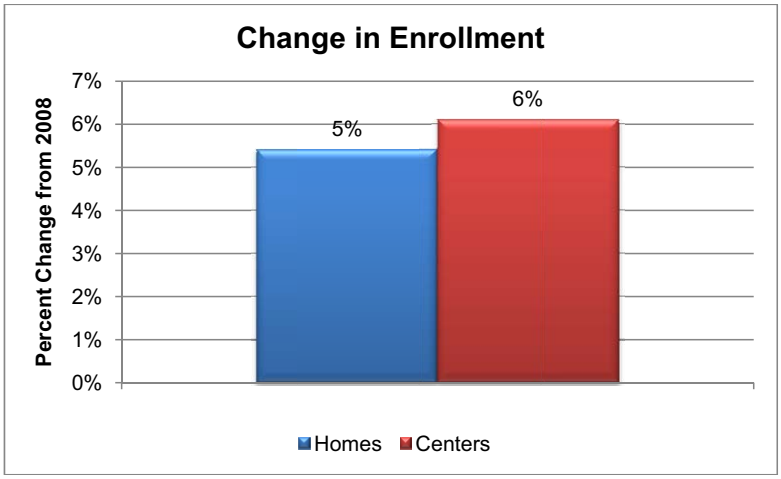
Between 2008 and 2010, the number of child care centers had increased from 5,482 to 5,504, representing a 0.4 percent increase. Family homes, on the other hand, increased from 2,083 homes in 2008 to 2,134 homes in 2010, representing an increase of 2.4 percent. The downturn of the economy and the high unemployment rates may have motivated some parents to open a family home child care to take care of their children and still earn an income at the same time. Overall, the number of child care facilities decreased over the last eight years from 9,456 facilities in 2002 to 7,638 facilities in 2010.

Figure 22: Percent Change in Number of Child Care Facilities by Type of Facility, 2008 versus 2010



Both centers and family homes had an increase of the number of children enrolled from 2008 to 2010. Family homes had 1,988 more children enrolled, accounting for 5 percent increase while centers had 7,916 more children enrolled, accounting for a 6 percent increase.

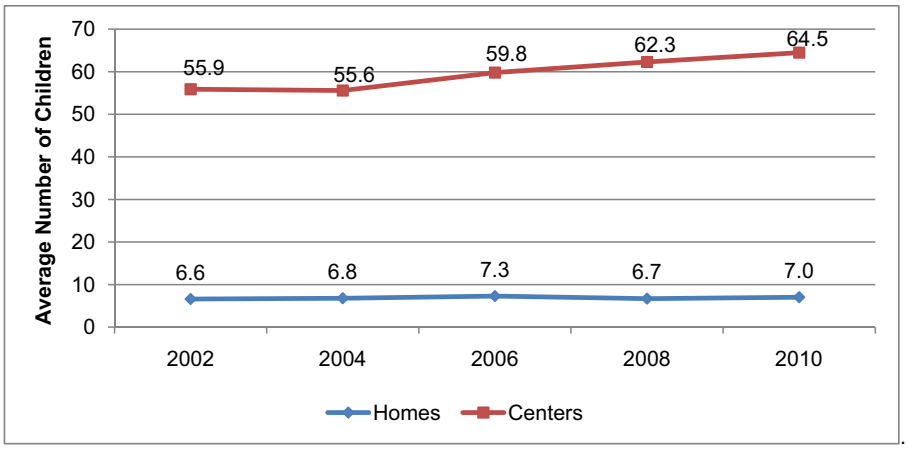
Figure 23: Percent Change in Number of Children in Licensed Care by Type of Facility, 2008 versus 2010



Since 2004, centers increased their average enrollment to accommodate more children. On average, each center could provide child care services for 64.5 children in 2010 compared to 55.6 children in 2004. This increase corresponded to the increase in total number of children enrolled shown in Figure 23.

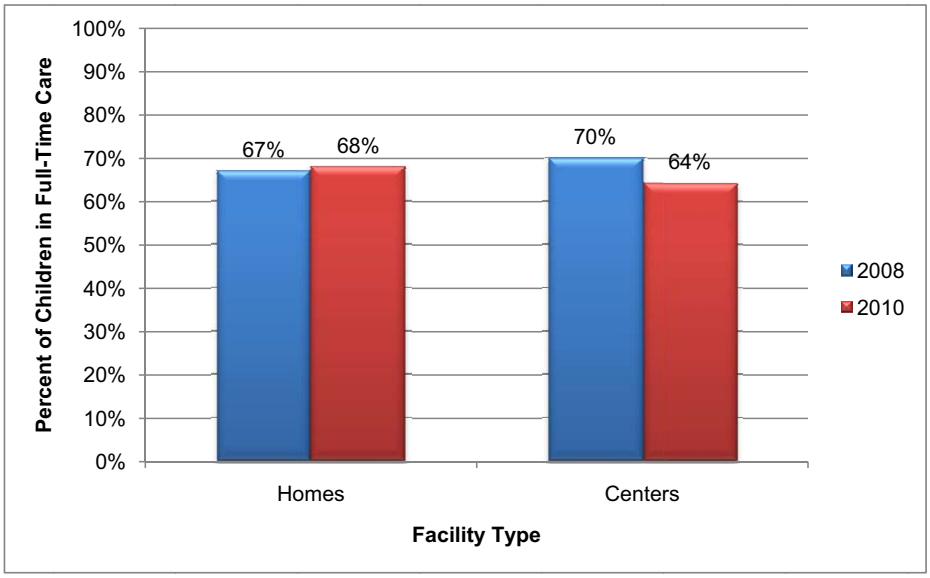
The changes in the average number of children in family homes had been less significant compared to the changes in centers. Overall, a family home accommodated more children in 2010. In 2002, a family home on average could accommodate 6.6 children which increased to 7 children in 2010. The highest average occurred in 2006, at 7.3 children.

Figure 24: Average Number of Children in Care per Facility by Type of Facility, 2002 to 2010



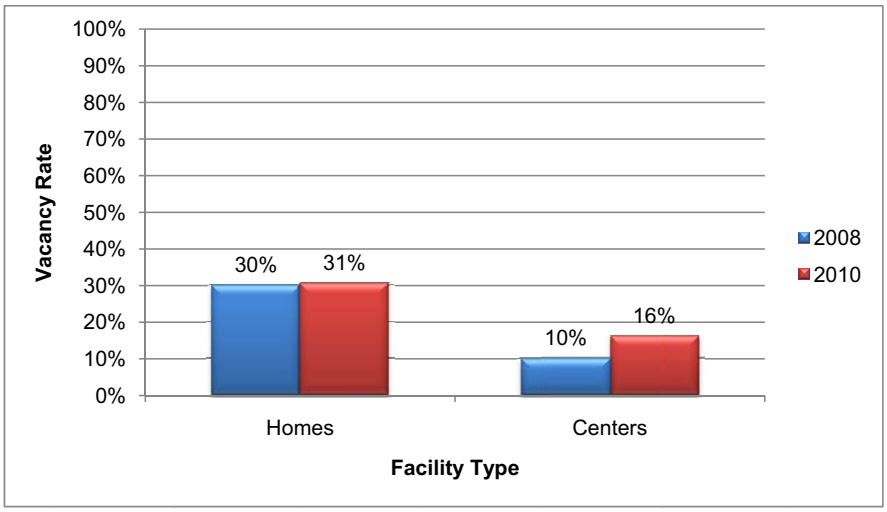
The percent of children in full-time care in family homes increased during the past two years from 67 percent to 68 percent while the percent of children in full-time care in centers decreased 6 percent, to 64 percent in 2010.

Figure 25: Percent of Children in Full-Time Care by Type of Facility, 2008 versus 2010



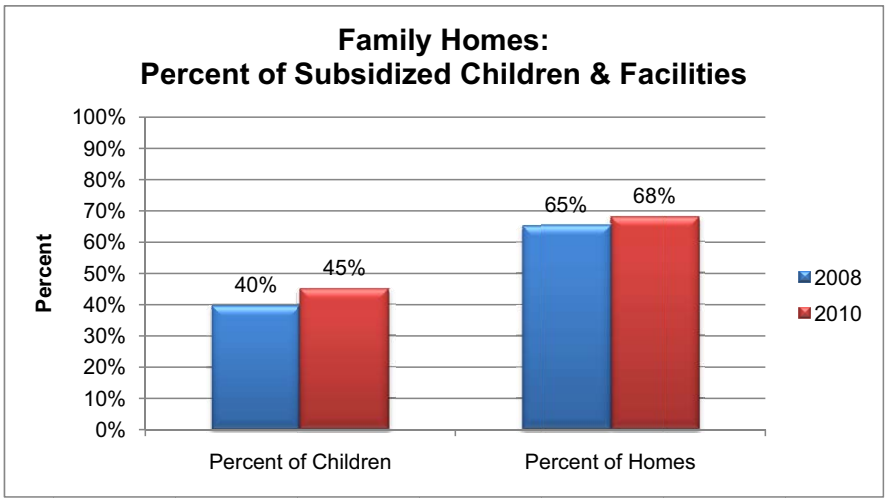
Both centers and family homes had increased vacancy rates during the past two years. The vacancy rate for centers increased 6 percent, from 10 percent in 2008 to 16 percent in 2010; however, the vacancy rate in family homes only increased 1 percent, from 30 percent in 2008 to 31 percent in 2010. Family homes' vacancy rate in 2010 was 31 percent, almost doubled the vacancy rate of centers, which was 16 percent.

Figure 26: Vacancy Rates by Type of Facility, 2008 versus 2010



From 2008 to 2010, the percentage of family homes that served children with subsidies increased by 3 percent. During that same time period, the percentage of children with subsidies cared for in family homes increased by 5 percent. In 2010, 68 percent of family homes served children with subsidies while children with subsidies represented almost half, or 45 percent, of all children in family homes.

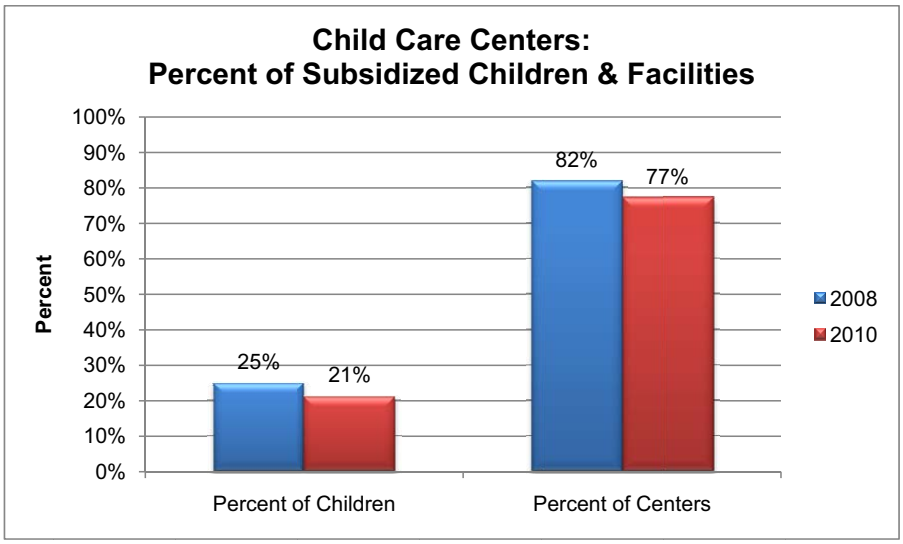
Figure 27: Percent of Children with Subsidies among Family Homes, 2008 versus 2010



***** These figures were reversed in the 2008 report. See 2008 Table 27 and Figure 25**

The percentage of centers that served children with subsidies decreased from 82 percent in 2008 to 77 percent in 2010. Similarly, the number of children with subsidies compared to all children in center care also decreased from 25 percent in 2008 to 21 percent in 2010. The decrease in the percentage of children with subsidies in centers and the percentage of centers that accepted children with subsidies contradicted the trend found in family homes in the past two years.

Figure 28: Percent of Children Receiving Subsidies among Child Care Centers, 2008 versus 2010



***** These figures were backward in the 2008 report. See 2008 Table 29 and Figure 25**

Parents seeking early morning child care were more likely to find care in centers compared to family homes. The overall percentage of centers that opened before 7 a.m. remained about the same from 2008 to 2010, at around 60 percent. The percentage of family homes that opened early in the morning also remained about the same, 50 percent in 2008 and 49 percent in 2010. In 2010, 76.8 percent of centers were open after 6 p.m. compared to 34.9 percent of family homes in 2010. From 2008 to 2010, the percentage of centers that were open until late evening increased by 9.8 percent. About the same percent of family homes were open late from 2008 to 2010.

While a few (0.2 percent) of centers were open 24 hours, 19.5 percent of family homes were open 24 hours a day in 2010, an increase of 10.8 percent during the last two years. In 2010, almost half (48.6 percent) of family homes provided weekend child care compared to only 3.5 percent of centers. The percentage of family homes opened during weekends increased slightly (0.9 percent) while that of centers decreased 10.9 percent during the past two years.

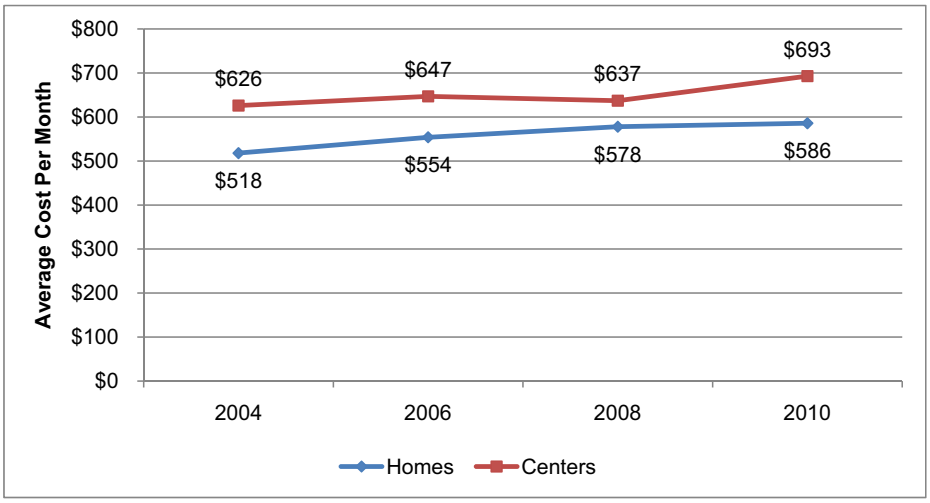
Table 41: Child Care Availability by Type of Facility, 2008 versus 2010

	Centers		Family Homes	
	2008	2010	2008	2010
Mornings				
Before 6 a.m.	9.5%	10.7%	16.3%	17.3%
6 to 7 a.m.	51.0%	49.2%	33.7%	31.7%
Evenings				
6 to 7 p.m. *	64.0%	72.8%	26.6%	26.4%
7 to 8 p.m. **	1.9%	1.5%	3.0%	2.5%
Later than 8 p.m. ^	1.1%	2.5%	5.8%	6.0%
Open 24 Hours	0.1%	0.2%	8.7%	19.5%
Weekends				
Saturday	7.8%	2.9%	28.8%	29.7%
Sunday	6.6%	0.6%	18.9%	18.9%

* Reported closing times from 6 p.m. to 6:59 p.m.
** Reported closing times from 7 p.m. to 7:59 p.m.
^ Reported closing times of 8 p.m. and later

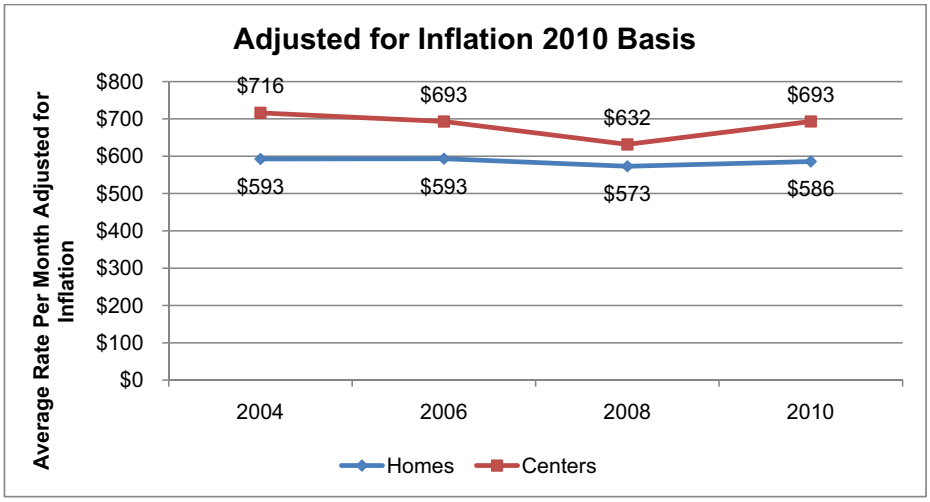
The average monthly child care rate for full-time child care, not adjusted for inflation, increased from 2008 to 2010. In family homes the rate increased $8, or 1.4 percent and in centers the rate increased $56, or 8.8 percent. The average rate per month for full-time child care for both centers and family homes showed an increasing trend since 2004 with an exception of center rates in 2008.

Figure 29: Average Rate per Month for Full-Time Child Care by Type of Facility, 2004 to 2010, Not Adjusted for Inflation



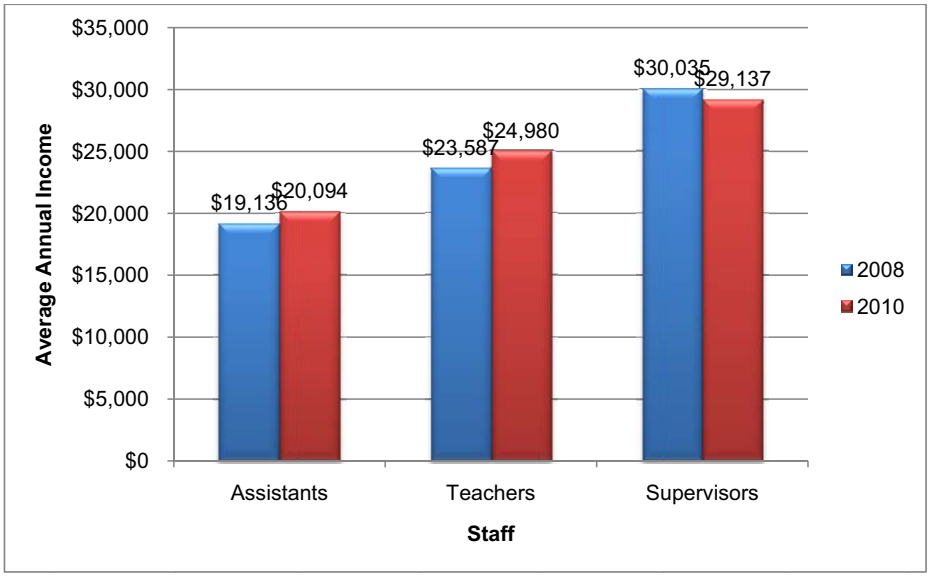
After the data was adjusted for inflation, the average rate per month for full-time child care in centers actually increased $61, or 9.6 percent and the rate for family homes increased $13, or 2.3 percent, from 2008 to 2010. Overall, the average adjusted rate per month for full-time child care for both centers and family homes decreased since 2004.

Figure 30: Average Rate per Month for Full-Time Child Care by Type of Facility, 2008 to 2010, adjusted for Inflation



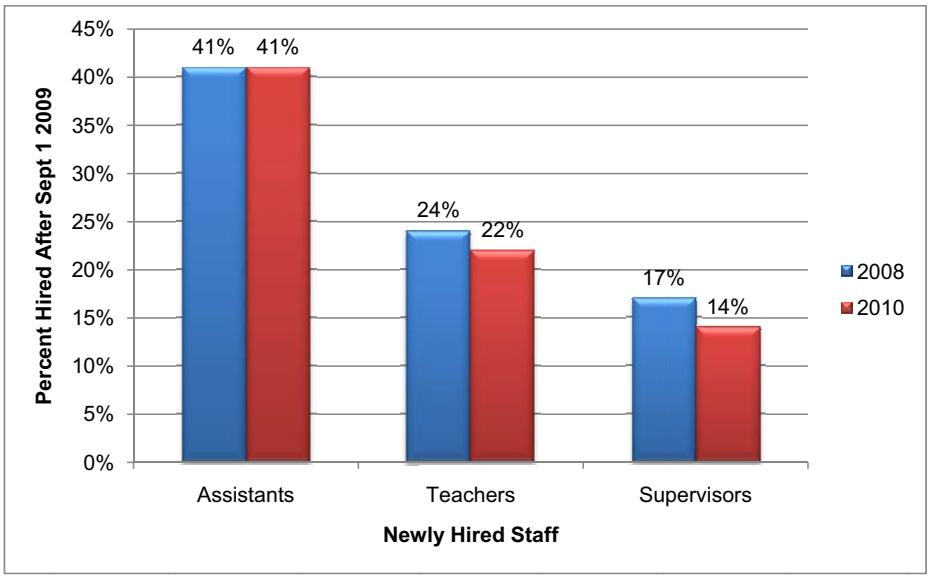
The average annual income for assistants and teachers increased since 2008. In 2010, assistants earned an average of $1,674.50 per month, and teachers earned an average of $2081.66 per month. Supervisors' average annual incomes decreased $901, or 2.9 percent in 2010.

Figure 31: Average Annual Income by Type of Staff among Child Care Centers, 2008 versus 2010



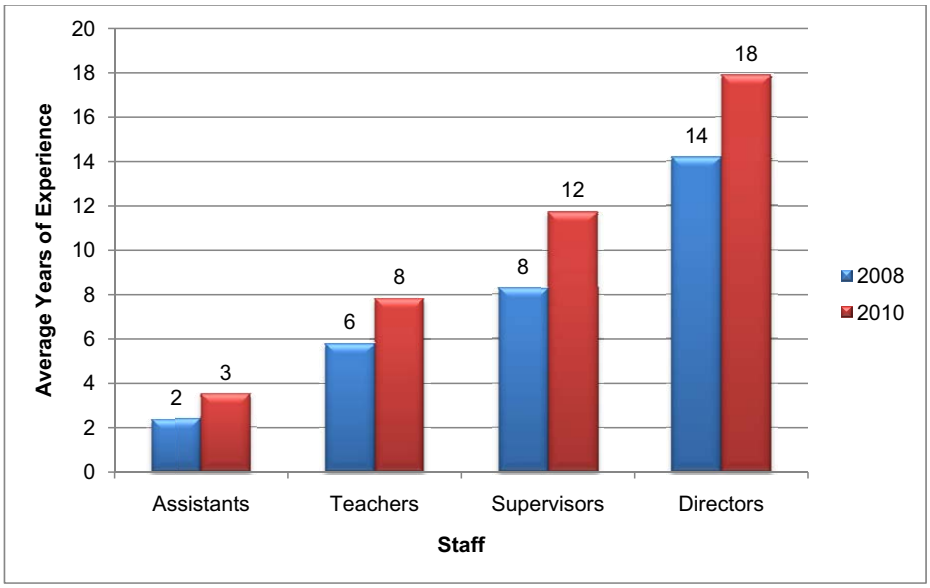
The turnover rate of assistants was higher than that of teachers and supervisors during the past two years; however, it remained the same, at 41 percent, from 2008 to 2010. The overall turnover rate for teachers and supervisors was slightly lower in 2010 than in 2008. The turnover rate of teachers dropped 2 percent from 24 percent in 2008 to 22 percent in 2010; while the turnover rate of supervisors dropped 3 percent, from 17 percent in 2008 to 14 percent in 2010.

Figure 32: Turnover by Type of Center Staff, 2008 versus 2010



Overall, the average number of years staff members worked in for a child care center increased during the past two years. The higher the position of the center staff, the more years of experience he or she had. The average number of years directors worked in child care was 18 in 2010, which increased four years since 2008. The average for supervisors was 12 years, which increased four years since 2008. The average for teachers was eight years, which increased two years since 2008; and three years for assistants, which increased one year since 2008.

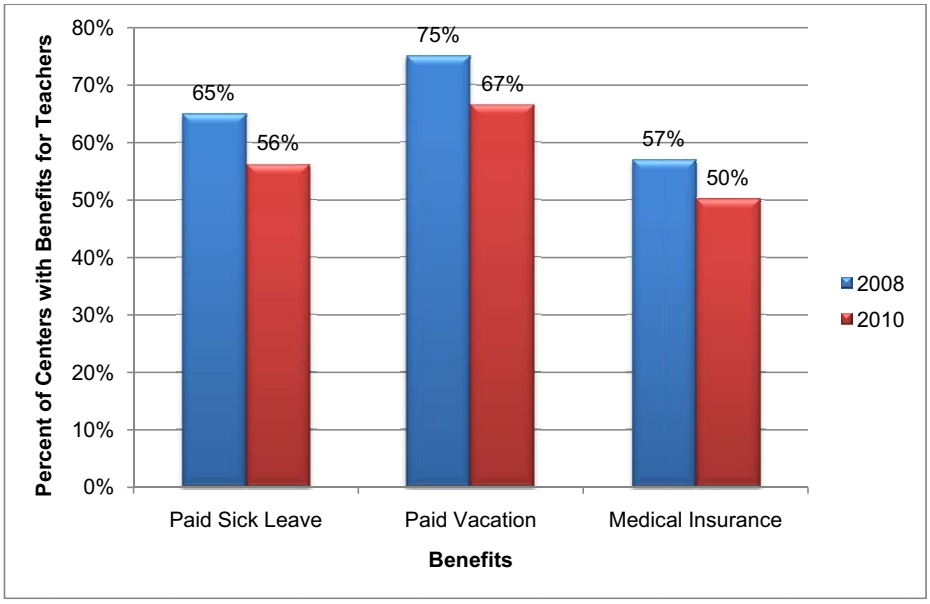
Figure 33: Average Number of Years of Paid Child Care Experience for Center Staff, 2008 versus 2010



Fewer centers paid benefits, including paid sick leave, paid vacation and medical insurance for their lead teachers in 2010 compared to 2008.

In 2010, 56 percent of centers paid sick leave to their lead teachers, a 9 percent decrease from 2008. While 75 percent of centers provided paid vacation to lead teachers in 2008, only 67 percent provided paid vacation in 2010. Fifty-seven percent of centers provided medical insurance in 2008 but only about half of centers provided medical insurance in 2010.

Figure 34: Lead Teacher Benefits among Child Care Centers, 2008 versus 2010



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