



CHILD CARE AND DEVELOPMENT FUND PLAN

FOR Minnesota

FFY 2008-2009

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

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

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

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PART 1
ADMINISTRATION

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

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

Name of Lead Agency: Minnesota Department of Human Services
Address of Lead Agency: P.O. Box 64962, Saint Paul, MN 55164-0962
Name and Title of the Lead Agency's Chief Executive Officer: Cal Ludeman,
Commissioner
Phone Number: (651) 431-2907
Fax Number: (651) 431-7443
E-Mail Address: commissioner.dhs@state.mn.us
Web Address for Lead Agency (if any):
http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs_Home_Page.hcsp

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

Name of the State Child Care Contact (CCDF): Deb Swenson-Klatt / Cherie Kotilinek
Title of State Child Care Contact: Deb Swenson-Klatt, Director, Child Development Services / Cherie Kotilinek, Manager, Child Care Assistance Program
Address: P.O. Box 64962, Saint Paul, MN 55164-0962
Phone Number: Swenson-Klatt (651) 431-3862 / Kotilinek (651) 431-4000
Fax Number: Swenson-Klatt (651) 431-7483 / Kotilinek (651) 431-7526
E-Mail Address: Deb.Swenson-Klatt@state.mn.us / cherie.kotilinek@state.mn.us
Phone Number for child care subsidy program information (for the public) (if any): (651) 431-4000
Web Address for child care subsidy program information (for the public) (if any):
http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_000151.hcsp

1.3 Estimated Funding

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

CCDF: \$76.6 million
Federal TANF Transfer to CCDF: \$27.2 million

Direct Federal TANF Spending on Child Care: \$0
 State CCDF Maintenance of Effort Funds: \$19.7 million
 State Matching Funds: \$27.9 million
 Total Funds Available: \$151.6 million (\$67.6 million additional state funds)

1.4 Estimated Administration Cost

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$ 2,911,960 (3%). (658E(c) (3), §§98.13(a), 98.52)

1.5 Administration of the Program

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

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

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families	County Human Service Agencies	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b) Non-TANF families	County Human Service Agencies	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Assists parents in locating care	Child Care Resource & Referral Agencies	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Makes the provider payment	State/County Human Services Agencies	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Quality activities	Child Care Resource & Referral Agencies, non-profit organizations, higher education	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

The Department of Human Services (DHS) retains reporting and oversight responsibility for the entire Child Care and Development Fund (CCDF) including program development, services and expenditures in compliance with CCDF requirements.

- Provision of child care services (including the payment to child care providers)
County Social Services Agencies:

The assistance program will be functionally administered through Minnesota's state-supervised, county-administered, human services system. All county social services agencies are required to administer the CCDF funds in accordance with the state plan.

- Activities to improve the quality of child care described in Part 5 of this plan:

The Department contracts with community agencies and organizations to carry out these activities. The Department's CCDF contracts with agencies contain language requiring compliance with federal, state and department guidelines. Agencies certify that they will follow the Department guidelines when the contracts are signed. They must also submit workplans and budgets which are included as attachments to the contract/grant and must be approved by the Department to receive funding. Any requested changes to the workplans and budgets must be submitted to the Department for prior approval. Agencies must also submit reports for any outside audits that have been completed. In addition, the Department has established outcome indicators for the contracts/grants based on contract workplans which the Department utilizes to evaluate the work and performance of the agencies based on the established indicators.

The Department requires onsite monitoring visits with the agencies once during each contract period and maintains ongoing communication and technical assistance with the agencies throughout the contract period. The Department requires agencies to submit regularly scheduled financial and program reports based on timelines that are included in the contract language (i.e., financial-quarterly).

1.6 Use of Private Donated Funds

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

- Yes. If yes, are those funds:
 Donated directly to the State?

Donated to a separate entity or entities designated to receive private donated funds?

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

Provide information below for each entity:

Name:

Address:

Contact:

Type:

No.

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

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

Yes, and:

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

(__ %) Estimated percentage of the MOE requirement that will be met with pre-K expenditures. (Not to exceed 20%.)

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

No.

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

Yes, and

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

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following **describes** how the State will coordinate its

Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

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

1.8 Improper Payments

1.8.1 How does the Lead Agency define improper payments?

- An amount of child care assistance paid to a recipient, or child care provider in excess of the payment due even when the improper payment was caused by agency error or circumstances outside the responsibility and control of the family or provider (Minnesota Statutes 119B. 11 subdivision 2a).
- The amount must be recouped or recovered from the family or child care provider depending on which party benefited from the overpayment.

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

Yes, and these strategies are:

Improper Payments - General Overpayments Policy – non-fraud

- A family with an outstanding debt is not eligible for child care assistance until 1) the debt is paid in full; or 2) satisfactory arrangement is made to retire the debt and the family is in compliance with the arrangement.
- A child care provider with an outstanding debt is not eligible to care for a child receiving child care assistance until 1) the debt is paid in full; or 2) satisfactory arrangement is made to retire the debt and the child care provider is in compliance with the arrangement.
- When the overpayment is greater than \$50, the county shall initiate civil court proceedings to recover the overpayment unless the county's costs to recover the overpayment will exceed the amount of the overpayment.

See Attachment 1.8.2 A Improper Payments - General

Improper Payments – Wrongfully Obtaining Public Assistance – Fraud

- The Minnesota Child Care Assistance Application includes notices of eligibility requirements and penalties for wrongfully obtaining public assistance according to Minnesota Statutes 256.046, 256.98 and 256.983.

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- Minnesota has implemented disqualification periods for both families receiving child care assistance and child care providers who wrongfully obtain public child care assistance.
- Local county agencies are required to report to the Department's Program Integrity Division the number of child care investigations, amount of overpayments and number of families convicted of wrongfully obtaining public assistance in the Child Care Assistance Program (CCAP). See Attachment 1.8.2 B – Fraud.

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

Yes, and these planned strategies are:

No.

PART 2
DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 Lead Agencies are required to consult with appropriate agencies and coordinate with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). **Indicate** the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

Consultation involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

Coordination involves the coordination of child care and early childhood development service delivery, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health), (3) employment services / workforce development, (4) public education, (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

	Consultation in Development of the Plan	Coordination with Service Delivery
Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
State/Tribal agency (agencies) responsible for	<input type="checkbox"/>	<input type="checkbox"/>
Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/> *

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	Consultation in Development of the Plan	Coordination with Service Delivery
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Representatives of local government	<input checked="" type="checkbox"/> *	<input checked="" type="checkbox"/>
State pre-kindergarten programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency preparedness ^o	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (See guidance): Minnesota Legislature	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* Required.

For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.
^o If you have prepared an emergency preparedness plan related to your child care and early childhood development services, attach it as **Attachment 2.1.1**.

OTHER FEDERAL, STATE, LOCAL, TRIBAL (IF APPLICABLE), AND PRIVATE AGENCIES PROVIDING CHILD CARE AND EARLY CHILDHOOD DEVELOPMENT SERVICES:

Agency providing service: For family, friend and neighbor (FFN) child care providers, there is coordination across public and private agencies. At the state level, DHS is the lead agency.

Coordination: DHS coordinates delivery of services to FFN caregivers through the Child Care Resource and Referral (CCR&R) system. Local CCR&R agencies have formed partnerships with local Head Start and some Early Childhood Family Education (ECFE) programs to serve the FFN providers caring for children. In 2006, new state legislation expanded enrollment eligibility in ECFE programs to include grandparents and other relatives, some of who may be providing unlicensed child care. DHS and the CCR&R programs work with local foundations to provide additional funding for outreach and services to FFN providers, particularly those from immigrant and refugee communities. CCR&R programs are beginning to work with Head Start, ECFE and School Readiness programs to coordinate training opportunities for providers.

PUBLIC HEALTH:

Agency providing service: The Minnesota Department of Health (MDH) has the primary responsibility for implementation of the Minnesota Early Childhood Coordination Systems grant. Health, Human Services and Education share responsibilities for providing screening services. The Healthy Child Care America grant was administered by DHS and activities now are closely coordinated with MDH.

Consultation: DHS consulted with MDH on public health, programs that support inclusiveness of children with disabilities, emergency preparedness and Healthy Child Care America activities in the development of this plan.

Coordination: State Early Childhood Comprehensive Systems (ECCS) Grant: The Minnesota Departments of Education, Health, Human Services, the Minnesota Head Start Collaboration Office, and regional community partners, including CCR&R agencies, have developed a set of guiding principles as a framework for Minnesota's integrated, comprehensive health and developmental screening initiative under the ECCS grant.

Minnesota has chosen the screening process as the focus of the Minnesota Early Childhood Comprehensive grant. The interagency committee implementing the grant includes staff from DHS Children's Mental Health division, Child and Teen Checkups/Early Periodic Screening and Development Testing programs, the child care staff in Child Development Services (CDS) division, staff from the Department of Education (MDE) Early Learning Services including and Part C, Early Intervention for Infants and Toddlers and Early Childhood Special Education, and staff from MDH's Maternal and Child Health division and Part C Special Education. The focus of Minnesota's grant is to see that all Minnesota children, birth to age five, are screened early and regularly for health, social-emotional/mental health and developmental risks and concerns and are subsequently linked with culturally appropriate community services and supports. The activities under the ECCS grant are designed to build a statewide system, promote the use of screening tools based on state and national guidelines, including culturally and linguistically appropriate instruments, and increase screening for social/emotional development. Activities include developing a process for including child care and early childhood education in the early identification and subsequent support for children through the outreach, screening and referral process to promote the development and well-being of each child.

Early Childhood Mental Health Screening: State legislation requiring mandatory screening for children birth to 3 years, who are in the child protection system, is facilitating more partnerships. Public health, Head Start, special education and the local Interagency Early Intervention Committees (IEICs) are collaborating on this effort. The IEICs are developing appropriate early childhood mental health screening protocols and systems to assure screenings take place. An observation

component is one of the tools under development. Most local areas are using The Follow Along Program (Part C with lead responsibilities through MDH) as it is both a methodology system and has the appropriate protocols available. The Follow Along Program primarily uses the Ages and Stages Questionnaire (ASQ) and many counties also use the ASQ tool with a Social Emotional component (ASQ:SE).

Healthy Child Care America Campaign: Federal support for the Healthy Child Care America program ended officially in February 2005. However, the Department is continuing to work on issues identified during the grant period. The Department is collaborating with MDH to expand the information available to child care health consultants on the MDH's website, expanding the MDH school health website to cover ages birth to 12 and adding specific information for child care providers, and expanding the MDH school health newsletter to carry articles of interest to child care providers.

TANF/ EMPLOYMENT SERVICES:

Agency Providing Service: The Department is the lead agency for TANF and CCDF block grants. The county human services agencies administer the TANF cash assistance and child care assistance programs. The Department also contracts with regional child care resources and referral agencies (CCR&R) to recruit, train, and retain child care providers to meet local community needs and increase the availability and quality for child care services. The CCR&R is an excellent resource for local county agencies TANF and Employment counselor staff to help parents with child care arrangements while parents are seeking employment and to assist parents in finding consistent, stable, affordable care when a job is secured.

Coordination: The Department child care assistance and TANF staff work closely with MDE and Minnesota Department of Employment and Economic Development (DEED) to coordinate services for TANF participants and other low-income families working toward self-sufficiency. Models of integrated service delivery include the co-location of employment services, child care and cash assistance staff in one central place to improve service delivery and simplify administration of all programs. Successful coordination has resulted in expedited services for families, a shortened child care assistance application for TANF families who request child care assistance, reliable care for children and gainful employment or training leading to employment for parents.

DHS and MDE staff have initiated efforts to support coordination of Head Start services and Child Care Assistance payments for low-income families who qualify for both programs. The overall goal is to increase the number of full-day, year-round options that meet the needs of working families as well as to increase the opportunities for children to access enhancement services available through Head Start. The Department plans to develop guidance and procedures for TANF

families to inform parents about the full range of Head Start options as part of their TANF and child care assistance eligibility process.

The Department provides oversight of the county administration of two subsidy programs:

1. The Minnesota Family Investment (MFIP) Child Care Program serving TANF and TANF non assistance family and Transition Year families, and
2. The Basic Sliding Fee Program serving low-income families engaged in employment, job search, or education.

The Department provides oversight to the federally recognized Mille Lacs Band of Ojibwe (MLB) to administer the MFIP Child Care Program under Minnesota 119B.05 to eligible Tribal TANF participants who live within the boundaries of the reservation and provides consultation to the MLB program.

Minnesota's application process, eligibility criteria, reimbursement rate, and provider criteria for the current child care assistance programs are consistent with the certification requirements of the CCDF. Most families applying for child care assistance are eligible for state and federal funds within these two subsidy programs, without any restrictions in eligibility or additional administrative procedures for families. The success of this seamless service for families is possibly due to the coordination of child care program policies with the state TANF and tribal TANF programs and other programs serving families with young children. Any TANF funds transferred to the child care program at the state level take on characteristics, rules, and regulations of the CCDF.

INDIAN TRIBES/TRIBAL ORGANIZATIONS, WHEN SUCH ENTITIES EXIST WITHIN THE BOUNDARIES OF THE STATE:

Agency providing service: Minnesota Tribal Resources for Early Childhood Care (MnTRECC), administered by the Leech Lake Band of Ojibwe's Early Childhood Development Program. MnTRECC:

- Serves as a foundation and a link to resources and information that will enhance and strengthen the child care delivery system for American Indian children and families throughout the state of Minnesota.
- Convenes regular planning meetings of the Tribal Child Care Programs, including the seven Ojibwe Reservations and four Dakota Communities in Minnesota.

Consultation/Coordination: CCDF funds support system coordination between MnTRECC and DHS in the areas of:

- Planning and collaboration between state and tribal CCDF programs.

- Development of a tribal child care system that is coordinated across tribal governments and also coordinated with the state child care system.
- Supporting and increasing the quality of tribal child care programs.
- Ensuring alignment between tribal child care professional development systems and the state professional development infrastructure.
- Involvement in statewide planning and initiatives related to increasing access and reducing disparities for low-income families, FFN providers and other underserved groups.
- Ensuring that school readiness and other statewide initiatives are inclusive of and culturally relevant to American Indian families and providers.

REPRESENTATIVES OF LOCAL GOVERNMENT:

Agency providing service: The Child Care Assistance Program in Minnesota is a state-supervised county-administered program. DHS supervises child care programs administered by the counties through standard-setting, technical assistance to the counties, approval of county child care fund plans, and distribution of public money for services to the counties. In addition, the Department provides training and other support services to assist counties in planning for and implementing child care assistance programs. The Commissioner adopts rules that govern the program (and must establish a sliding schedule of fees for parents receiving child care services) and minimum administrative standards for the provision of child care services by county boards of commissioners.

Consultation/Coordination: Local county agencies administering the child care assistance program must submit a biennial Minnesota County Child Care Plan to the Department for approval (Minnesota Statutes 119B.08). The plan must include:

1. A description of strategies to coordinate and maximize public and private community resources — including school districts, health care facilities, government agencies, neighborhood organizations, and other resources in early childhood development — to coordinate child care assistance with existing community-based programs and service providers. This coordination includes child care resource and referral programs, early childhood family education, school readiness, Head Start, local interagency early intervention committees, special education services, early childhood screening, and other early childhood care and education services and programs. The goal is to foster collaboration among agencies and community-based programs that provide flexible, family-focused services to families with young children and to facilitate transition into kindergarten. The county must describe a method to share information, responsibility, and accountability among service and program providers;

2. A description of procedures and methods to be used to make copies of the proposed Child Care Fund plan available to the public, including those particularly interested in child care policies such as parents, child care providers, culturally specific service organizations, child care resource and referral programs, interagency early intervention committees, and potential collaborative partners and agencies involved in the provision of care and education to young children. The process must allow for sufficient time for public review and comment; and
3. Information as requested by the Department to ensure compliance with the child care fund statutes and rules promulgated by the Commissioner.

In addition, the Department consults and coordinates with the Minnesota Association of County Social Service Administrators (MACSSA), Minnesota Association of Financial Assistance Supervisors (MAFAS), and other local government associations to develop and implement policies to support access, availability and quality of child care services. MACSSA and the Department have established an early childhood subcommittee specifically to provide access for information sharing and collective local county government involvement in early childhood policy, planning, implementation, and research initiatives.

Minnesota also works directly with the Mille Lacs Band of Ojibwe to develop a plan and establish a contract that allows the Band to be the administrating agency for the MFIP child care program.

PUBLIC EDUCATION / STATE PRE-KINDERGARTEN PROGRAMS:

Agency providing service: The Departments of Human Services and Education

Coordination: Teachers in public school-based School Readiness programs are eligible to attend training provided through DHS for child care programs, and child care providers and teachers may attend training provided by MDE for School Readiness programs. Efforts are underway to strengthen joint training opportunities, particularly in the areas of using curriculum and child assessment.

In addition, one local option for school districts developing School Readiness programs is to contract out pre-kindergarten learning opportunities to community-based child care programs. This option is utilized in some communities in Minnesota.

Additional efforts to improve service delivery through inter-agency coordination are being implemented as a result of the Governor's Summit on School Readiness and coordination of planning for the Quality Rating System (QRS). See section

2.1.2 of the CCDF plan for detailed information about the Summit, and plans for future coordination.

HEAD START PROGRAMS:

Agency providing service: Through Migrant Head Start programs, DHS provides funding to serve migrant children who do not meet the Head Start eligibility requirements. Tri-Valley Opportunity Council, Inc. (TVOC) is a grantee of both DHS and MDE. TVOC carries out ongoing assessment of family needs and develops a service plan to serve families and children each year through Migrant Head Start/Child Care programs.

Coordination: The Departments of Human Services and Education work together in the monitoring of the Migrant Head Start/Child Care programs statewide. The two agencies share information and collaborate in the development of monitoring materials. One result of this collaboration and consultation has been a decision to expand options and improve service delivery for migrant families. Service delivery options have been expanded to provide a range of options for families. This new service delivery model involves the Minnesota CCR&R system. The CCR&R agencies and TVOC work together to identify child care settings appropriate for migrant families, set up joint training opportunities and provide migrant families with increased access to child care, child development information and school readiness information. The child care assistance program coordinates with TVOC to assist in accessing MFIP child care assistance for migrant families.

DHS and MDE have initiated efforts to support coordination of Head Start services and Child Care Assistance payments for low-income families who qualify for both programs. The goal is to increase the number of full-day, year-round options that meet working families' need for child care, as well as increase opportunities for children to access enhancement services available through Head Start.

DHS and MDE staff have been conducting site visits to agencies throughout the state where Head Start collaborations and/or full-day year-round services are offered to learn more about challenges and barriers, as well as to identify successful models of coordinating services. Staff are working to

- identify models of shared funding streams that maximize use of resources from Head Start and Child Care Assistance programs
- develop Child Care Assistance county or agency implementation guidelines for authorizing child care assistance payments
- build state agency internal capacity to provide technical assistance to counties and Head Start grantees regarding funding and implementation issues
- explore ideas for informing parents about the full range of options (including Head Start and Head Start child care partnerships).

PROGRAMS THAT PROMOTE INCLUSION FOR CHILDREN WITH SPECIAL NEEDS:

Agency providing service: For infants and toddlers with disabilities (Part C), and children with disabilities ages 3 to 21 (Part B), coordination systems across multiple public and private agencies are available. At the state level, MDE is the designated lead agency for Part C and Part B services.

Coordination: MDE works with MDH and DHS through interagency agreements and through the State Agency Committee (senior management representatives of the three departments). For infants and toddlers, the agencies send representatives to the Interagency Coordinating Council (ICC). The ICC is, by Minnesota statute, composed of representatives of the three departments, parents of children with disabilities, representatives of county boards and school districts, Head Start and advocacy organizations. This group advises the state agencies about issues of coordination, funding and general implementation of the Part C system.

For children with disabilities ages 3 to 21 (Part B), coordination of services is demonstrated by a separate mandated state interagency committee (Minnesota State Interagency Committee or MNSIC), made up of representatives of seven state agencies and the professional organizations representing county boards and administrators, school boards and superintendents and special education directors.

The early intervention system requires coordination with child care, education, health organizations, public and private, and early intervention programs through Interagency Early Intervention Committees (IEIC) in 96 locations around the state. These local groups include the local education, health and human service agencies, parents and other early intervention programs (Head Start, Early Childhood Family Education, child care). At the local level, a single case plan is required so that joint planning of services and supports takes place, leveraging activities and funding wherever possible. Many local areas also divide responsibilities for the system components, e.g., public health takes lead responsibility for Child Find and screening partially funded by the Part B or C funds. Part C requires the provision of services in "natural environments" (natural environments mean where typically developing children are in the community). Early Childhood Special Education under Part B requires children to be served in least restrictive environments, including child care settings if possible. In some areas, a school district may determine that the child care setting is the most natural or least restrictive environment and will purchase some of the child care time or provide intervention services at the child care site.

DHS' implementation plan aims to coordinate and build on effective existing resources, provide families with more choices, support decision-making by local communities, and promote more consistent levels of quality across programs. The plan has continued to include seven key features:

1. Integrate programs and services

2. Offer a full continuum of services
3. Make funding simple and flexible
4. Reduce and eliminate barriers
5. Increase local decision-making
6. Strengthen accountability and evaluation
7. Provide a strong policy focus

These features have provided the basis for sustaining and building coordinated efforts across state agencies and across programs. Within DHS, these programs include CDS, Child Care Assistance, Part C/Individuals with Disabilities Act (IDEA), Part B, Children's Mental Health, Child Welfare, the Children's Trust Fund, TANF programs, Refugee Services, the Tribal Liaison Office and Language Access Services. These coordinated efforts have included:

- Disseminating information on Part C to bring disability issues into service planning by CCR&R staff to improve access for families of children with disabilities.
- Coordinating with MDE and MDH to locate and serve infants and toddlers with disabilities through a comprehensive Child Find system using a continuous process of public awareness activities, screening and evaluation.
- Coordinating with MDH and MDE to support the Follow Along Program (FAP). This program, through parent-report tools, offers a developmental tracking and follow-up system that benefits families by providing opportunities to learn about their child's health and development, to ask questions about their child's development and find out about other services they may want for their child. Research-based activity sheets give parents strategies about "what to teach" and "at what age" to teach it. FAP uses the Ages and Stages Questionnaires (ASQ and ASQ:SE), available in English and Spanish, to identify developmental concerns in children from four to 36 months of age. The most recent data from FAP for 2006 indicates that approximately 30,000 children are enrolled in FAP. In counties with a tracking program, more children are identified and eligible for Part C than in counties that do not have a tracking program.

Agency providing service: The Department will ensure that service will be provided by an experienced program that provides training and consultation to child care providers and parents to promote the placement of young children in natural environments.

Coordination: This program will be part of a coordinated project provided and funded by DHS and MDE and private funding.

Agency providing services: The CCR&R system, in conjunction with the program providing support for practitioners caring for children with special needs,

the Red Cross, Head Start, local medical and mental health clinics and the special education system, coordinates classes for child care practitioners and parents through their professional development training system. Classes are held at sites around the state and online on the inclusion of children with special needs in all child care settings and basic instruction on care for specific physical or mental disabilities.

EMERGENCY PREPAREDNESS:

Agency providing service: DHS has taken the lead on the development of emergency preparedness procedures for child care providers.

Coordination: DHS, in collaboration with MDH and the Department of Public Safety, CCR&R agencies, local public officials and child care providers, is in the process of creating a Minnesota-specific guide to emergency planning, primarily for family child care providers and unlicensed FFN providers.

Using the National Association of Child Care Resource & Referral Agencies (NACCRRA) Emergency Preparedness curriculum, CCR&R agencies are beginning to offer training classes on emergency planning to child care centers and licensed family child care providers.

Minnesota Statute 119B.26 includes a provision that allows the state to waive certain requirements of child care assistance during an emergency:

119B.26 Authority to Waive Requirements during Disaster Periods: The commissioner may waive requirements under this chapter for up to nine months after the disaster in areas where a federal disaster has been declared under United States Code, title 42, section 5121, et seq., or the governor has exercised authority under chapter 12. The commissioner shall notify the chairs of the house and senate committees with jurisdiction over this chapter and the house Ways and Means Committee ten days before the effective date of any waiver granted under this section.

OTHER (SEE GUIDANCE): Minnesota Legislature

Consultation/Coordination: In an effort to improve state legislative involvement in the development of the Minnesota child care and development fund plan, the commissioner is required in statute to present a draft copy of the plan to the legislative finance committees that oversee child care assistance funding no less than 30 days prior to the required deadline for submission of the plan to the federal government. The legislature must submit any adjustments to the plan to the commissioner for consideration within ten business days of receiving the draft

plan. The commissioner must present a copy of the final plan to the chairs of the legislative finance committees that oversee child care assistance funding no less than four days prior to the deadline for submission of the plan to the federal government. (MS 119B.06, subd.3)

2.1.2 State Plan for Early Childhood Program Coordination. Good Start, Grow Smart encourages States to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of the State's efforts in this area. **Note: Check only ONE.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- Developing.** A plan is being drafted.
The draft is included as **Attachment 2.1.2.**
- Developed.** A plan has been written but has not yet been implemented.
The plan is included as **Attachment 2.1.2.**
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as **Attachment 2.1.2A and Attachment 2.1.2B.**
- Other (describe):**

Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2006-2007 State Plan.

The Governor held a Summit on School Readiness in 2006. The purpose of the Summit was to improve and coordinate Minnesota's early childhood programs in order to increase the school readiness of children at risk for not being fully prepared for kindergarten.

The Summit was held in two phases. The first phase was held June 13-14, 2006, and the second phase was held on July 13. The first phase called upon early childhood experts to identify and agree upon the critical features and practices of early childhood programs that effectively improve the performance of children at risk for not being fully prepared for kindergarten. The attendees then analyzed Minnesota's publicly funded early childhood programs in relation to these research elements, and arrived at a set of findings. The second phase built upon the findings from the first phase. The attendees from the first phase came together with a larger group of stakeholders that included decision-makers and advocates. Together they reviewed the research and findings from Phase I and developed recommendations for program improvement that were forwarded to the Governor for his consideration.

As a result of the Summit, the Governor's office, in collaboration with staff from the Departments of Human Services and Education, continued to work on how best to incorporate the essential practices and features recommended in the Summit into Minnesota's early childhood education and care programs and system by:

- Proposing and negotiating legislation that incorporates essential program and system reforms
- Extending action items to other appropriate groups, especially stakeholder and service provider groups
- Continuing the progress on recommendations through venues other than legislation
- Garnering support from the broader community for early childhood education
- Ensuring that the impact of and the actions following the Summit persist.

In addition to the Summit report, the 2005 Minnesota Legislature required the commissioners of MDE, MDH and DHS to identify how they will coordinate activities and resources with input from local communities and tribal governments. The directive required the commissioners to report their progress to the Legislature by March 1, 2006. (See Attachment 2.1.2B: "Coordination of Early Care and Education Programs: Report to the Minnesota Legislature," http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs_id_057826.pdf)

In response to this directive, the Commissioner of MDE convened a meeting with the Commissioners of Human Services and Health. After the initial meeting, representatives from each agency met to identify the programs that each agency administers that support early care and education, indicate where the agencies had existing coordination, and where the agencies could coordinate more.

The agencies reported that generally, the agencies follow a coordinated process to improve service delivery, help contain costs, reduce service overlap and duplication, close service gaps and encourage community collaboration. This process includes gathering input from stakeholders including parents, providers, counties and leaders of cultural communities, through inter-agency groups of appropriate staff, review literature and research to identify successful practices and policies from other states, and coordinate relevant programmatic aspects and activities with existing public and private efforts.

The report to the Legislature included a coordination work plan for the three agencies. The work plan outlined areas for further coordination, resources permitting in the areas of 1) improving access, 2) professional development and training activities, and 3) parent education. (See page 14 of the report for the detailed work plan. The report is provided as Attachment 2.1.2B of the CCDF Plan, and is titled: "Coordination of Early Care and Education Programs: A Report to the Minnesota Legislature, March 2006,"

http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs_id_057826.pdf.

Building on these two coordination efforts and previous system planning in Minnesota led by Ready 4 K's BUILD initiative, a team of state agency staff and other partners attended the January, 2007 Strengthening Early Childhood Systems conference convened by the federal Child Care Bureau, Office of Head Start and Maternal and Child Health Bureau. The team included representatives from DHS, MDE and MDH as well as Ready 4 K's BUILD initiative and the Minnesota Head Start Association. Specific coordination goals were identified in each of the three focus areas addressed by the conference – system financing, governance and supports for providers. (See summary of Minnesota Team goals from the Strengthening Early Childhood Systems conference in Attachment 2.1.2 C.)

In addition to these coordination efforts focused on the early childhood system, DHS also continues participation in system-building efforts for school-age care coordinated through Youth Community Connections (YCC), an organization funded by the Mott Foundation, DHS, MDE and other local private foundations. YCC aims to ensure that options are available for children ages 5-18 to learn, develop and contribute after-school and through community-based programs during the non-school hours.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

Coordination is a joint responsibility of multiple state agencies including the Departments of Human Services, Education, and Health. The Governor's office has provided support for coordination through meetings initiated by a staff member.

Coordination currently occurs for the following programs in these ways:

1. Resource and information dissemination on school readiness, early care and education, health and nutrition, and child mental health and family support

The agencies share a wide range of resources and information across programs. The full descriptions of these resources and information are included in "Coordination of Early Care and Education Programs: A Report to the Minnesota Legislature, March 2006" (beginning on page 14 of Attachment 2.1.2 B,

http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs_id_057826.pdf).

Highlights of resources and information include:

Minnesota Early Childhood Indicators of Progress: Minnesota's early learning guidelines provide a common set of developmentally appropriate expectations for children 0-5. These guidelines are used in workshops and conferences for early childhood practitioners throughout the state of Minnesota. Programs in Minnesota serving young children operating under all funding sources are encouraged to use these guidelines.

Alignment of the Minnesota K-12 Kindergarten Academic Standards with the early learning guidelines and the Head Start Child Outcomes Framework. This document bridges the early learning standards with the K-12 academic standards and the Head Start standards, is used for early childhood practitioners and is disseminated statewide through workshops and conferences.

The Minnesota system of CCR&R agencies serves both Head Start and child care programs with program improvement materials and training. The system also provides outreach and support for local partnerships and initiatives. Collaborative programs, such as child care/Head Start partnerships, associations and other locally coordinated collaborative early learning programs are eligible for improvement grants through the CCR&Rs.

Minnesota Core Competencies for Early Childhood Practitioners provides common standards for professional development for all early learning practitioners.

Training on the Early Childhood Indicators of Progress and Use of Curriculum and Child Assessment Instruments. The Departments of Human Services and Education make training available on the Early Childhood Indicators of Progress, use of curriculum and child assessments. All early childhood practitioners, including but not limited to child care, Head Start, school-based School Readiness programs, Early Childhood Family Education, and preschools are eligible to attend the trainings regardless of the funding source.

2. Supporting families, schools, and communities in facilitating the transition of young children into the kindergarten environment

MDE staff reviewed literature and surveyed early childhood educators to develop a list of recommended kindergarten transition activities. The activities are provided in a brief posted on the MDE website. Staff from the Departments refer early childhood programs to this brief at statewide workshops and conferences.

Head Start, Early Childhood Special Education, School Readiness, Early Childhood Family Education, and preschool and child care programs partner

locally with parents and school districts to support kindergarten transition. Each community uses a combination of strategies that best serve their areas.

3. Identifying, coordinating and sharing resources and strategies between state departments that address cultural and linguistic needs of families served

The Department contracts with agencies that provide culturally-specific services available across program types. For example, DHS supports the Tribal Early Childhood Network (TECN) to bring early childhood practitioners together to share information about child care services for American Indian children. Members of the Network include tribal child care, Head Start and community college programs as well as representatives from the Departments of Human Services and Education. (See additional information in 4.1.4.)

4. Referring children in the child welfare system

Minnesota coordinates referrals for children in the child welfare system in compliance with the federal Keeping Children and Families Safe Act of 2003. The act requires child protection workers to refer children under age 3 who are involved in a case of substantiated maltreatment for early childhood developmental screening through Part C of the Individuals with Disabilities Act. Parents must consent for their children to be screened. A central point of intake assigns the child to the most appropriate agency to conduct the screening according to local procedures. Children may be referred to a wide range of services or resources available through the Departments of Health, Education and/or Human Services as a result of the screening.

The Departments of Human Services and Education are in the process of implementing new initiatives to coordinate the following programs in these ways:

Quality Rating System pilot

DHS, in collaboration with MDE and through funding from the Minnesota Early Learning Foundation (MELF), is piloting a quality rating system. Child care programs licensed by DHS, as well as public school-based School Readiness programs and Head Start programs overseen by MDE, will be eligible to participate in the rating system.

This collaboration is a direct result of the Governor's Early Childhood Summit. The pilot will help parents select programs that prepare their young children for success in school, while recognizing and rewarding early care and education programs that meet higher quality standards.

Professional Development System

DHS is also implementing a new professional development system for child care practitioners, and working in partnership with MDE to extend and align appropriate system components with staff in Head Start and school-based School Readiness programs. MDE has been and will continue to be an important stakeholder in the planning process for the new system, particularly with regard to practitioner core competencies, the career lattice and efforts to strengthen articulation with the higher education system. It is anticipated that trainings offered through MDE will be posted on the Minnesota Professional Development Registry when released. It is also anticipated that the new training approval system will enhance the coordination of training on the early learning guidelines and use of curricula and child assessments.

Describe the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

The overall purpose of the coordination is to advance Minnesota's early childhood vision: "All children who enter school are ready and eager to learn and be prepared for school success."

Expected program results of this coordination can be summarized using the five themes from the 2006 Governor's Summit on School Readiness:

Theme 1: Intensity and Duration

Children determined to not be fully prepared for kindergarten need access to early childhood programs that are of sufficient duration and intensity to meet their needs.

Proposals under consideration include: 1) increasing the intensity of Head Start, Early Childhood Family Education, School Readiness and child care services, 2) explore opportunities to incorporate FFN care providers into existing state and federal programs, 3) create continuity in child care and education settings.

Theme 2: Embed Educational Instruction

Concentrated educational experiences that focus on literacy, language, and mathematical thinking need to be embedded in all early childhood care and education settings serving at risk children.

Proposals under consideration include: 1) review use of School Readiness program, 2) provide language, literacy and math instruction to children in all early childhood settings, 3) create a child assessment system for children in all publicly funded early childhood programs, 4) develop guidelines for curriculum selection and implementation, 5) communicate early learning guidelines to parents, 6) ensure school districts take leadership for providing information to

child care programs about the types of curriculum and assessment to use in order to align with schools, 7) provide training and technical assistance to child care programs on curriculum and assessment, 8) improve outreach to FFN caregivers, particularly those serving children enrolled in CCAP, and 9) increase the number of children receiving Child Care Assistance who are enrolled in high quality programs.

Theme 3: Transition to Kindergarten

Improvement in coordination between early childhood care and education programs and kindergarten is needed in order to sustain the effects of preschool for at risk children.

Proposals under consideration include: 1) coordinate transition to kindergarten between early care and education programs and kindergartens, 2) develop and communicate individualized plans to assist with transition to kindergarten using child assessment information, 3) provide parenting information and education on issues of kindergarten transition, and 4) encourage early childhood programs to co-locate within public schools.

Theme 4: Professional Development

Increase the alignment between training opportunities and/or requirements for training with the ten elements research has found to be essential to successful, targeted early childhood programs.

Proposals under consideration include: 1) train teachers and caregivers on child observation, followed by training on assessment and intentional curriculum, 2) support FFN caregivers through peer mentors and trained coaches, and target immigrant communities, 3) create incentives to encourage child care providers to take additional training targeted to issues related to school readiness, 4) evaluate current child care training requirements in light of providing school readiness services.

Theme 5: Program Transparency

Parents, service providers and the general public need quick access to easy to understand information on child development, child care and early childhood education.

Proposals under consideration include: 1) create and simplify information for parents and providers focused on at risk children, building on existing resources, 2) provide straightforward information to parents on child care and early education, 3) develop and implement a quality review process for child care programs to inform parents and improve program quality.

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

The Governor's Summit report guides the Departments in planning and implementing coordinated systems. Changes to the report are not anticipated at this time.

2.2 Public Hearing Process

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

- Date(s) of statewide notice of public hearing: State Register notice published April 9, 2007
- Manner of notifying the public about the statewide hearing: Notification was posted on the Department's website, printed in the State Register and disseminated to constituent groups throughout the state.
- Date(s) of public hearing(s): May 2, 2007
- Hearing site(s): A morning videoconference hearing was held at the Department in Saint Paul with downlinks to four additional sites: Mankato, Walker, Moorhead and Duluth. An evening hearing was held at the Department in Saint Paul from 6:30-8:30 p.m.
- How the content of the plan was made available to the public in advance of the public hearing(s): The content of the plan was made available on the Department's website, and electronic copies were sent to various constituent groups, agencies and organizations throughout the state. Hard copies or faxed copies were made available upon request. As required by Minnesota statute, a copy of the draft plan was sent to the Minnesota Legislature June 1, 2007.

A brief summary of the public comments from this process is included as **Attachment 2.2**.

2.3 Public-Private Partnerships

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

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

The Department provides a system that promotes involvement and innovation among public, private, for-profit and non-profit organizations. Examples of Activities include:

Minnesota Early Learning Foundation: The Minnesota Early Learning Foundation (MELF) is a public-private partnership that supports initiatives that will – through measurement, demonstration, collaboration and evaluation – guide development of an effective early learning system. The partnership has raised substantial donations from private entities such as Cargill, Taylor Corporation and the McKnight Foundation.

DHS is participating in a pilot of a quality rating system in collaboration with MDE and MELF. The Department will issue the quality ratings and will implement the quality rating system in order to align existing state and federal resources with the quality rating system in the pilot areas.

The Department is also collaborating with MELF to deliver accreditation facilitation services and business consultation services to programs in the areas participating in the pilot areas.

Outreach to FFN Caregivers: The Department and the McKnight Foundation are jointly funding an initiative through the CCR&R system to strengthen outreach and education efforts to FFN caregivers throughout the state. The initiative, Building On-Moving Forward, is designed to strengthen the capabilities of local CCR&R programs to provide services to FFN caregivers and increase the services available. The initiative requires each district CCR&R agency, comprising three to six regions, to develop a district-wide vision for work with FFN caregivers. Each region is also required to develop short- and long-term goals to expand their own outreach and cross-cultural communication capacity and provide training and information to FFN caregivers. Regions are expected to form partnerships with other organizations in their communities that provide services to FFN caregivers such as libraries, Head Start programs and community action programs to increase opportunities for FFN caregivers.

Support for Infant-Toddler Caregiving: The Department will propose a continued collaboration with the Bush Foundation to support training and resources to improve the quality of care and education for infants and toddlers. This builds on a decade-long partnership with the foundation to support Minnesota's Infant/Toddler Training Intensive (ITTI), based upon California West Ed's Program for Infant/Toddler Care (PITC). Expected results include expansion and enhancement of infant/toddler training opportunities, including coaching and mentoring services for infant/toddler practitioners. Also included is a planning process for establishing an infant/toddler specialist network which will provide support to infant/toddler practitioners through a variety of approaches including technical assistance, consultation, resource referrals and other collaborative learning opportunities.

PART 3
CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System

Describe the overall child care certificate process, including, at a minimum:

- (1) a description of the form of the certificate (98.16(k));
- (2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and
- (3) if the Lead Agency is also providing child care services through grants and contracts, estimate the proportion of §98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.

Attach a copy of your eligibility worker's manual, policy handbook, or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1**. If these materials are available on the web, the State may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

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

1. **Form of certificate:** The letter indicating approval of the child care assistance application serves as the child care certificate. Upon approval, the client may choose any licensed or authorized non-licensed child care provider in Minnesota who meets the program requirements to care for their child/ren.
2. **Choice:** The parent chooses the child care provider and the county agency determines if the provider is licensed or authorizes a legal non-licensed provider.
3. Not applicable

The eligibility worker's manual, "Child Care Assistance Program Policy Manual," Attachment 3.1.1, is available online at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_138075.

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

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

No.

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

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

No.

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

Yes.

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

3.2 Payment Rates for the Provision of Child Care

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

These rates are provided as **Attachment 3.2 A1**.

The attached payment rates were or will be effective as of July 1, 2006.

Provide a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to

children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- a. The month and year when the local market rate survey(s) was completed: February through April, 2007 (§98.43(b)(2))
- b. A copy of the **Market Rate Survey instrument** and a **summary of the results** of the survey are provided as **Attachments 3.2 B1, 3.2 B2 and 3.2 B3**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings (**See Guidance for additional information.**)

Licensed child care centers and family child care homes in Minnesota were contacted by their CCR&R at least three times to voluntarily provide their rate information between February and April 2007. Over 12,000 providers were contacted in this process initially by mail with phone and mail follow-up. The market rate survey was also available to be completed by providers online. Efforts are made to contact 100 percent of each county's providers regarding rate information. The CCR&Rs are required to achieve a response rate of at least 85 percent in each county for each provider type, licensed centers and family child care homes.

The local market area for regulated and unregulated care consists of individual counties and multi-county regions. DHS calculated maximum rates based on the 2007 market rate survey. The maximum rates were calculated at the 75th percentile for most providers and at the 100th percentile for some rural center providers. These rates are included as an amended Attachment 3.2B1 and serve as a summary of the results of the 2007 market rate survey. Please note, these maximums are NOT in use.

The 2006 Market Rate Survey Instruments for center and family child care providers are included as Attachments 3.2 B2 and 3.2 B3. **The instruments used in the 2007 survey did not have substantive changes and are not included with this amendment.**

In July 2005, local market rates were established at the 75th percentile of the 2001 rate survey with some adjustments in rural areas for child care centers to the 100th percentile of the 2002 rate survey. In January 2006, local market rates were established at the "lower of" the applicable 2005 market rate survey rate or the July 2005 rate increased by 1.75 percent. In July 2006, all current maximum rates were increased by 6 percent. These maximum rates are in DHS Bulletin #06-68-08 and are included as Attachment 3.2 A1. The maximum rates in this bulletin are based on rate survey data from the 2001, 2002 and 2005 surveys.

- a. **Licensed Child Care:** Minnesota's network of CCR&R agencies maintains a database on all licensed family child care, group family child care, preschools,

accredited family and center-based providers and all school-based child care providers (exempt from licensing). The database is updated quarterly. Historically, payment rates have been surveyed at least once every two years. Most often, the survey was completed annually. **The 2007 Minnesota State Legislature approved statute language requiring an annual provider rate survey.**

Providers are paid at the lower of: the rate they charge private pay families or the maximum in Attachment 3.2 A1.

b. Unregulated Care: All unregulated providers are registered with the county agencies. Unregulated family based provider rates are established at 80 percent of licensed family child care provider rates.

c. Special Needs Rates: Rates are established county by county as necessary to secure appropriate care for the individual needs of the child needing care. When four or more providers offer the same type of care for the same specific special need population, the 75th percentile is calculated in the geographic area. Counties identify the special needs rates that are paid in their biennial Child Care Fund Plan. Rates are established on an as-needed basis subject to state approval. (See Attachment 3.2 A3)

c. Does the Lead Agency use its **current** Market Rate Survey (a survey completed within the allowable time period –10/1/05 -9/30/07) to set payment rates?

Yes.

No.

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

Licensed Centers: 40.4% indexed to 2007 Rate Survey

Licensed Family Child Care: 55.3% indexed to 2007 Rate Survey

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

In January 2006, local market rates were established at the “lower of” the applicable 2005 market rate survey 75th/100th percentile rate or the July 2005 rate increased by 1.75%. In July 2006, all current maximum rates were increased by 6%.

An amended Attachment 3.2 C identifies the relationship between the 2007 market rate survey and the current maximum rates that began on July 1, 2006. The attachment also illustrates how access levels in Minnesota have changed.

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

Yes. If, yes, **describe**.

No.

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

Yes. If yes, **describe**:

No.

Minnesota pays higher rates for care that achieves quality in two ways:

Strategy 1:

Minnesota Statutes 119B.13 subdivision 3a establishes a provider accreditation differential for a family child care provider or child care center which allows the provider to be paid a 15 percent differential above the maximum rate, up to the actual provider charge, if the provider or center holds a current early childhood development credential or is accredited. See attachment 3.2.A1.

Strategy 2:

The 2007 Minnesota state legislature approved a Child Care Assistance Program (CCAP) project named “School Readiness Connections.” This is a pilot project designed to provide incentives through higher CCAP payments for early care and education providers to promote the skills and abilities that children served by the Child Care Assistance Program need to succeed in school. Initially, a limited number of providers will be approved to serve a limited number of CCAP eligible children.

Providers will be selected based on criteria that align with research-based characteristics that result in better outcomes for children ages zero to five. DHS will evaluate the following factors in the provider’s application:

- Qualifications of the provider and the provider’s staff (if applicable)
- Child to staff ratios
- Quality of the curriculum or plan for daily activities
- Current or planned parent education activities

- Current or planned links with community resources, social services, county child care and financial workers, and/or employment services providers

The selected providers will enter into payment agreements that will:

- a. reimburse providers at higher rates (up to 25 percent higher than the county maximum) and;
- b. result in weekly authorizations for up to 12 consecutive months for eligible children. Children would receive full-time care by approved providers even if the work schedules of their parents change.

3.3 Eligibility Criteria for Child Care

3.3.1 Age Eligibility

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

Yes, and the upper age is 14.

No.

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

Yes, and the upper age is .

No.

3.3.2 Income Eligibility

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

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			Income Level, lower than 85% SMI, if used to limit eligibility	
			(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	NA	NA	NA	NA
2	\$4,617	\$3,924	\$2,170/3,093	47%/67%
3	\$5,703	\$4,848	\$2,681/3,821	47%/67%
4	\$6,790	\$5,772	\$3,191/4,549	47%/67%
5	\$7,876	\$6,695	\$3,702/5,277	47%/67%

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

If applicable, indicate the date on which the eligibility limits detailed in column (c) became or will become effective: July, **2008.**

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

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

Yes. If yes, **describe** what type of income is deducted or excluded from total family income.
See **amended** attachment 3.3.2.

No.

- Is the income of all family members included?

Yes.

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

See attachment 3.3.2.

3.3.3 Eligibility Based Upon Receiving or Needing to Receive Protective Services

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

Yes.

No.

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

Yes.

No.

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

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

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

No.

3.3.4 Additional Eligibility Conditions

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

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

No.

3.4 Priorities for Serving Children and Families

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

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

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

- a) **Special needs:** Appendix 2 defines special needs children to include children with disabilities and those who have significant environmental factors that create barriers to optimal achievement. These factors can include poverty, lack of parental resources and/or education, or being the child of a minor parent. Minnesota statute prioritizes services for children with special needs by assigning first priority for child care assistance under the basic sliding fee program to eligible non-Minnesota Family Investment Program families who do not have a high school or general equivalency diploma or who need

remedial and basic skill courses in order to pursue employment or to pursue education leading to employment and who need child care assistance to participate in the education program. Within this priority, the following sub-priorities must be used: (1) child care needs of minor parents; (2) child care needs of parents under 21 years of age; and (3) child care needs of other parents within the priority group described in this paragraph.

- b) **Families with very low incomes:** Appendix 2 defines very low-income. All families eligible for the child care assistance program are considered very low-income.
- c) **Other:** All families eligible for the child care assistance program fall into categories a) and b) identified above.

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

- a) **Families receiving TANF:** are guaranteed child care if all other eligibility requirements and work participation requirements are met.
- b) **Families who have received TANF for three out of six months prior to TANF case closure and who have received child care while on TANF or have incomes at or below 175%FPG:** are guaranteed eligible for up to one year of child care assistance to support employment if all other eligibility requirements are met. Assistance is not guaranteed to families when all caregivers in the TANF assistance unit have been found guilty and disqualified from TANF due to fraud.
- c) **Those at risk of becoming dependent on TANF:** Very low-income families are eligible for child care assistance to maintain employment and avoid the need for cash assistance through TANF to the extent that funds are available.

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

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

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

- Yes.
- No.

3.4.6 Does the Lead Agency maintain a waiting list?

- Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?
- No.

Waiting list maintenance: Counties must keep a written record of eligible families who have applied for a child care subsidy or have requested child care assistance. Counties maintain their individual county waiting list. Waiting lists are updated at least every six months.

Eligible population: When a family requests information about child care assistance, the county shall perform a preliminary determination of eligibility. At a minimum a county must make a preliminary determination of eligibility based on family size, income, and authorized activity. If it appears that a family is or will be eligible for child care assistance and funds are not immediately available, the family shall be placed on a child care waiting list. If it appears that a family is eligible for child care assistance and funds are available or if a family requests an application, the family shall be given a child care assistance application.

Waiting list priorities: are defined as:

a. First priority for child care assistance must be given to eligible non-Minnesota Family Investment Program families who do not have a high school or general equivalency diploma or who need remedial and basic skill courses in order to pursue employment or to pursue education leading to employment and who need child care assistance to participate in the education program. Within this priority, the following sub-priorities must be used:

1. child care needs of minor parents;
2. child care needs of parents under 21 years of age; and
3. child care needs of other parents within the priority group described in this paragraph.

b. Second priority must be given to parents who have completed their Minnesota Family Investment Program transition year, or parents who are no longer receiving or eligible for diversionary work program supports.

c. Third priority must be given to families who are eligible for portable basic sliding fee assistance through the portability pool program. The portability pool program provides continuous child care assistance for eligible families who move between Minnesota counties.

d. Fourth priority must be given to families in which at least one parent is a veteran as defined under section 197.447.

e. Fifth priority must be given to all other families eligible for the child care assistance basic sliding fee program whom do not meet the criteria for priorities one, two and three identified above.

3.5 Sliding Fee Scale for Child Care Services

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

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

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

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

No.

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

Yes.

No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2**.

- 3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$17,170.

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

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

Families with income below 75 percent of the federal poverty level are not required to pay a fee. Families with income between 75 percent and 100 percent of poverty level are required to pay a \$5.00 monthly co-payment fee.

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

- Yes.
- No.

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

Minnesota's co-payment schedule is a percent of family income based on family income and family size. Co-payments are not related to type of care used or number of children in care.

A family's co-payment fee is a fixed percentage of its annual gross income and must apply to families eligible for child care assistance. The fixed percent is based on the relationship of the family's annual gross income to 100 percent of the annual federal poverty guidelines. The family co-payment schedule is designed to provide graduated movement to full payment.

Payment of part or all of a family's parent fee directly to the family's child care provider on behalf of the family by a source other than the family shall not affect the family's eligibility for child care assistance, and the amount paid shall be excluded from the family's income. Third party payments to child care providers shall be excluded from the family's income. Child care providers who accept third party payments must maintain family specific documentation of payment source, amount, and time period covered by the payment.

Families at 75 percent FPG pay \$5.00, and co-payments as a percentage of total income begin at 100 percent of FPG. The percentages begin at **2.61** percent of

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income, and gradually increase to **14** percent of income at exit levels of 250 percent FPG.

PART 4
PARENTAL RIGHTS AND RESPONSIBILITIES

4.1 Application Process / Parental Choice

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

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

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

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3550-eng>

Attachment 4.1.1A Child Care Assistance Program Application and the Child Care Assistance Addendum (Attachment 4.1.1 B,
<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4099-ENG>).

Minnesota funds child care assistance to low-income families through a certificate program.

1. **Child care availability information:** Families are informed through direct advertising from each county when sufficient funds are available for non-TANF families. TANF families are informed of the availability of Child Care services through the Employment & Training service providers, case managers and advocate agencies. See Attachment 4.1.1 (<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3551-ENG>). This brochure has been printed and distributed in all areas of the state.

County agencies inform parents at the point of inquiry or at the point of application that they may choose any legal provider, and refer parents to the Child Care Resources & Referral agency to receive assistance in provider selection.

2. **Applications:** The application process for TANF recipients and non-TANF recipients for child care assistance is the same. Families apply for child care assistance in their county of residence. Each county must have at least two methods for applying for Child Care Assistance.
3. **Eligibility determination:** The local county agency or its subcontractor makes the eligibility determination for families applying for child care assistance. When non-TANF applicants inquire about child care and funds are available at the time of inquiry, the application is completed, and the county determines if the applicant is eligible and, if eligible, services begin. If funds are not currently available for the non-TANF applicant, the family's name is put on a waiting list for assistance. As funds become available, county agencies are required to notify and request families to complete the application. Eligibility determinations are made by the local social services agency within 30 days of the date of application; 45 days upon the parent's request.
4. **Penalty exceptions:** Parents who receive TANF benefits are informed about the exception to individual penalties associated with the work requirement if they have a demonstrated inability to obtain needed child care for a child less than six years of age. The determination of whether there is a demonstrated inability to obtain needed child care is also at the county level, with guidance from DHS.

Parents who are unable to obtain child care must either report this to a financial worker or to an employment services counselor. The worker or counselor must determine whether the parent demonstrated an inability to obtain child care for one or more of the following reasons by applying the definitions listed below:

- a. Minnesota law prevents the imposition of sanctions if the county determines that a TANF recipient has good cause for not complying with program requirements because appropriate child care is not available (MN Statutes 256J.57 Subd.1). This good cause reason is not restricted to single parents with a child under age six. If counties deny good cause, participants have the right to appeal this decision to DHS.
- b. MN Statutes 256J.45 requires county agencies to provide a face to face orientation to TANF families who request assistance. During the orientation, county agencies must inform families that the county agency may not impose a sanction where the participant has good cause, as "appropriate child care is not available." They must also inform parents of
 - 1) types and location of child care services available through the county agency,
 - 2) availability and the benefits of the early childhood health and developmental screening,
 - 3) eligibility requirements for transition year child care assistance,
 - 4) their Rights and Responsibilities (including appeal rights), and

5) the relationship between the 60-month time limit on TANF assistance, and the receipt of various benefits, including child care assistance. DHS has developed Program Manuals for county staff to explain these relationships to parents at orientation.

5. **Length of eligibility:** Families continue to receive child care assistance until no longer eligible. Eligibility is re-determined when the family reports a change in income, residence, family size, family status, or employment, education or training status or at least every six months.

6. **Reducing barriers:** TANF and TANF non-assistance recipients who request child care assistance during the TANF interview may use the Child Care Assistance Application Addendum, a shortened application with the TANF Combined Application Form (CAF). Non-TANF applicants complete the Minnesota Child Care Assistance Application form.

4.1.2 Is the application process different for families receiving TANF?

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

Families who apply for TANF benefits can request child care assistance using the child care addendum to the TANF application or completing the CCAP Application.

No.

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

The Department ensures parents are informed about their ability to choose their child care arrangements through use of the CCAP brochure (Attachment 4.1.1), referral to CCR&R agencies, information from county child care staff and TANF and employment service workers. The CCAP Application (on the parent signature page), describes the child care options for parents, which include center, family child care, in-home care, both licensed and legal non-licensed. In Minnesota these options include neighborhood, community, school or faith-based providers.

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

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

No.

Activities: CDS and CCAP work to overcome language barriers for families with limited English proficiency through the following activities:

- a. DHS requires all county human services agencies to submit a Limited English Proficiency Plan in accordance with Title VI of the Civil Rights Act of 1964. The purpose of this plan is to ensure customers of DHS meaningful access to program information and services although they may be limited in their English language proficiency. County agencies must take adequate steps to ensure that persons with limited proficiency receive the language assistance necessary to provide them meaningful access to services, free of charge and without undue delay.
- b. The CCAP brochure, “Do you need help with child care?” (Attachment 4.1.1), has been translated into Spanish, Somali and Hmong. A list of 10 telephone interpreter service language lines is on the CCAP Application form, for families to call to get immediate assistance with the application.
- c. CCR&R Language Access Line Project:
The Language Access Line Project reaches out to families with limited English proficiency by making available interpretive services to all CCR&R agencies. Families with limited English proficiency may contact a CCR&R agency for services and are assisted by bilingual/bicultural outreach workers who are also CCR&R staff who are on call Monday through Friday. The service area is statewide. Services are provided in Spanish, Hmong and Somali. The services are widely marketed and promoted by the CCR&R agencies with brochures, flyers, radio, posters, etc.
- d. Currently the **Not By Chance** training, a training that teaches providers how to use the Minnesota Early Childhood Indicators of Progress, the Minnesota Core Competencies and the Environmental Rating Scale to improve the quality of the care they offer, has been translated into Spanish, Somali and Hmong. DHS is developing a plan to expand the number of trainings offered in the home languages of refugee and immigrant caregivers.
- e. CDS, in collaboration with the DHS Licensing Division, is planning to update licensing documents that have previously been translated and expand their

availability into languages consistent with the pattern of immigration in Minnesota. The plan includes updating current translations and increasing the number of languages that documents are translated into for family child care providers.

- f. CDS developed a brochure, **Caring for Children**, primarily for refugee and immigrant parents and child care providers, that contains a broad range of resources on child care, child development, health and safety and the Minnesota education system. It is currently available in English and Spanish and is being translated into another nine languages.
- g. CDS encourages the CCR&R system to hire staff from refugee and immigrant communities and assists the CCR&Rs to publish informational materials in several languages.
- h. The FFN initiative is a priority for the Department. Through it, CCR&Rs are required to reach out to newcomer communities in their regions.
- i. CDS funds the Early Childhood Resource and Training Center to serve as a multi-cultural resource center and offer training and support to licensed and unlicensed child care providers from newcomer ethnic/linguistic communities, African-American and American Indian communities.
- j. CDS has established a committee on access with the CCR&R Network and other grantees to assess the ability of all traditionally underserved populations to access child care quality supports and to make the services more responsive to the needs of these populations.

4.2 Records of Parental Complaints

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

Availability of substantiated complaints: A record of substantiated parental complaints for licensed family child care providers is available to the public on request in each county licensing unit. A record of substantiated parental complaints for licensed child care centers is available to the public on request at the DHS Division of Licensing. DHS has developed an online Licensing Information Lookup site (<http://licensinglookup.dhs.state.mn.us>) to give consumers 24-hour access to information about license holders. Information includes the current status of a provider's license — whether the license is active, conditional, suspended, revoked or closed, and what services a provider is licensed to provide. Plans are to add to this site frequently requested public documents including license, correction orders for centers, negative actions (fines, conditional suspensions, temporary immediate suspensions, revocation) and maltreatment investigation memoranda.

Records: Child care providers paid by the county or state who are not licensed are required to supply to the county the provider's name, social security number, age, and address of the caregiver, the provider rate, and a release to permit information on substantiated parental complaints concerning the health and safety of children in their care to be disclosed to the public. This record is kept in each county.

4.3 Unlimited Access to Children in Child Care Settings

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

State licensing regulations for family child care homes and child care centers require parents to have access to children any time while in care. Parents must give written permission for children to leave premises for field trips.

Licensed family child care providers are required under Minnesota Rules 9502.0405, subpart 2, and licensed child care centers are required under Minnesota Rules 9503.0090 to distribute to parents at the time a child is admitted to care written information about licensing regulations, including the provision affording parents unlimited access to their children whenever their children are in the provider's care.

The CCAP Rule 3400.0120, Subp.3., requires all providers to permit parents unlimited access to their children and the provider caring for their children during hours of provider operation and when the children are in the care of the provider.

The CCAP brochure (Attachment 4.1.1) is given to all child care assistance program parents and includes a statement advising parents, "Child care providers must let you see your children anytime. CCAP will not pay providers who do not allow you total access to your children."

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

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

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

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

- "appropriate child care":
Appropriate child care means: 1) the provider of care is a licensed or legal non-licensed provider according to state standards; 2) the provider of care is able to meet a demonstrated need for language-specific care; and 3) that the care is appropriate to the child's age and special needs. Special needs means a child who has a hearing impairment, visual disability, speech or language impairment, physical handicap, other health impairment, mental handicap, emotional behavioral disorders, specific learning disability, autism, traumatic brain injury, multiple disabilities, or deaf-blind disability, and needs special instruction and services as determined by MDE. Counties also should accommodate demonstrated needs for culturally-specific services as resources allow.

- f. "reasonable distance":
Reasonable distance means that the total commuting time to the child care provider and to work does not exceed two hours round trip

- g. "unsuitability of informal child care":
Unsuitability of informal care means that the provider does not meet standards regarding health and safety of the child that would be applied to legal, non-licensed providers.

- h. "affordable child care arrangements":
Affordable child care arrangements means the provider does not charge in excess of the maximum amount the county is allowed to pay, as established in a rate schedule set each year by DHS.

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

Through the Quality Earmarks and Set-Aside Activities described in 5.1 and the Good Start Grow Smart Activities described in 5.2, the Department aims to promote children’s development and learning by improving the quality of children’s care and education in all types of child care settings (child care centers; private preschools; licensed family child care homes; school-age care settings; and family, friend and neighbor settings). CDS is committed to supporting quality improvement that is culturally sensitive and focused on school readiness. Services are provided with a special emphasis on reaching children at risk of not being ready for kindergarten, in partnership with families, communities and early childhood and school-age care programs.

5.1 Quality Earmarks and Set-Asides

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

Infants and toddlers:

“Infant” in family child care settings means a child who is at least six weeks of age but less than 12 months of age. “Infant” in a child care center setting means a child who is at least six weeks of age but less than 16 months of age. “Toddler” in a family child care setting means a child at least 12 months of age but less than 30 months of age. “Toddler” in a child care center setting means a child at least 16 months of age but less than 33 months of age.

1. Regional Grants (Minnesota Statutes 119B.21)

Activity: These grants, administered by the local CCR&Rs to child care centers, family child care practitioners and FFN providers, increase the capacity and improve the quality of infant/toddler care. Training requirements are tied to grant awards, including opportunities to participate in ITTI (Infant/Toddler Training Intensive Project) through the Minnesota CCR&R Network as well as other infant/toddler educational opportunities. In SFY 2006, 866 practitioners received infant/toddler grants, and 1,428 infant and toddler spaces were added in family child care and center-based settings.

Expected Results: Grants targeted specifically to infant/toddler care settings are intended to build capacity and to improve the quality of care for this age group.

2. T.E.A.C.H Minnesota (Teacher Education and Compensation Helps) and R.E.E.T.A.I.N. (Recruiting Early Educators through Attaining Incentives Now)

This initiative, administered by the Minnesota CCR&R Network, provides scholarships and retention grants earmarked for practitioners caring for infants and toddlers to increase the level of education and increase retention rates among child care providers. During 2005-2006, 100 of 198 providers (51 percent) of T.E.A.C.H. scholarship recipients were infant/toddlers practitioners. R.E.E.T.A.I.N. grants were awarded to 188 recipients, 160 (85 percent) of whom were infant/toddler practitioners.

DHS will continue to provide support for infant/toddler care through these financial incentive programs with 75 percent of T.E.A.C.H. scholarships and 75 percent of R.E.E.T.A.I.N. grants targeted to infant/toddler practitioners on an annual basis as a strategy to promote a qualified and better compensated early childhood workforce.

Expected Results: Improved quality and quantity of infant/toddler care in regulated settings.

3. System-wide Professional Development and Delivery in Infant and Toddler Care

In the coming year, the Minnesota CCR&R Network will continue to work with DHS to implement a plan to effectively and efficiently deliver Infant Toddler Training Intensive (ITTI) curriculum based on West Ed's Program for Infant and Toddler Caregivers (PITC). In addition, DHS will be contracting for the development of more in-depth infant/toddler curriculum which will enhance and deepen the core content of ITTI trainings, including adapting the core content of ITTI training for use in specific cultural communities. Targeted training and education in the design and implementation of quality programming for infants and toddlers will also be developed. An emphasis will be placed on training that embeds and promotes the recently developed Early Childhood Indicators of Progress for children ages 0-3.

An infant/toddler core competency guide will be developed (a companion document to the Minnesota Core Competencies for Early Education and Care Practitioners) that highlights the skills and knowledge most relevant to working with infants and toddlers.

DHS, MDE, MDH and the University of Minnesota will jointly sponsor the Third Annual 0-3 Conference, targeted specifically to practitioners working with children birth to three and their families. It is expected the conference will become more regional in scope.

Expected Results: practitioners increase their skill at and confidence in providing care for infants and toddlers.

Resource and referral services (Minnesota Statutes 119B.19):

Activities: State and federal funding to 18 designated CCR&R programs who have the statutory requirement to develop child care services for families throughout Minnesota. The CCR&R duties revolve around four core functions:

- a. supporting parental choice with information and education
- b. compiling, analyzing and disseminating data about child care supply and demand
- c. expanding and strengthening the child care delivery system
- d. building community through partnership, coordination and collaboration.

The structure of the CCR&R system includes:

- Eighteen local CCR&R agencies providing baseline services such as provider recruitment and retention; outreach to family, friend, and neighbor caregivers; program improvement consultation to licensed providers; partnerships and collaborations; and working with community members and advisory committees. These services are provided within their geographical services areas.
- Six geographic service districts providing scale services such as training coordination; referral to parents looking for child care; data collection; technical assistance to public and private enterprises, information and resources to communities, and work with advisory committees to administer grants. These services extend to two or more local CCR&R service areas.
- One tribal service district providing statewide services to Minnesota's eleven tribes.
- State services such as development of programs; technical assistance to local and district CCR&R agencies; translation of materials; and compiling and analyzing child care data. These services are provided by DHS and the Minnesota CCR&R Network to all CCR&R programs.

The CCR&R infrastructure also focuses on increasing access for low-income families facing multiple barriers and FFN providers in the following ways:

- CCR&R contract duties reflect required service objectives that will result in increased access for families and FFN providers.
- CCR&R regional grant guidelines include a set-aside for culturally responsive child care and FFN providers.
- Enhanced referrals are provided for low-income families and families who have children with special needs at no cost.
- Language access services are provided to families statewide by key bilingual/bicultural CCRR staff through phone referrals.

- Training, resources and technical assistance are provided to CCR&R staff to increase their knowledge, skills and abilities in working effectively with all families and providers.
- Tribal service district provides services to Tribal Child Care Programs and serves as a link between CCR&R agencies and Tribal programs.
- Links are being developed between CCR&R programs and programs serving migrant families and children.

Finally, the CCR&R system coordinates system-wide professional development delivery. The Minnesota CCR&R Network coordinates system-wide delivery of accessible training delivered through the CCR&R sites based upon the Child Care Learning Continuum tool, a leveled continuum of training based upon practitioner core competencies. This includes coordinating delivery of standardized and systematized online learning opportunities through Eager to Learn.

Expected Results: Minnesota's CCR&R system is entering its eighth year of using outcome-based contracts with each CCR&R program tracking progress toward identified outcome indicator targets. The outcomes that follow describe some of the expected results of Minnesota's CCR&R system.

- Families using CCR&R services improve their ability to seek and select quality child care.
- Increased public/private collaboration with organizations such as entities serving culturally diverse communities, groups serving children with special needs, and agencies serving low-income families.
- Increased use of referral services by families in order to secure high quality, stable and affordable child care.
- Increased professional development of child care providers.

For the past four years, the state has used a system called Balanced Scorecards, which links objectives, measures, targets and initiatives that collectively describe the strategy of the organizations and how the strategy can be achieved. The Balanced Scorecard system allows the state to track the above indicators more effectively.

A few examples of statistics collected as performance indicators are listed below. These examples from SFY 2006 are provided on a statewide basis for purposes of illustration.

- 18,058 child care referrals were provided to families by phone or through the CCR&R website.
- 97 percent of families using CCR&R services reported that they would recommend CCR&R to other people who need similar assistance.
- 95 percent of families using CCR&R services feel they have improved their ability to search for child care.
- 2,107 trainings were sponsored or cosponsored by CCR&R.

- 3,622 applications were received for grants and 2,612 grants were awarded for a total of \$1.8 million in grants to improve quality in child care.

School-age child care:

Activity: The Department's goal is a systematic and collaborative approach to increase capacity to deliver high quality, accessible and affordable care for school-age children. This goal will be met through various activities including assessment and improvement of program quality through initiatives such as an accreditation facilitation project; training based upon practitioner core competencies and research-based best practice; and recognition for, and support of, the career development needs of school-age practitioners. These activities target all types of child care providers serving school-age children, including child care centers, school-age care programs, licensed family child care providers and FFN.

Expected results: Increased capacity of quality child care options for families with school-age children.

Activity: Youth Community Connections (YCC), www.youthcommunityconnections.org, is an advocacy alliance of public and private organizations that offer and support youth development through after-school and community-based programs. YCC joined with the University of Minnesota to sponsor the Minnesota Commission on Out-of-school Time. That group's groundbreaking report, *Journeys into Community*, provides the state with a blueprint for action over the next few years. Community Dialogues were held around the state to generate conversation and input around supporting quality personnel working with children and youth ages 10-18 after school and in non-school hours.

Expected results: Alignment of coordination and development of training and support for adults working with school-age youth with the Minnesota Child Care Professional Development system.

Regional grants

Activity: Regional grants will continue to be administered by local CCR&Rs to child care centers, school-age care programs and family child care providers to increase the capacity of quality care for school-age children and youth. Grant requirements include a training component that will connect grant recipients to a coordinated system of training and professional development opportunities. In SFY 2006, 617 providers received school-age care grants resulting in the creation of approximately 850 new school-age spaces. In addition, an estimated 27,000 school-age children were enrolled in care settings receiving grants, and therefore benefited from quality improvements.

Expected Results:

Continue to increase the quality of school-age programs and positively impact providers and children. Connect all grantees to system training and professional development opportunities through grant requirements.

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

\$ 6,740,100 (5.1%)

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

Activity	Check if undertaking/will undertake	Name and type of entity providing activity	Check if this entity is a non-governmental entity?
Comprehensive consumer education	<input checked="" type="checkbox"/>	MN CCR&R Network, Child Care Resource & Referral agencies, Center for Early Education and Development at the University of Minnesota	<input checked="" type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	Child Care Resource & Referral agencies, First Children's Finance	<input checked="" type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	DHS Licensing	<input type="checkbox"/>
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	Child Care Resource & Referral, MNAEYC (accreditation facilitation), and other contractors to be selected	<input checked="" type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	Child Care Resource & Referral agencies (TEACH, REETAIN)	<input checked="" type="checkbox"/>
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	Child Care Resource & Referral agencies, public and private grantees	<input checked="" type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	Child Care Resource & Referral agencies, selected public or private grantees	<input checked="" type="checkbox"/>
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	Minnesota Department of Health and Child Care Resource & Referral Agencies	Child Care Resource & Referral Agencies are private agencies <input checked="" type="checkbox"/>

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Activities that increase parental choice	<input checked="" type="checkbox"/>	Child Care Resource & Referral Agencies	Child Care Resource & Referral Agencies and Community Action Agencies are private agencies <input checked="" type="checkbox"/>
Other activities that improve the quality of child care (describe below).	<input checked="" type="checkbox"/>	Child Care Resource & Referral agencies	<input checked="" type="checkbox"/>
Other activities that improve the availability of child care (describe below).	<input checked="" type="checkbox"/>	Child Care Resource & Referral agencies, public and private grantees	<input checked="" type="checkbox"/>
(§98.51(a)(1) and (2))			

5.1.4 For each activity checked, **describe** the expected results of the activity. If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.0

COMPREHENSIVE CONSUMER EDUCATION:

Activities:

DHS contracts with CCR&Rs to inform parents of child care and education options in their communities, including for-profit and non-profit child care centers and family child care homes, as well as Head Start, the state preschool program, and school-age/out-of-school-time programs. CCR&Rs provide consumer education and referrals to ensure families obtain the services that will best meet their needs. They also connect families to early childhood screening and child care assistance. (Minnesota Statutes 119B.19)

CCR&Rs also provide consumer education for communities by collecting and disseminating information about the supply and demand for care and education options. They educate and inform the business community of the benefits of providing child care supports to employees.

DHS contracts with the Minnesota CCR&R Network to provide a statewide, toll-free telephone number for families seeking information on care and education information and referrals. Families seeking care and education for their children use this number to be directed to the CCR&R for their community.

Due to the trend toward more families using the Internet to search for information, a child care internet search tool is now available at no cost through the CCR&Rs. Additionally, CDS partnered with the Child Care Licensing unit at DHS to launch

a Licensing Information Lookup website where the public can view the status of a provider's child care license.

DHS contracts with the Minnesota CCR&R Network and local CCR&R agencies to translate and disseminate brochures about choosing quality child care and other consumer education materials to a wide variety of audiences. DHS has also developed a resource guide for FFN caregivers who are refugees or immigrants. The resource guide is currently available in English and Spanish and will be translated into nine other languages.

Finally, DHS is piloting a quality rating system that will test a new format for sharing consumer information with parents online. The new format will include quality ratings and other information found to be critical to parent decision-making, providing an easy-to-use, accessible resource for families.

Expected results:

The CCR&R sites have set targets, and current year performance is tracked against previous years to determine trends and areas of opportunity and progress. In some cases there is a baseline minimum and in other cases the metric is a percentage change from target, but all CCR&Rs are held accountable to high standards. Feedback on performance is reviewed with them through the Balanced Scorecard process.

Evaluation Components:

DHS employs several evaluation methodologies in order to evaluate the consumer education activities:

- An annual survey is conducted with families who used the CCR&R referral services. The two key metrics from the survey are:
 - Percent of families using CCR&R referral services who reported it improved their ability to seek and select child care a lot or somewhat.
 - Percent of families who would definitely or probably recommend CCR&R to other people who need similar assistance.
- The total number of referrals are closely tracked to see how much they changed from previous years. The number of referral calls and online referrals are tracked separately.
- CCR&R sites report twice a year using a narrative report format on their partnerships with community organizations.
- The pilot quality rating system is one of a number of initiatives to be evaluated by the Minnesota Early Learning foundation. An extensive formative and summative evaluation is expected after the three-year pilot is complete.

GRANTS OR LOANS TO PROVIDERS TO ASSIST IN MEETING STATE AND LOCAL STANDARDS (Minnesota Statutes 119B.21):

Activities:

CCR&Rs allocate state and federal grant funds for recruitment, retention and training of child care providers. Each CCR&R coordinates a regional child care advisory committee to determine priorities for grant funds to meet local needs. Training requirements are tied to grant awards. DHS will require (1) a minimum of 10 percent of all grant funds administered by the CCR&Rs be used for strategies and activities to improve access to and the cultural responsiveness of child care programs and services; and (2) a designated percentage of available grant funds administered by the CCR&Rs to FFN providers for training and program improvement. DHS will provide the flexibility for CCR&Rs to award grants based on levels of quality.

In addition, DHS is piloting a quality rating system that will test new methods for providing grants and loans for quality improvement. The new methods will be aligned with the indicators of quality included in the quality rating system and will provide funding targeted specifically to helping programs serving low-income children meet goals for improving quality. The new methods will be piloted in selected geographic locations during the pilot.

Expected results:

DHS foresees continued positive performance of the grant program where in SFY 2006, 2,612 grants were awarded to child care center and family child care providers and at least 3,000 new spaces were created. Grants will continue to improve the quality of care that children receive and connect all grantees to system training and professional development opportunities.

Evaluation Components:

The primary evaluation component for grants funds is reporting of administrative data. Minnesota State Registry for Education and Meaningful Supports (MNSTREAMS) is the web-based system used by the CCR&R sites to perform many of their grants and training activities. DHS runs reports on MNSTREAMS to evaluate the performance of the grants program using metrics such as number of grants awarded, number of applications, number of spaces created and number of children enrolled.

MONITORING COMPLIANCE WITH LICENSING AND REGULATORY REQUIREMENTS:

Activity:

Monitoring of compliance with state licensing statute and rule is funded by federal, state and local dollars in Minnesota. DHS will continue to pursue efforts

to improve the availability and quality of care with state center licensors and local county family child care licensors.

- CDS supports the provision of professional development and training through the CCR&R system to enable family child care providers and staff in center-based programs to meet licensing training requirements.
- DHS divisions of Child Care Licensing and CDS work together to identify emerging child care issues and develop strategies to address identified problems, or improve the health, safety and school readiness of children. This includes implementation strategies for any legislative changes in child care provider training requirements.
- CDS maintains a listserv of county and state child care licensors to disseminate timely information on state quality care initiatives. Licensors are informed and welcome at training that support school readiness such as Minnesota's Early Childhood Indicators of progress, core competencies for practitioners, and the use of environmental rating scales as a quality improvement tool.

Expected Results:

CDS works to ensure that licensors are informed in a timely manner of child care quality initiatives managed by CDS. CDS partners with appropriate entities within DHS itself to ensure any issues around child care quality are dealt with effectively. DHS also ensures that providers can meet their licensing training requirements by contracting with the CCR&R Network to provide necessary training.

Evaluation Components:

CDS works to continually improve the results of the activities outlined the "expected results" section above by continually seeking feedback and gauging performance.

PROFESSIONAL DEVELOPMENT, INCLUDING TRAINING, EDUCATION, AND TECHNICAL ASSISTANCE (Minnesota Statutes 119B.19):

Activity:

DHS has been redesigning its professional development system for child care practitioners. During the first phase of re-design (May 2006-January 2007), DHS worked with consultants to scan the current system for information about trainers, training content and system access to facilitate a change process with stakeholders. The first phase has been completed and the implementation phase will begin in July 2007 with a model of a revised professional development system that is based on the Elements of a Professional Development System Framework (the National Child Care Information Center [NCCIC]). It will focus on the priorities of:

- Increased scrutiny and focus on accountability for results achieved through expenditure of public dollars;
- Training offered that is aligned with the Minnesota Core Competencies

- Training and technical assistance focused on child assessment and observation, learning environments, classroom organization, and instruction for children
- Consultation and technical assistance using the Environmental Rating Scales
- Pilot of Quality Rating System that includes guidance for reaching higher levels of quality
- Providing support and resources to FFN providers.

(Refer to section 5.2.5 for more detailed information about the professional development planning and implementation process.)

Professional Development Key Outcomes:

- Increased percentage of practitioners participating in the professional development system from licensed and legally unlicensed settings including FFN.
- Increased percentage of practitioners from historically underserved populations participating in CCR&R professional development training opportunities.
- Increased knowledge about developmentally appropriate practices among practitioners to facilitate children's school readiness.

Evaluation Plan:

- The number of practitioners participating in the overall professional development system is currently tracked via various data collection methods. This information will continue to be tracked, with aggregate data used to identify trends and gaps in services. This information will then be used in quality assurance practices to continually improve services, especially outreach and engagement of underserved populations.
- An evaluation of increased practitioner knowledge and skill related to school readiness is currently addressed through a reflective practice self-assessment tool, the Personal Learning Assessment Tool (PLAT). In addition, a more formal assessment/evaluation quality assurance process will be addressed through an RFP award.

IMPROVING SALARIES AND OTHER COMPENSATION FOR CHILD CARE PROVIDERS:

Activities: Funding support for the practitioners includes scholarships, supports for compensation and retention, Child Development Associate (CDA) credentialing support, and grants for training/professional development.

T.E.A.C.H.: a national initiative that provides scholarships intended to increase the level of education of child care providers while reducing turnover rates.

R.E.E.T.A.I.N.: a state workforce retention program that strives to reduce the turnover rates among child care providers who work with young children.

Scholarships: scholarships to support CDA credential assessment and CDA advisor fees for this national credential.

Quality Improvement Grants: regionally administered competitive grant funds to support training/professional development for practitioners.

Expected Results:

- Improved quality of early childhood care in regulated settings
- Increased capacity to improve the quality of care in child care settings
- Reduced turnover rate among children care practitioners in regulated settings

Evaluation Component:

Data tracking will be used to monitor progress toward meeting increased capacity and decreased turnover rate outcomes. T.E.A.C.H. and R.E.E.T.A.I.N staff will continue to monitor specific program data such as number of applicants, number of awards, types of awards, demographic characteristics of awardees, geographic trends of awards, withdrawn awardees, and retention statistics and report these to the Department. The T.E.A.C.H. and R.E.E.T.A.I.N. Advisory Committee are charged with making specific recommendations regarding the administration of the programs to ensure access and inclusiveness.

Evaluation of improved quality of care will be measured through various methods, including findings from the QRS pilot and the Environmental Rating Scales (ERS) consultation project, and evaluation methods yet to be implemented through the professional development quality assurance RFP.

ACTIVITIES IN SUPPORT OF EARLY LANGUAGE, LITERACY, PRE-READING, AND EARLY MATH CONCEPTS DEVELOPMENT:

Activities: DHS has embedded support for early language, literacy, pre-reading and early math concepts development into both the early learning guidelines and the core competencies for practitioners. The guidelines and the competencies are the foundational documents for all quality improvement initiatives undertaken by DHS to improve children's school readiness.

Training specific to the literacy, language, pre-reading and early math outcomes of young children will be made available within the professional development system as well. For example, the SEEDs to Early Literacy training will continue to be offered through the CCR&R system to help practitioners incorporate specific early literacy instructional strategies into their programs. Training specifically related to teaching early math concepts will be developed or incorporated into the system through the curriculum development function of the professional development system.

Evaluation Component: Both the professional development system and the quality rating system pilot are built upon the early learning guidelines and core competencies, and it is the child learning and practitioner skills and knowledge outcomes outlined in these documents upon which the Department will measure its progress.

ACTIVITIES TO PROMOTE INCLUSIVE CHILD CARE (Minnesota Statutes 119B.19):

DHS' goal includes the provision of inclusive, respectful, relevant and high quality services that are accessible to all families, providers and communities to support the school readiness of all children. Included under this provision are those who have children with disabilities or special needs and those who have difficulty accessing the system, including communities of color, Tribal communities, English language Learners (ELL), geographically isolated communities, and immigrant and refugee communities.

Activity #1: DHS will continue to collaborate with community partners and other state and local agencies to create a system of professional development that supports inclusive child care, i.e., child care settings that allow all children to participate in daily routines and activities regardless of developmental, physical, medical or behavioral special needs. The professional development system will focus its efforts on identifying those core competencies that define highly qualified practitioners who serve children in inclusive settings, as well as those training delivery and support strategies that are most effective in changing practitioner practice, such as consultation and coaching.

The Department will use research and evidence-based practice to inform curriculum content development and delivery, expanding and enhancing current training opportunities. The CCR&R staff will continue to receive training, technical assistance and support to provide enhanced referrals for children with disabilities and special needs.

Expected Results: Increase the capacity of quality child care options for families with children with disabilities and special needs.

Evaluation Components: An increase in the number of inclusive child care settings will be tracked via various data collection methods currently in use. Assessment of quality of settings will be accomplished via the QRS, program accreditation processes, and Environmental Rating Scales (ERS) consultation assessments as well as other evaluation methods yet to be determined through the quality assurance RFP.

Activity #2: Participate on the Interagency Coordinating Council (ICC) with MDE (lead) and MDH to facilitate the provision of special education services to children from birth to five years old.

Expected results: Expansion of the number of children identified and receiving services.

Evaluation Components:

DHS participates as a collaborative partner in sharing information and collaborating to improve the provision of early intervention services for infants and toddlers and early childhood special education services to children from birth to five years old. MDE is in charge of measuring the “Expected Result” as detailed above. The Interagency Coordinating Council receives feedback if the expected result was achieved and modifies their activities accordingly.

Activity #3: Expand number of child care providers from underrepresented communities attending and completing training. Determine best method of integrating successful training and leadership development models into statewide CCR&R professional development system. Document and develop plan to address the barriers experienced by families from under-represented communities in accessing early childhood information and services. Specific activities include:

- a. A statewide language line staffed by CCR&Rs in Spanish, Somali and Hmong to reduce language barriers for refugee and immigrant parents and providers.
- b. Currently, the *Not By Chance* training, a training that teaches providers how to use the Minnesota Early Childhood Indicators of Progress, the Minnesota Core Competencies and the Environmental Rating Scale to improve the quality of the care they offer, has been translated into Spanish, Somali and Hmong. DHS is developing a plan to expand the number of trainings offered in the home languages of refugee and immigrant caregivers.
- c. CDS, in collaboration with the DHS Licensing Division, is expanding the list of licensing documents that have been translated into languages consistent with the pattern of immigration in Minnesota. The plan includes updating current translations and increasing the forms, checklists and brochures available to family child care providers.
- d. Develop videos in multiple languages to facilitate the dissemination of the Minnesota Early Childhood Indicators of Progress in the refugee and immigrant community.

Expected Results: Increase the number of providers and parents from refugee and immigrant populations who are able to access the services provided by CCR&Rs and improve the quality of care offered.

Evaluation Components:

When possible, DHS will track the extent to which providers and parents from refugee and immigrant communities access the CCR&R services; race and ethnicity is confidential information and many opt not to report this information on CCR&R forms. Information collected will be used to inform activities and make changes to improve services. The following metrics will be tracked:

- a) Usage of the language line overall and by specific language
- b) Attendance at Not By Chance training offered in various languages
- c) Distribution of the translated materials to community organizations.

Activity #4: Work was completed during 2007 on a brochure, *Caring for Children*, designed primarily for immigrants and refugees who are new to this country, and containing a broad range of basic information on child care, the education system and where and how to get help from government agencies. This brochure is being translated into ten languages and will be distributed to refugee and immigrant organizations as well as being available through counties and the CCR&Rs.

Expected Results: Distribution of brochure throughout the state should increase the ability of the new residents to find child care and interact with the educational and county support systems.

Evaluation Components:

DHS will solicit feedback from refugee and community organizations on the usefulness of the brochure to the people they serve. Changes will be made to future similar brochures based on this feedback.

Activity #5: Partner with Minnesota Tribal Resources for Early Childhood Care (MnTRECC). In SFY 06, MnTRECC:

- Planned and convened four meetings with the 11 Minnesota Tribal Child Care programs; planned and delivered a Tribal Early Childhood Training Retreat sharing information on State initiatives with 65 participants
- Developed and now maintains and updates a website that brings together Tribal early childhood resources and information on Tribal child care programs
- Developed and distributed the MnTRECC newsletter on a quarterly basis to inform Tribal programs, the CCR&R system and statewide partners
- Added tribally-specific data elements to the statewide database and conducted a Tribal Data Survey with the 58 American Indian providers in this database
- Recruited and convenes, six times a year, an American Indian child care workgroup in the Twin Cities metropolitan area to address child care needs of inner city American Indian families
- With foundation partnerships, recruited a curriculum workgroup to align Infant Toddler Training Intensive (ITTI) with the tribal curriculum, Positive Indian Parenting (PIP).

Expected Results:

- Baseline and targets developed for documenting increased number of American Indian trainers
- Baseline and targets developed for documenting retention of American Indian child care providers
- Tribal Data Survey developed and conducted with Tribal child care centers to document availability of Tribal child care services
- Training conducted on Tribal sovereignty and Tribal child care licensing for CCR&R staff statewide
- Train-the-trainer conducted on Positive Indian Parenting training curriculum and number of trainings provided statewide documented
- Tribal Child Care Programs Resource directory developed and disseminated
- Support provided for American Indian trainers in accessing and participating in DHS professional development system.

Evaluation Components:

The “Expected Results” section above details various metrics that will be tracked around tribal child care and training oriented towards American Indian providers as well as the participation of American Indians in the child care system. Data will be collected by DHS and/or MnTRECC and the data will be analyzed to determine gaps, opportunities and next steps.

Activity #6: DHS will continue to partner with community organizations that specialize in developing cultural resources and can provide training, resources and technical assistance to families and providers, in particular, families and providers from communities of color and immigrant and refugee communities. The Department will continue to support partners that provide training, resources and technical assistance to the CCR&R system to build its capacity to provide culturally relevant, accessible and inclusive services to all communities.

Highlights of SFY2006: The Early Childhood Resource and Training Center partnered with MnTRECC to offer the second annual school readiness forum (Healing Vessels) that promoted discussion and learning about school readiness through different cultural perspectives. In partnership with two CCR&R districts, culturally-specific leadership models focused on training were expanded to greater Minnesota and a Twin Cities county. In-home consultation was provided to 45 FFN child care providers through home visits.

Expected Results: Integrate effective training and leadership development models into all district CCR&Rs as well as the professional development system. Continue to document and develop plan to address the barriers experienced by families from underrepresented communities in accessing early childhood information and services.

Evaluation Components:

DHS will monitor and review the progress of activities geared towards minimizing the barriers that families and providers from communities of color and immigrant and refugee communities experience in accessing key supports through the CCR&R system. DHS will modify and improve activities based on feedback and outcomes reporting from current efforts.

HEALTHY CHILD CARE AMERICA AND OTHER HEALTH ACTIVITIES INCLUDING THOSE DESIGNED TO PROMOTE THE SOCIAL AND EMOTIONAL DEVELOPMENT OF CHILDREN:

Activity #1: Through state partnerships with the Minnesota CCR&R Network (Eager to Learn online training) and organizations specializing in expanding inclusive child care, promote and develop trainings for child care providers based on the curriculum developed by the Minnesota Healthy Child Care America (HCCA) project, “Special Children with Special Health Needs,” and the Center for Inclusive Child Care’s (CICC) online curriculum, “Including Children with Emotional and Behavior Needs,” and coordinate the development of a new web-based training. Continue working with Somali and Latino populations in Minnesota and in training Somali and Latino trainers to conduct the trainings in their native languages.

Expected Results: Continue to provide trainings to child care providers on caring for children with special health and social/emotional needs through these partners, training at least 100 caregivers per year.

Evaluation Components:

The grantee organizations will track the geographic reach of their trainings as well as number of providers trained. DHS will evaluate this data as well as results from the partnerships with Somali and Latino populations to determine the effectiveness in reaching providers.

Activity #2: In coordination with MDH and in conjunction with the Department of Public Safety, child care resource and referral agencies, local public service officials and child care providers, CDS is developing a Minnesota Emergency Preparedness manual for child care providers.

Expected Results: A compact user-friendly manual will assist child care providers in the event of an emergency.

Evaluation Components:

The breadth of the distribution of the manual will be evaluated to ensure that a wide cross-section of community partners receives the manual and shares with their constituencies.

Activity #3: In coordination with the Departments of Health and Education, participate on the Interagency Leadership Team and implementation committees for the implementation of the Minnesota Early Childhood Comprehensive Systems (MECCS) grant. In coordination with MDH, expand the MDH website for child care health consultants to increase the resources available to consultants in their work with child care providers.

Expected Results:

- An increase in the number and frequency of children receiving screening and follow-up services throughout the state
- An increase in the number of children with disabilities identified before the age of three, including expanding the role of child care practitioners in providing information and assistance to parents in seeking assessment of their child's development
- An increase in the ability of child care health consultants to offer advice and assistance to the child care centers they serve.

Evaluation Components:

DHS and the other partners will receive data on the metrics outlined in the "Expected Results" above. The data will help to guide next steps and gauge the effectiveness of the program.

OTHER QUALITY ACTIVITIES THAT INCREASE PARENTAL CHOICE
(Minnesota Statutes 119B.19):

Activity: DHS engages in numerous activities to increase parental choice. As explained in the "Comprehensive consumer education" section, DHS contracts with the CCR&Rs to provide key consumer education functions. The education of parents about child care and other educational options helps to broaden parents' choices and helps ensure that they are aware of the services that best meet their needs.

Additionally, to ensure programs that parents require are available, DHS provides supports to a wide spectrum of providers and also makes certain that more specialized initiatives are supported. For example, DHS has initiatives around FFN child care, initiatives around accessibility for refugee and immigrant communities as well as initiatives focused on infants and toddlers.

Expected Results: Parents have access to as many options as in the child care arena as possible to meet their individual needs.

Evaluation Components:

DHS works closely with the CCR&R agencies to gather parent feedback on parental choice. An annual survey of families who used CCR&R services is one

source of data. Input gathered through parent focus groups and parent advisory committees is another part of the feedback loop used to evaluate parental choice.

OTHER QUALITY ACTIVITIES THAT IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE:

Activity #1: An FFN child care initiative has integrated supports for FFN providers into the contract duties of CCR&R programs and other grantees. In addition, DHS supports several special projects to develop resources, build system capacity and inform future program and policy directions.

Prior to the beginning of this initiative, smaller projects supporting FFN caregivers were implemented with private funding in a few CCR&R programs. The knowledge and experience gained in these projects were not systematically shared and expanded upon when funding ended. The purpose of current DHS efforts is to build a sustainable base for working with FFN caregivers within the child care infrastructure.

DHS has developed the following vision for work with FFN caregivers: to enhance the opportunity of FFN child care providers from all cultural and linguistic communities to provide high quality child care to enable the children in their care to succeed in school. FFN providers caring for children receiving child care assistance, those serving infants and toddlers, and those in immigrant and refugee communities are given highest priority.

All CCR&R contracts contain the following language as a requirement: Work with the State to identify and implement ways to integrate both formal and informal caregivers into services and activities funded under this grant.

A requirement to extend services to historically underserved populations, including FFN providers, was added to specific duties throughout the DHS contracts with all CDS grantees, including the CCR&R network, the CCR&R baseline (regional) sites and the CCR&R district (scale) sites. The baseline sites have primary responsibility for providing outreach and services to FFN providers. The language defining historically underserved populations was added to 22 out of 54 duties in the baseline contracts. The purpose of this approach was to require the sites to consider how to reach and provide services to FFN providers in multiple ways.

Recognizing that serving FFN providers is new to most CCR&Rs around the state, DHS has provided funding from federal child care quality dollars for training for staff in outreach, organizing and working across different cultures. Grant contract duties range from developing training and activities to meet the needs of FFN caregivers to linking FFN caregivers to other community services to providing information and technical assistance.

The 18 CCR&R regional agencies and other DHS grantees have carried out these duties through activities and strategies customized to meet the needs of their communities. Some have also leveraged additional private funding to extend the reach of their services.

Beginning in FY 2007, each of the six geographic districts and the statewide tribal district has developed a district vision for FFN work. Within the districts, the 18 regional sites have each developed goals and objectives for serving FFN providers within their areas based on an analysis of what they have done in prior years and what they need to do to improving their ability to reach out to this population.

Expected Results: Each of the 18 regional CCR&R sites will increase their capacity to reach out to FFN caregivers, make cross-cultural connections and form partnerships with community organizations — Head Start, ECFE, community action agencies and local libraries — providing services to these caregivers. Each agency will also provide educational and informational opportunities to FFN caregivers designed to allow them to improve the quality of care they provide.

Evaluation Components:

Beginning in SFY2008, DHS will introduce an FFN report in order to collect and report on key indicators of site performance around FFN activity including number of FFN providers contacted in the last month, number of FFN events held and provider attendance at FFN events. Data will be collected every six months and will be used to gauge trends and inform decisions about the FFN program statewide.

Activity #2: Refugee and immigrant community initiatives

The Department strives to enhance opportunities for refugee and immigrant child care providers and parents to improve the quality of the care provided to the children in their care. For this purpose, all DHS child development programs ensure that their programs are inclusive and accessible for refugee and immigrant communities by being responsive to the cultural and linguistic needs of these communities. Specific initiatives include:

- Outreach to refugees and immigrants: CCR&R staff provide outreach by attending various community events with the aim of building relationships and promoting CCR&R services in the refugee and immigrant communities. In order to reduce the language and cultural barriers, most CCR&R outreach workers are recruited from different ethnic groups who speak the languages of the community so that they can connect with the community in an effective way.
- Early childhood training: DHS works to ensure that early childhood trainings are provided in the languages of the participants. Currently, the Not By Chance

early childhood trainings are delivered in Hmong, Somali and Spanish languages to refugee and immigrant FFN providers and licensed family child care providers. DHS plans to expand delivery of trainings to other refugee and immigrant child care providers in their own languages as resources allow.

- Translation of materials: CDS, in collaboration with the DHS child care Licensing division, has translated child care licensing forms into seven languages.
- Dissemination of Indicators of Progress: DHS plans to develop a video in multiple languages on the Early Childhood Indicators of Progress in order to facilitate the dissemination of these early learning guidelines to refugee and immigrant communities.
- Caring for Children Resource Guide: A resource guide which contains information about available early childhood services and resources has been developed by DHS staff. This guide helps refugee and immigrant parents and providers find resources to help children prepare for school. Translation of the resource guide into multiple languages is underway. The English version of the resource guide is available on the DHS website (<http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-4723-ENG>). See Attachment 5.1.3 A.
- Conferences and Seminars: CDS, in collaboration with the DHS Refugee Resettlement Program, will hold seminars for refugee community leaders on various topics about early childhood services so that they can deliver the information to their respective communities.
- CCR&R Language Line: DHS has provided funds to CCR&Rs in order to reduce language barriers in referral services to refugee and immigrant parents. Currently the phone language line assistance is available in Hmong, Spanish and Somali languages.
- Cultural Fact Sheets: DHS is developing a cultural fact sheet about four African countries, the aim of which is to enhance the familiarity of CCR&R staff with various cultures.

Expected Results:

The number of children in refugee and immigrant communities receiving quality child care and the provision of quality services by providers in these communities will increase. The number of parents receiving referral services that match their cultural needs will also increase.

Evaluation Components:

DHS has developed a detailed work plan around access for refugee and immigrants; the work plan includes the activities outlined in the eight bullet points above. By managing the completion of the activities in the work plan, such as translating materials and partnering with refugee resettlement organizations, DHS will improve the access of refugee and immigrants to child care services.

5.2 Good Start, Grow Smart Planning and Development

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

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

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1**.
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachments 5.2.1A and 5.2.1B**.
- Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1**.
- Other (describe):**

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

Prior to the 2006-2007 State Plan, DHS and MDE jointly developed and released Minnesota's early learning guidelines for children ages 3 to 5. Since the submission of the 2006-2007 State plan, DHS in collaboration with MDH and MDE and many other partners and stakeholders developed guidelines for children birth to three. The guidelines for children birth to three were released on March 7, 2007.

Development of learning guidelines for children ages 5-12 is in process. These guidelines will support caregivers and parents of school-age children.

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

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

No.

Minnesota's early learning guidelines are aligned with both the K-12 education standards and the Head Start performance standards.

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

Yes. If yes, **describe**.

No.

Curriculum will be developed that will align with the core competencies and the early learning guidelines.

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

Birth to three. Guidelines are included as Attachment 5.2.1A

Birth to five. Guidelines are included as Attachment 5.2.1B

Five years or older. Guidelines are included as Attachment 5.2.1

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

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

Birth to 3 ECIPS:

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4438-ENG>

Three to 5 ECIPs:

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4576-ENG>

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

Yes.

No.

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

Yes. If yes, **describe**.

The guidelines for children 3 to 5 are divided into six categories that reflect the full range of child development:

- Social and Emotional Development
- Approaches to Learning
- Language and Literacy Development
- Creativity and the Arts
- Cognitive Development
- Physical and Motor Development.

The guidelines for birth to 3 are divided into four domains. There are fewer domains in the birth to 3 guidelines than in the 3 to 5 guidelines to better reflect the emerging developmental domains of the age period from birth to 3. The birth to 3 domains include:

- Social and Emotional Development
- Language Development and Communication
- Cognitive Development
- Physical and Motor Development.

No.

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

Check all that apply:

- Disseminating materials to practitioners and families
- Developing training curricula
- Partnering with other training entities to deliver training
- Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems

Other. Describe: Develop incentives for high quality providers to serve CCAP families and allows families to choose these providers.

Indicate the stakeholders that are (or expect to be) actively supporting the implementation of early learning guidelines.	Indicate the programs that mandate or require the use of early learning guidelines.
<input checked="" type="checkbox"/> Publicly funded (or subsidized) child care	<input type="checkbox"/> Publicly funded (or subsidized) child care
<input checked="" type="checkbox"/> Head Start	<input type="checkbox"/> Head Start
<input checked="" type="checkbox"/> Education/Public pre-k	<input type="checkbox"/> Education/Public pre-k
<input checked="" type="checkbox"/> Early Intervention	<input type="checkbox"/> Early Intervention
<input checked="" type="checkbox"/> Child Care Resource and Referral	<input checked="" type="checkbox"/> Child Care Resource and Referral
<input checked="" type="checkbox"/> Higher Education	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Parent Associations	<input type="checkbox"/> Parent Associations
<input checked="" type="checkbox"/> Other. Describe: Provider associations actively support the use of the early learning guidelines.	<input checked="" type="checkbox"/> Other. Describe: The quality rating system pilot will include indicators on program use of curricula and assessment tools that align with the early learning guidelines.

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

Minnesota’s early learning guidelines can also be used to address issues of cultural and linguistic inclusion in both curriculum selection and child assessment. Each child’s culture and language background, developmental level, learning style and personal interests can be taken into account as learning experiences are provided by parents, caregivers and teachers. Use of the guidelines encourages use of authentic child observations practices that inform instruction that:

- Is fair to all cultures, language groups and developmental levels
- Is performed in familiar contexts
- Is performed in natural settings that are non-threatening to the child and family
- Uses multiple sources of information
- Ensures continuity over time.

Early learning guidelines training encourages cultural sensitivity and has been adapted to effectively serve individuals from different cultures.

Expression and understanding of the guidelines are influenced by culture. Families from all cultural groups will be encouraged to use the guidelines to embed the school readiness skills and abilities into practical, everyday tasks with children.

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

The guidelines form a common framework for developmentally appropriate expectations for children ages birth to 5. They are intended to be used by caregivers and teachers in all types of early childhood care and education programs/settings, including FFN caregivers, licensed child care programs, those working in school-based pre-kindergarten programs, early childhood special education, parent education, Head Start and private preschools. All caregivers are encouraged to use the early learning guidelines to support children's learning and development.

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

Not applicable.

- 5.2.4 **Assessment of Voluntary Early Learning Guidelines.** As applicable, **describe** the State's plan for:
- (a) Validating the content of the early learning guidelines
 - (b) Assessing the effectiveness and/or implementation of the guidelines
 - (c) Assessing the progress of children using measures aligned with the guidelines
 - (d) Aligning the guidelines with accountability initiatives

School Readiness Studies

MDE conducts studies to assess the school readiness of children in Minnesota at kindergarten entrance. The studies are conducted using funding appropriated for this purpose by the Minnesota state legislature. Funding has been approved for these studies for the 2006 and 2007 school years and is part of ongoing state appropriations.

In the fall of each year, children are randomly sampled to participate in the study. Teachers rate the school readiness of each child during the first six weeks of kindergarten using a customized Work Sampling System assessment that includes 32 indicators in five domains including personal and social development, language and literacy, mathematical thinking, the arts and physical development and health. The developmental domains and indicators in the Preschool-4 Work Sampling System Developmental Guidelines used in this study are consistent with and align with Minnesota's early learning guidelines for 3-5 year olds. Results of

these studies are published on the MDE website. Link to MDE's Early Learning Services publications page (where future reports will be posted):
http://education.state.mn.us/MDE/Learning_Support/Early_Learning_Services/Publications/index.html.

Both DHS and MDE use the results of these studies to estimate developmental levels at kindergarten entry, and to describe the demographic characteristics of children who are starting school not yet demonstrating the skills, knowledge, behaviors or accomplishments commonly expected at the end of the child's fourth year. These statistics are used to estimate the numbers of children in need of additional early learning opportunities prior to kindergarten entrance and to explore ways to support children before they enter kindergarten. The findings also inform school practices for serving the needs of all students at kindergarten entry.

Quality Rating System (QRS) Pilot (Parent Aware)

The Departments of Human Services and Education are collaborating with the Minnesota Early Learning Foundation, the Minnesota CCR&R network, and a variety of other partners to pilot a quality rating system. The pilot will be conducted in four geographic areas including the city of Saint Paul, North Minneapolis, Blue Earth/Nicollet counties and Wayzata. It is anticipated that providers will be invited to begin enrolling during the summer of 2007.

Participation in the QRS by early care and education programs will be voluntary. Programs will receive ratings using a point system. Program features in the following areas will be recognized:

- Child progress
- Learning environment, curriculum and instruction
- Adult/child interactions
- Staff experience and qualifications
- Health and safety
- Family partnerships and education

The QRS will be a means of encouraging the use of Minnesota's early learning guidelines by providing additional points for use of curricula and assessments that align with the guidelines, among other criteria. In addition, the evaluation of the QRS will include the use of child assessment data to measure the impact of this quality improvement strategy on children's school readiness outcomes.

School Readiness Connections Pilot

The 2007 Legislature appropriated funds to provide incentives for parents and providers to promote the skills and abilities that children need to succeed in school. This initiative is known as "School Readiness Connections (SRC)." It builds off the existing Child Care Assistance Program infrastructure and is designed to determine whether strategic investment of school readiness funding in combination with assistance to support child care for working families can improve outcomes for children at risk of not being ready for school.

Child care providers serving children ages birth to five years who are participating in the Child Care Assistance Program may be eligible to apply for School Readiness Connections. SRC agreements will require a level of service that recognizes the intensity necessary for high concentrations of children and families at risk. Requirements will align with and build from the MN Parent Aware child care rating system to the extent possible.

Child care providers selected by the Department of Human Services through the application process will be eligible for a higher CCAP maximum payment and children from families who meet SRC eligibility requirements will be allowed to participate with the provider on a full-time basis for up to a year even if the parent's work schedule changes. Approximately 200 children on average each month will be served, and parents will choose whether or not to attend a SRC provider.

Pre-Kindergarten Exploratory Projects

The Department of Human Services received state funding to establish three pre-kindergarten exploratory projects in partnership with the Minnesota Early Learning Foundation to promote children's school readiness. Families with income at or below 185 percent of the FPG may receive up to \$4,000 per child annually in allowances to pay for quality early childhood education in a program approved by DHS through the MN Parent Aware child care rating system or by the Department of Education.

These allowances will be paid directly to the child care provider and not counted as parent income for the purpose of other programs.

Professional Development System

Minnesota's early learning guidelines are being integrated into the professional development system in Minnesota. Training offered through the system must be aligned with the Core Competencies for early childhood practitioners and the early learning guidelines. (For more information, see section 5.2.5.)

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

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

Planning. Indicate whether steps are under way to develop a plan. If so, describe the entities involved in the planning process, time frames for

completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.

- Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5.**
- Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5.**
- Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5.**
- Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 06-07 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5.**
- Other (describe):**

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

The Department concluded the first phase of system development (May 2006 to January 2007) by scanning the current system for information about trainers, training content and system access and facilitate a change process with stakeholders. A Change Process Leadership Team (CPLT) was developed as a broad partnership working toward a common vision for child care professional development. Approximately 30 leaders volunteered their time to inform, guide and shape both the desired outcomes and the change process.

Key CPLT responsibilities:

- Drafted Vision Statement and definitions for “Professional Development” and related terminology
- Developed a draft set of Professional Development System Core Values and Guiding Principles (see Attachment 5.2.5 A)
- Identified draft purpose, functions, implementation strategies and intersections of major system components: Learning Continuum, Curriculum Development, Trainer Infrastructure, System Delivery and Career Lattice.

Consultant work included:

1 . Professional Development System Change Communication newsletter regularly distributed to a large database of stakeholders.

2 . Focus group findings: Results from focus groups and individual interviews gathered information from key system stakeholders regarding the accessibility and coordination of the professional development system. Findings addressed:

- The barriers and challenges to accessing the child care professional development system

- Strategies to enhance coordination within the child care professional development system
- The barriers and challenges impacting the delivery of inclusive and culturally relevant services

The Final Report **on a trainer infrastructure included:**

1. Findings on training content and delivery methods currently available, including:

- Total number and types of specific training content topics
- Geographic distribution of trainings offered
- Number and type of trainings offered in languages other than English
- Specific training delivery methods currently utilized
- Training and delivery methods targeted to specific audiences
- Availability of curriculum and other written training materials in languages other than English
- Availability of curriculum and other written training materials in alternate formats to accommodate needs of trainers and/or participants with disabilities and/or special needs

2. Findings on trainers, supports and resources currently available to deepen trainer skills:

- Mentoring, consultation and coaching
- Support related to culture and language issues
- Ongoing training and professional development opportunities
- Networking opportunities
- Incentives and financial support for ongoing development
- Access to current content-specific support, resources and research
- Credentialing opportunities
- Total number of trainers and trainer demographics: cultural background, languages spoken, gender, age and ability
- Geographic distribution of trainers, including trainer ability/willingness to travel to provide training
- Total number of trainers with expertise in specific content areas including but not limited to infant toddler care, special needs, cultural diversity, etc.
- Total number of bilingual trainers able and willing to provide training in languages other than English
- Total number of trainers from immigrant and/or refugee communities
- Total number of trainers available within tribal communities
- Trainer experience, certifications/credentials and educational background

3. Recommendations for a trainer credentialing process and tool to be implemented in the professional development system.

DHS-developed system planning timeline (see Attachment 5.2.5 B):

All of this information has been used in the development of a redesigned professional development system that will focus on the public policy priorities of:

- Increased scrutiny and focus on systems demonstrating accountability for results achieved through expenditure of public dollars
- A focus on ensuring school readiness for all children, especially children who are at-risk for school failure and other negative outcomes and whose families may face multiple barriers in accessing programs and services
- Cross-sector professional development system planning to align content, create links across qualifications in different sectors and coordinate pathways for career development that reduce complexity and better engage practitioners
- Efforts such as implementation of a QRS to help families locate and access high quality programs
- The growing work to provide support and resources to FFN providers.

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

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

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

Minnesota's professional development plan is still in development. Key components planned at this time are included as attachments 5.25 A-D. Efforts are underway to coordinate and align these emerging system components for child care practitioners with those in place or under development in other early childhood program sectors.

Specific Goals or Desired Outcomes:

The Department's efforts to design and implement a professional development system that systematically raises the quality of care in all child care settings in Minnesota is a response to the public policy priorities listed above. DHS is

committed to re-prioritizing and re-thinking how we develop and deliver professional development services.

A more comprehensive and coordinated professional development system is under development to respond effectively and quickly to emerging priorities and needs and create a much needed opportunity to focus on outcomes. This system redesign work is intended to be inclusive, but also fluid and flexible to allow needed changes over time. It must address and respond to:

- Need for coordinated efforts across all sectors of early childhood programming and services
- Coordination with higher education institutions to ensure that non-credit practitioner training articulates appropriately to degree pathways
- Coordination with child care licensing, particularly at the county level where family child care licensors currently have individual authority to approve training
- CCDF plans which require development of a PD system aligned with state early learning guidelines.

Vision

A seamless, integrated professional development system that raises capacity and competencies of those providing early care and education that begins at birth, merges with K-12 education, links to higher education and child learning development and success. This will be accomplished through:

- Equipping early childhood and school-age care practitioners with the knowledge, competencies, tools and confidence needed to effectively serve children and families
- Promoting coordination across all sectors of early childhood and school-age care and education
- Ensuring that educational opportunities for practitioners are grounded in a foundation of high ethical and quality standards and linked to established QRS system
- Ensuring access in all system components for families, practitioners, trainers and community partners in underserved communities.

Professional Development Key Outcomes:

- Increased percentage of practitioners participating in the professional development system from licensed and legally unlicensed settings including family, friends and neighbors, Head Start and public school-based preschool programs.
- Increased numbers of practitioners accessing CCR&R training, especially from underserved populations.
- Increased knowledge and skills of practitioners, especially from underserved populations.

A Link to Early Learning Guidelines:

Core Knowledge and Practitioner Core Competencies: Practitioner core knowledge and competencies linked to child indicators of progress, the child care learning continuum framework and higher education coursework are the foundation of the professional development system. Public funds will support approved efforts aligned with core knowledge design tools.

- Minnesota Professional Development Learning Continuum (see Attachment 5.2.5 C): a comprehensive framework of approved training content that organizes and supports the learning and professional development of all who provide care and education delivered through the CCR&R system. A special emphasis is placed on building skills and knowledge in use of curriculum and instruction and child and program assessment. The continuum represents a “capability framework” based on ensuring quality and match to particular stages and pathways of career development reflected in the broader system Career Lattice.
- Minnesota Practitioner Core Competencies: universal core competencies that define the knowledge and skills needed to work with children and youth (www.mnpdcouncil.org)
- Minnesota Early Childhood Indicators of Progress (ECIPs): a common set of developmentally appropriate expectations of children for children ages 0-3, 3-5 and school-age. For Minnesota ECIPs for 3-5 and school-age, see <http://education.state.mn.us/mdeprod/groups/EarlyLearning/documents/Publication/009530.pdf> link. For Minnesota Early Learning Guidelines Birth to 3, see <http://edocs.dhs.state.mn.us/lfsrver/Legacy/DHS-4438-ENG>

Continuum of training and education to form a career path and articulation from one type of training to the next:

Efforts are underway to include the following components in Minnesota’s professional development system:

- Qualifications and Credentials: Includes progressive validation and recognition of the diversity of professional roles and levels of preparation in the early childhood field, articulated training and development, and a career lattice.
- Minnesota Career Lattice: a framework that outlines multiple pathways for professional growth and development. The lattice identifies different levels of experience, education and training needed for individuals working in various roles in the field of childhood care and education — supporting multiple entry points and pathways to advance their professional development (see Attachment 5.2.5 D).
- Practitioner credentials, certificates and endorsements: documents validating an individual’s qualifications. Credentials, certificates and endorsements are issued based on a variety of achievements in field experience, knowledge and skills, educational attainments and/or training accomplishments.
- Credit for prior learning: support for demonstration of prior learning that articulates into credit awarded by a higher education institution

- Articulation with higher education: coordination with higher education to support recognition of informal non-credit-based training that translates into credits.

Quality Assurance through approval of trainers and training content

Quality assurance through approval of trainers and training content will be addressed through:

- Minnesota Professional Development Registry: a web-based tool with specific functions that include tracking practitioner learning records and career development, a trainer approval system, a list of approved content/trainings, connection with higher education and a centralized training calendar. By collecting individual practitioner data on professional development and career planning, it will bring recognition and professionalism to the field and inform policymakers about the early childhood workforce. The Registry will also track aspects of the early childhood workforce including experience, turnover and demographics.
- Trainer Infrastructure: the coordination of processes, methods and tools to approve, support, and train professional development for a full spectrum of trainers (including relationship-based trainers) delivering DHS-approved training using multiple teaching strategies and delivery methods. Payments to individual trainers for services rendered will continue to be the responsibility of the organization offering training.

State Credentials (for which roles, e.g., infant and toddler credentials, directors', etc.):

There is a Director's and Trainer's credential. The Department will develop criteria for an Infant/Toddler credential/endorsement.

Specialized Strategies to reach FFN caregivers:

The CCR&R baseline sites have primary responsibility to provide outreach and services to FFN providers. CCR&R staff have been charged with developing new strategies and skills to engage FFN providers in informal training activities. In addition, specific strategies to engage FFN providers in the more formal professional development training system will be addressed.

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

Are the professional development opportunities described in the plan available:

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

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

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

That children and youth are ready for school continues to be the overarching outcome of the Minnesota professional development system. DHS will continue to partner with MDE to address the development and delivery of training in these areas aligned with the state’s early learning guidelines.

DHS continues to support delivery of the Not by Chance: Child Care That Supports School Readiness training throughout the state. In addition, all approved training delivered through the CCR&R system will directly link to the Practitioner Core Competencies.

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

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

Funding support includes scholarships, supports for compensation and retention, accreditation support (Minnesota Statutes 119B.24), and system delivery.

- T.E.A.C.H: provides scholarships intended to increase the level of education of child care providers while reducing turnover rates.
- R.E.E.T.A.I.N.: a workforce retention program that strives to reduce the turnover rates among child care providers who work with young children.

- Scholarships: scholarships to support CDA credential assessment and CDA Advisors for this national credential.
- Quality improvement grants: regionally administered competitive grant funds to support training/professional development.

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

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

While qualitative evaluation of the professional development system is not currently in place, DHS intends to develop assessment measures as implementation of the new system progresses. This will include ways to measure training effectiveness related to positive change in practitioner practice. All grantee contracts will require grantees to build assessment into their proposals.

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

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

The new Minnesota Professional Development Registry will track trainers and providers and what training has been delivered and received. Also, grantees are required to communicate assessment of effectiveness of their activities to DHS. Finally, a Personal Learning and Training plan (PLAT) will be completed by each practitioner attending trainings and requires reflection on objectives of the training and how the individual plans to implement what he or she has learned.

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

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

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

The Professional Development Registry will provide data that will allow DHS to establish a baseline of training. As additional information comes in, gap analysis of trainers and trainer content versus need for training will be conducted and the results used to adjust and revise the professional development plan during the implementation.

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

PART 6
HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

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

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

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

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

Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

No. If no, **describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

- Programs operated by a public school for children 33 months or older
- Nonresidential programs primarily for children that provide care or supervision for periods of less than three hours a day while the child's parent or legal guardian is in the same building as the nonresidential program or present within another building that is directly contiguous to the building in which the nonresidential program is located
- Recreation programs for children or adults that are operated or approved by a park and recreation board whose primary purpose is to provide social and recreational activities
- Programs operated by a school as defined in section 120A.22, subdivision 4, whose primary purpose is to provide child care to school-age children
- Nonresidential programs for children provided for a cumulative total of less than 30 days in any 12-month period
- The religious instruction of school-age children; Sabbath or Sunday schools; or the congregate care of children by a church, congregation, or religious society during the period used by the church, congregation, or religious society for its regular worship
- Camps licensed by the commissioner of health under Minnesota Rules, chapter 4630

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

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

No.

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

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

Center-based providers:

See Attachment 6.1 A8, "Program Guide for School Age Child Care/Extended Day Programs in the Public Schools," Section VII Health and Safety. All school-age child care programs operated by school districts are encouraged to at a minimum meet these standards.

See Attachment 6.1 A3, Minnesota Statutes 121A.15 - Health Standards; School Children

http://ros.leg.mn/bin/getpub.php?pubtype=STAT_CHAP_SEC&year=current§ion=121a.15&image.x=16&image.y=11. Children who are participating in school-age child care programs have already had their immunization status monitored as a prerequisite to participation in school activities. The immunization requirements are in effect but legal non-licensed child care programs providing school-age child care are not required to do duplicate record-keeping.

See Attachment 6.1 A4, Children's Camps - Minnesota Rules, parts 4630.2300, .2800, .2900, .3000, .3100, .3200, .3300, .3400, .3500, .3600, .3800, .4200, .4300, and .4400.

<http://www.revisor.leg.state.mn.us/arule/4630/>.

- Building and physical premises safety

Center-based providers:

See Attachment 6.1 A8, "Program Guide for School Age Child Care/Extended Day Programs in the Public Schools," Section IV Facilities. All school-age child care programs operated by school districts are encouraged to at a minimum meet these standards.

See Attachment 6.1 A6, Minnesota Statutes 16B.59, State Building Code
<http://www.revisor.leg.state.mn.us/stats/16B/59.html>.

See Attachment 6.1 A7, Minnesota Statutes 299F, Fire Marshall
<http://www.revisor.leg.state.mn.us/data/revisor/statutes/2004/299F/>.

See Attachment 6.1 A4, Children's Camps - Minnesota Rules, parts 4630.2300,
.2400, .2600, .3000, .3200, .3300, .3400, and .3900
<http://www.revisor.leg.state.mn.us/arule/4630/>.

The following requirements apply to all children in any type of care in Minnesota:

See Attachment 6.1 A3, Minnesota Statutes 121A.15 - Health Standards; School Children
http://ros.leg.mn/bin/getpub.php?pubtype=STAT_CHAP_SEC&year=current§ion=121a.15&image.x=16&image.y=11. All children in Minnesota are required to meet immunization requirements established in law. The same standards apply to private pay children and children in subsidized care.

See Attachment 6.1 A5, Minnesota Statutes 145A.04 - Powers and Duties of Board of Health, Subdivision 6, 7, and 8
<http://www.revisor.leg.state.mn.us/stats/145A/04.html>.

- Health and safety training

Center-based providers:

See Attachment 6.1 A8, "Program Guide for School Age Child Care/Extended Day Programs in the Public Schools," Section II, Staff Functions, Qualifications and In service Training. All school-age child care programs operated by school districts are encouraged to at a minimum meet these standards.

See Attachment 6.1 A1, Child Care Fund Rule, 3400.0140, Registration of Legal Non-licensed Providers
(http://www.revisor.leg.state.mn.us/bin/getpub.php?pubtype=RULE_CHAP_SEC&year=current§ion=3400.0140) and Attachment 6.1 A2, DHS Bulletin #07-68-04 Health and Safety Resources.

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

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

- Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

No. If no, **describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

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

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

No.

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

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

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

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

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

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

- Relatives
- Unrelated individuals caring for children from a single related family

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

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

No.

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

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

See Attachment 6.1 A1, Child Care Fund Rule, 3400.0035, Subp. 8, Selection of Legal Non-licensed Provider and DHS Bulletin #07-68-04 Health and Safety Resources (Attachment 6.1 A2).

See Attachment 6.1 A3, Minnesota Statutes 121A.15 - Health Standards; School Children. All children in Minnesota are required to meet immunization requirements established in law.

See Attachment 6.1 A5, Minnesota Statutes 145A.04 - Powers and Duties of Board of Health, Subdivisions 6, 7, and 8.

- Building and physical premises safety

See Attachment 6.1 A6, Minnesota Statutes 16B.39, State Building Code.

See Attachment 6.1 A7, Minnesota Statutes 299F, Fire Marshall.

- Health and safety training

See Attachment 6.1 A1, Child Care Fund Rule, 3400.0140, Registration of Legal Non-licensed Providers and DHS Bulletin #07-68-04 Health and Safety Resources (Attachment 6.1 A2).

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

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

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

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

- Individuals providing care in the child's own home

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

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

No.

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

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

See Attachment 6.1 A1, Child Care Fund Rule, 3400.0035, Subp. 8, Selection of Legal Non-licensed Provider and DHS Bulletin #07-68-04 Health and Safety Resources (Attachment 6.1 A2).

See Attachment 6.1 A3, Minnesota Statutes 121A.15 - Health Standards; School Children. All children in Minnesota are required to meet immunization requirements established in law.

See Attachment 6.1 A5, Minnesota Statutes 145A.04 - Powers and Duties of Board of Health, Subdivisions 6, 7, and 8.

- Building and physical premises safety

See Attachment 6.1 A6, Minnesota Statutes 16B.59, State Building Code.

See Attachment 6.1 A7, Minnesota Statutes 299F, Fire Marshall.

- Health and safety training

See Attachment 6.1 A1, Child Care Fund Rule, 3400.0140, Registration of Legal Non-licensed Providers and DHS Bulletin #07-68-04 Health and Safety Resources (Attachment 6.1 A2).

6.5 Exemptions to Health and Safety Requirements

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

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

6.6 Enforcement of Health and Safety Requirements

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

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:

Licensed providers are subject to unannounced visits. The licensing authority in each county determines the frequency of the visit.
 - No.
- Are child care providers subject to background checks?
 - Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

Licensed providers and all household members over 13 years of age are subject to background checks every two years through the licensing process.

Legal non-licensed (LNL) family providers and all household members over 13 years of age are subject to background checks every two years through the LNL registration and authorization process.

No.

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

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

Licensed providers must immediately report serious injuries to the county licensing agency. Records are maintained at the county level.

No.

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

6.7 Exemptions from Immunization Requirements

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

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

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

PART 7
HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7)

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

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

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

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

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

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

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

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

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

- Building and physical premises safety
- Health and safety training

7.4 Health and Safety Requirements for In-Home Providers in the Territories

(658E(c)(2)(F), §98.41(a), §98.16(j))

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

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

7.5 Exemptions to Territorial Health and Safety Requirements

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

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

7.6 Enforcement of Territorial Health and Safety Requirements

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

Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:

No.

Are child care providers subject to background checks?

Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

No.

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

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

No.

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

7.7 Exemptions from Territorial Immunization Requirements

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

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

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

APPENDIX 1
PROGRAM ASSURANCES AND CERTIFICATIONS

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

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

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))

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

APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

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

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

A student in an approved educational program who is making satisfactory progress as determined by the school or is determined to be making progress in accordance with the standards established in a county's child care assistance program plan is considered to be attending an educational or job training program. The part-time or full-time status of the student is determined by the educational institution.

- in loco parentis -

Legal guardians and their spouses and eligible relative caretakers and their spouses. Minnesota Statutes identifies an eligible relative caregiver as a person who is a caregiver of a dependent child receiving a MFIP grant but who is not a member of the assistance unit. A legal guardian is identified as a person who has been appointed or accepted as a guardian according to Minnesota Statutes, section 260C.325, 525.615, or 525.6165, or under tribal law.

- job training and educational program -

Educational program means remedial or basic education or English as a second language instruction, a program leading to a general equivalency or high school diploma, post-secondary programs excluding post baccalaureate programs, and other education and training needs as documented in an employment plan, as defined in subdivision 12. The employment plan must outline education and training needs of a recipient, meet state requirements for employment plans, meet the requirements of this chapter, and Minnesota Rules, parts 3400.0010 to 3400.0230, and meet the requirements of programs that provide federal reimbursement for child care services.

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

Children age 13 and 14 years who require significant adaptation of the typical child care program and environment, additional staff qualifications, and/or staff ratios due to the child's physical or mental health needs. The child is considered having physical or mental health needs as determined by physicians, social workers, psychologists, or the School District's special education criteria if they have a significant delay in one of more of the following areas; cognitive, gross motor, fine motor, social or emotional development, adaptive development, or a

diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

- protective services -

N/A

- residing with -

In the same home and includes children temporarily absent from the household in settings such as schools, foster care and residential treatment facilities and adults temporarily absent from the household in settings such as schools, military service or rehabilitation programs.

- special needs child -

Children who require significant adaptation of the typical child care program and/or staff ratios due to the child's developmental needs, and/or the need to provide support and education to the caretaker as determined by county Social Services Staff. This includes children with significant environmental and/or health factors that, in the absence of support, create barriers to the child's optimal achievement. Environmental factors may include poverty and children whose parents, due to a condition, disability or age may require support to fulfill the parent's responsibilities. Examples of such situations include mental illness, mental retardation, hearing impairment, a history of abuse or neglect, children determined to be at risk of abuse or neglect, chemical dependency, intrafamilial violence, homelessness, or children of a minor parent. In addition, children affected by a federal or state disaster may be considered under this definition.

- very low income -

Families with household income less than or equal to 175 percent of the federal poverty guidelines, adjusted for family size, at program entry and less than 250 percent of the federal poverty guidelines, adjusted for family size, at program exit.

- working (include minimum hours if applicable) -

Participating in an activity at least 20 hours (or 10 hours for full-time students) a week that generates at least minimum wage for all hours worked.

- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

None.

ATTACHMENTS

- 1.8.2 A Improper Payments – General
- 1.8.2 B Improper Payments - Fraud
- 2.1.2 A Minnesota Governor’s Summit on School Readiness 2006
- 2.1.2 B Coordination of Early Care and Education Programs, A Report to the Minnesota Legislature, March 2006
- 2.1.2 C Strengthening Early Childhood Systems conference
- 2.2 Summary of Public Hearing Comments
- 3.1.1 Child Care Assistance Program Manual
- 3.2 A1 DHS Bulletin #06-68-08: Child Care Provider Rates
- 3.2 A3 CCAP Special Needs Rate Variance Request
- 3.2 B1 2006 Rate Survey Child Care Rates
- 3.2 B2 2006 Rates Survey of Family Child Care Homes
- 3.2 B3 2006 Rates Survey of Child Care Centers
- 3.2 C Equal Access
- 3.3.2 Income Definition
- 3.5.1 Copayment Schedule
- 4.1.1 CCAP brochure
- 4.1.1 A Child Care Assistance Program Application
- 4.1.1 B Combined Application – Child Care Addendum
- 5.1.3 A Caring for Children Resource Guide
- 5.2.1 A Early Childhood Indicators of Progress – Birth to Three
- 5.2.1 B Early Childhood Indicators of Progress – Three to Five
- 5.2.4 QRS Summary
- 5.2.5 A Professional Development Core Values and Guiding Principles
- 5.2.5 B Professional Development System Planning
- 5.2.5 C Crosswalk of MN Core Competency Levels, Career Lattice
- 5.2.5 D Career Lattice for Early Childhood and School Age Practitioners Draft
- 6.1 A1 Child Care Fund Rule
- 6.1 A2 DHS Bulletin #07-68-04 Health and Safety Resources
- 6.1 A3 Minnesota Statutes 121A.15 Health Standards
- 6.1 A4 Minnesota Rules 4630 Children's Camps
- 6.1 A5 Minnesota Statutes 145A.04 Powers and Duties of the Board of Health
- 6.1 A6 Minnesota Statutes 16B.59 State Building Code
- 6.1 A7 Minnesota Statutes 299 Fire Marshall
- 6.1 A8 Program Guide for School-Age-Child Care/Extended Day Programs in the Public Schools

You can read and download these attachments, in pdf form, by visiting the Minnesota Department of Human Services website: <http://www.dhs.state.mn.us>. Click on **Children** and then **Child care**, then scroll down the page to “Minnesota’s Federal Child Care Development (CCDF) Plan.”