



Child Care and Development Fund (CCDF) Plan

For

State/Territory: District of Columbia

FFY 2012-2013

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

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

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

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

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

Child Care and Development Fund (CCDF) Plan
For

District of Columbia
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**PART 1
ADMINISTRATION**

1.1 Contact Information

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

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

Name of Lead Agency: [Office of the State Superintendent of Education](#)

Address of Lead Agency: [810 First Street, NE, Washington DC 20002](#)

Name and Title of the Lead Agency's Chief Executive Officer: [Hosanna Mahaley](#)

Phone Number: [202-727-6436](#)

Fax Number: [202-727-2019](#)

E-Mail Address: osse@dc.gov

Web Address for Lead Agency (if any): www.osse.dc.gov

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

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: [Dakarai Thompson](#)

Title of CCDF Administrator: [Interim Assistant Superintendent of Early Childhood Education](#)

Address of CCDF Administrator: [810 First Street, NE, Washington DC 20002](#)

Phone Number: [202-727-8114](#)

Fax Number: [202-727-7229](#)

E-Mail Address: dakarai.thompson@dc.gov

Web Address for Lead Agency (if any): www.osse.dc.gov

Phone Number for CCDF program information

(for the public) (if any): [202-727-1839](tel:202-727-1839)

Web Address for CCDF program

(for the public) (if any): www.osse.dc.gov

Web Address for CCDF program policy manual

(if any): [Not Applicable](#)

Web Address for CCDF program administrative rules

(if any): [Not Applicable](#)

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

Name of CCDF Co-Administrator: [Not Applicable](#)

Title of CCDF Co-Administrator: [Not Applicable](#)

Address of CCDF Co-Administrator: [Not Applicable](#)

Phone Number: [Not Applicable](#)

Fax Number: [Not Applicable](#)

E-Mail Address: [Not Applicable](#)

Description of the role of the Co-Administrator:

[Not Applicable](#)

1.2 Estimated Funding

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

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

FY 2012 Federal CCDF allocation (Discretionary, Mandatory and Matching): \$ [\\$10,107,898](#)

Federal TANF Transfer to CCDF: \$ [\\$0](#)

Direct Federal TANF Spending on Child Care: \$ [\\$36,947,695](#)

State CCDF Maintenance-of-Effort Funds: \$ [\\$4,566,972](#)

State Matching Funds: \$ [\\$2,605,362](#)

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

1.2.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)? Check all that apply.

Territories not required to meet CCDF Matching and MOE requirements should mark

☐ N/A here

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

☒ Public funds to meet the CCDF Matching Fund requirement. Public funds may include any general revenue funds, county or other local public funds, State/Territory-specific funds (tobacco tax, lottery), or any other public funds.

If checked, identify source of funds:

Local appropriated funds

If known, identify the estimated amount of public funds the Lead Agency will receive:

\$30,569,171

☐ Private Donated Funds to meet the CCDF Matching Fund requirement. Only private received by the designated entities or by the Lead Agency may be counted for match purposes. (98.53(f))

If checked, are those funds:

☐ donated directly to the State?

☐ donated to a separate entity(ies) designated to receive private donated funds?

If checked, identify the number of entities designated to receive private donated funds and provide name, address, contact and type:

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If known, identify the estimated amount of private donated funds the Lead Agency will receive:

☐ State expenditures for Pre-K programs to meet the CCDF Matching Funds requirement.

If checked, provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures (not to exceed 30%):

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

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

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

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

If checked,

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

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

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

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for MOE Fund requirement:

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

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

Activity	Estimated Amount of CCDF Quality Funds (indicate if targeted funds will be used)	Purpose	Projected Impact and Anticipated Results
Quality Activities Support CDA Training and Scholarship Enhancements to the Education Information Management System Child Care Research Design Professional Registry In Home and Relative Care providers Parent Education and Workshop Literacy Programs Inclusion Partnerships Health and Safety Training (CPR and First Aid, Child Maltreatment) Target Funds Support Infant/Toddler Activities (including: CDA Scholarships, Expansion, and Research) School Age Expansion Resource and Referral Activities (Redesign of the Quality Rating and Improvement System, and Professional Registry) Quality Expansion Activities (Child Care Subsidy Program Evaluations and Child Care Research)	Quality Activities: \$2,023,596.00 Target Funds/Activities: Infants/Toddler- \$150,000.00 School Age-\$327,500.00 Resource and Referral- \$182, 511.00 Quality Expansion- \$450,000.00	To Improve Quality Child Care Services in the District of Columbia	Use research based evidence to support quality improvement in early childhood systems in the District Increase the number of highly qualified early childhood professional Increase the number of quality training opportunities for professional in the early childhood community Increase the number of quality early childhood slots Increase the number of quality infant toddler slots Increase the number of Out of School Time Slots for the Limited English Proficient Newcomer Community Support parent in identifying and accessing high quality programs

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

- ☒ No, the Lead Agency will manage all quality funds directly
- ☐ Yes, the Lead Agency will manage some quality funds directly and distribute a portion to local entities. Estimated amount or percentage to be distributed to localities

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

Describe:

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1.3 CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11(b)) Accountability measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

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

Describe:

In accordance with OSSE's (the Lead Agency) mission and goals there exist several internal control procedures and policies designed to effectively manage and protect resources, monitor and measure performance, reduce and prevent fraud and ensure the collection of reliable and accurate data.

Control Activities

- Eligibility workers are trained by OSSE Eligibility Monitors on a yearly basis and are provided with established policy's manual. Both provide specific information on eligibility procedures.
- Original documents must be used to determine eligibility. Eligibility redeterminations are conducted yearly with appropriate off cycle reviews.
- Channels of communications exists for individuals to report suspected improprieties.
- Education Service Monitors conduct quarterly attendance audits on monthly attendance records
- On site monitoring, training and technical assistance is provided to subrecipients to ensure compliance with local, and federal laws, and OSSE policies and procedures.
- Providers are required to comply with all regulatory requirements for licensing; all local and federal laws; and terms and conditions of the grant, contract, agreement and/or MOU.
- Periodic budget and expenditures are reviewed to detect discrepancies.
- Periodic random quality assurance reviews are conducted of data collected in the system.

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

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

The Lead Agency monitors all CCDF sub-recipients. Written agreements and/or memorandums of understanding are in place for all sub-contractors and/or sub-grantees that include performance measures to ensure compliance with all federal and District regulations

Monitoring Activities

ECE requires all new sub-recipients to participate in New Provider Orientation. The Orientation includes a review of ECE policies, procedures and agreement expectations. Once the initial on site visit is completed, and the initial application is reviewed and approved, the provider signs an agreement. The agreement is renewable annually upon approval of the renewal application. Additionally, there is ongoing training and technical assistance offered to providers throughout the year to ensure compliance with OSSE internal policies and procedures,

Monitoring of Monthly Attendance

Attendance is collected monthly and audited Educational Service Monitors (ESM) three times annually. Attendance records may also be audited at any time that discrepancies are suspected. The ESM conducts periodic reviews of the attendance by collecting recent pay statements and attendance reports along with the facility's attendance roster and reconciles and compares these documents for errors, underpayments, overpayments or errors in names, services provided, start date or termination date, excused or unexcused absences and number of days served. The ESM discuss all findings with the provider. In cases where there are substantial errors with attendance the Office of the State Superintendent of Education, Division of Early Childhood Education may impose sanctions such as Stop Placement Status or implementation of a corrective action plan.

The ESM shall in any instance where there is evidence that the provider has submitted fraudulent documentation with the intention of obtaining payment from the District of Columbia, the Office of the State Superintendent of Education, Division of Early Childhood Education shall exercise the right to terminate the year agreement for non-compliance and shall refer suspected cases of waste and fraud for investigation to the OSSE, ECE, Division of Compliance and Integrity or to the District of Columbia Office of the Inspector General and request termination of agreement.

When a provider's agreement has been terminated due to substantiated instance of fraud a provider will be designated as an Excluded Party pursuant to the DC Code 2-308.04 and the provider cannot solicit any contract with the District of Columbia government for a period of thirty six (36) months.

As a method of data verification, the regular attendance monitoring findings described above are compared to the results of the annual enrollment audit conducted by OSSE for applicable ages.

Monitoring on-site review of sub recipients' records and Program Evaluation:

The Office of the State Superintendent of Education conducts annual onsite monitoring visits and program evaluations to all sub recipients. Each Program maintains records on file for a minimum period of three years. These records must be accessible at all times for review upon request by officials from the District of Columbia Government or the Federal Government. All on-site visits support efforts to maintain quality and ensure compliance with ECE agreements, grants, MOUs, annual renewal issuances, ECE's quality tier reimbursement criteria, OSSE's internal policies and procedures, and the District's and CCDF Regulations.

Grant Monitoring:

OSSE Grant Monitors review monthly invoices, attendance and reports for compliance with OSSE/ECE's grant performance standards. In addition mid and year end reports are submitted to ECE. These reports, along with onsite monitoring, provide a thorough review of the grantee's compliance with ECE's approved work plan, budget and performance goals. If corrective action is needed, grant monitors, along with the grantee, develop quality improvement plans to support compliance with the grant requirements.

Fiscal Monitoring:

ECE sub recipients receiving more than \$500,000 annually in Federal Funds must comply with the Federal Office of Management and Budget OMB – A 133 Single Audit Requirements for non-profit organizations and the Generally Accepted Government Auditing Standards' (GAGAS) which are the guidelines for the annual audit required by all for-profit organizations in receipt of \$ 500,000 or more of federal funds. These organizations must submit an Independent Auditor's Report with the financial opinion of a Certified Public Accountant. Sub- recipients with income and revenues less than \$500, 000 annually must submit a financial review as conducted by a Certified Public Accountant with the corresponding notes and letter of opinion. Both financial reviews and audits must be conducted annually and should be submitted no later than one hundred and twenty (120) days following the close of the provider's fiscal year.

Eligibility Monitoring

The Child Care Eligibility Monitoring Unit in the OSSE/ECE Compliance and Integrity Unit has the primary responsibility to monitor all eligibility determinations completed by intake/eligibility workers at the District of Columbia's Department of Human Services/Child Care Service Division and the Community Based Level II provider sites. Level II providers are community based organizations and sub-recipients that have agreements with OSSE to complete on-site eligibility determination for their program only. Eligibility records are selected for review to verify the accuracy and completeness of the information used in the eligibility determination process. One hundred percent of applications processed by Level II eligibility workers are monitored on an annual basis. CIU shares eligibility determination statistics monthly with the DHS/CCSD Program Manager as well as Level II Providers. A report of findings with expected corrective actions is issued after each eligibility monitoring visit. The Child Care Eligibility Monitors conduct follow up visits to verify corrective actions, if needed.

Licensing

The Child Care Licensing Unit monitors all licensed child development facilities to ensure compliance with health and safety regulations as outlined in DCMR 29 and CCDF Plan.

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

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

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

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

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

Strategy	UPV	IPV and/or Fraud	Administrative Error
Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: \$ 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement). Describe: ECE coordinates with the Districts Office of the Inspector General and the Office of the Attorney General.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recover through repayment plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reduce payments in the subsequent months	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recover through State/Territory tax intercepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recover through other means. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Establish a unit to investigate and collect improper payments. Describe composition of unit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Describe: The Analysis and Reporting Unit of the Division of Early Childhood Education completes an annual improper authorization for payment review for internal use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

☐ None

☒ Disqualify client.

If checked, please describe, including a description of the appeal process for clients who are disqualified

[ECE is currently developing an appeals process for disqualified clients.](#)

☐ Disqualify provider.

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

☐ Prosecute criminally

☒ Other.

Describe.

ECE refers suspected fraud to the Office of the Inspector General and the Office of the Attorney General for criminal prosecution and or civil recoupment

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

Activities identified in ACF-402	Cause/Type of Error (if known)	Actions Taken or Planned	Completion Date (Actual or planned) (if known)
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<p>1. Conduct payment adjustments for 21 cases with improper authorizations for payment</p> <p>2. Correct family size and parent co-pay as identified in the current data system</p> <p>3. Add a feature to auto-calculate family size and parent co-pay in the new child care information management system</p> <p>4. Develop data quality review process</p> <p>5. Schedule regular in-service trainings on intake requirements and process for intake workers</p>		<p>1. Of ten (10) overpayment cases, eight (8) were recouped (\$1,205.89) in November 2010; one was unable to recoup (\$5.80) because the center was closed in July 2010; and one (\$924.60) was re-determined as administrative error (parent did not date application at intake but was dated at review) but no overpayment which leads to no action was taken.</p> <p>Of eleven (11) underpayment cases, nine (9) were repaid (\$622.04) in November 2010; one (1) was repaid (\$12.75) in February 2010; and one (1) was re-determined with correct rate which leads to no action was taken.</p> <p>2. Correction started at the recertification intake process beginning in October 2010</p> <p>3. The feature is included in the ECE new information management system (EIMS).</p> <p>4. Draft policies were developed. Revision and update are needed as the new EIMS develops.</p> <p>5. Regular trainings are scheduled for January, March, April, June and August 2011 and will be provided by the Eligibility Monitoring Unit.</p>	<p>2. Ongoing</p> <p>3. Development is ongoing. Anticipated completion March 2012</p> <p>4. Development is ongoing. Anticipated completion March 2012</p> <p>5. Training Dates: Jan. 6 & 7 March 14 & 18 -(DC Afterschool Only) April 27 & 28 June 3 & 10 (DHS/CCSD Only) June 23 & 24 August 15 & 16</p>
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1.4 Consultation in the Development of the CCDF Plan

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

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

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

Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
<input checked="" type="checkbox"/> <p>Representatives of general purpose local government (required)</p> <p>This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.</p>	<p>The Lead Agency hosted an intra-governmental roundtable on child care services that included representatives from a broad range of general purpose agencies to review current services, gain feedback, and identify ways to strengthen coordination and fill service gaps where they may exist.</p> <p>Participating Agencies included: Department of Health Department of Human Services Department of Mental Health Child & Family Services Administration Department on Disability Services Department of Employment Services DC Public Schools Early Stages DC Public Charter School Board Early Stages (Early Intervention) Office on Latino Affairs Office on Asian & Pacific Islander Affairs Office on African Affairs DC Public Library</p>
<p>For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan.</p>	
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public education</p> <p>This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p>	<p>DC Public Schools The DC Public Schools early intervention program, "Early Stages" and the Public Charter School Board participated in the intra-governmental roundtable sponsored by the Lead Agency.</p>

<input checked="" type="checkbox"/> State/Territory agency responsible for programs for children with special needs This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs	The DC Public Schools Early Stages Center participated in the intra-governmental roundtable sponsored by the Lead Agency. IDEA Part C for Infants and Toddlers is managed by OSSE/Division of Special Education. Internal meetings were held to gain input on the draft plan.
<input type="checkbox"/> State/Territory agency responsible for licensing (if separate from the Lead Agency)	Lead Agency responsible
<input type="checkbox"/> State/Territory agency with the Head Start Collaboration grant	Lead Agency responsible
<input checked="" type="checkbox"/> Statewide Advisory Council authorized by the Head Start Act	The DC State Early Childhood Advisory Council (Coordinating Council) partnered with the lead agency in hosting the intra-governmental roundtable on child care services. Members were given the opportunity to review and provide comments on the draft plan.
<input checked="" type="checkbox"/> Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services	ECE hosted community forums for stakeholders and posted the CCDF draft plan on the OSSE website for public viewing and comments over a 30 day period. Leadership from the Department of Mental Health, Department of Health, Child and Family Services Administration, and Early Stages Diagnostic Center participated in the Roundtable on Child Care Services
<input checked="" type="checkbox"/> State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	The OSSE Division of Nutrition and Wellness Services participated in the intra-governmental roundtable on child care services and had the opportunity to review and comment on the draft CCDF Plan.
<input checked="" type="checkbox"/> State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	Department of Health representatives participated in the intra-governmental roundtable on child care services and had the opportunity to review and comment on the draft plan.
<input checked="" type="checkbox"/> State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)	Department of Health representatives participated in the intra-governmental roundtable on child care services and had the opportunity to review and comment on the draft Plan.

<input checked="" type="checkbox"/> State/Territory agency responsible for child welfare	Representatives from the Child and Family Services Administration participated in the intra-governmental roundtable on child care services and had the opportunity to review and comment on the draft plan.
<input type="checkbox"/> State/Territory liaison for military child care programs or other military child care representatives	
<input checked="" type="checkbox"/> State/Territory agency responsible for employment services/workforce development	Department of Employment Services representatives participated in the intra-governmental roundtable on child care services and had the opportunity to review and comment on the draft plan.
<input checked="" type="checkbox"/> State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)	The Department of Human Services Income Maintenance Division Administrator participated in the intra-governmental roundtable on child care services and had the opportunity to review and comment on the draft plan.
<div data-bbox="232 1037 511 1316" style="border: 1px solid black; width: 172px; height: 133px; position: relative;"> <input type="checkbox"/> </div> <div data-bbox="514 1037 800 1316" style="border: 1px solid black; padding: 5px;"> Indian Tribes/Tribal Organizations <input checked="" type="checkbox"/> N/A: No such entities exist within the boundaries of the State </div>	
<input type="checkbox"/> Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21	
<input checked="" type="checkbox"/> Provider groups, associations or labor organizations	The DC Child Care Connections (resource & referral grantee), DC Association for the Education of Young Children, Latino Association of Child Care Providers, DC Head Start Association, the Association of Family Home Care Providers and others were be invited to community forums. In addition, a provider survey was conducted to gain insight into appropriateness of current services and identify priority areas for improvements.

<input checked="" type="checkbox"/> Parent groups or organizations	A parent survey was conducted to gain feedback on the appropriateness of current child care services and identify priority areas for improvement. Community forums were held and the draft CCDF Plan posted on the OSSE website for viewing and comments over a thirty-day period.
<input checked="" type="checkbox"/> Local community organizations (child care resource and referral, Red Cross)	Representatives from DC Child Care Connections, the District's resource and referral s grantee, community stakeholders participated in the ehancement and redesign the framework for the QRIS. This opportunity provided a forum for community input on the CCDF QRIS goals.
<input type="checkbox"/> Other	

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

a) Date(s) of notice of public hearing: [04/05/2011](#)

Reminder - Must be at least 20 days prior to the date of the public hearing.

b) How was the public notified about the public hearing? [Promotional activities included advertisement in the District of Columbia Register publication, posting on the OSSE/Lead Agency Website, accessing multiple partner Listservs, flyer distribution at meetings and other events, add placement in community newspapers, and email blast to Lead Agency stakeholder database. In addition to the April 5, 2011 notice published in the District of Columbia Register, the public hearings were promoted through the following venues: Lead Agency website, DC Public Libraries, Ads in two community newspapers reaching diverse audience Announcements during Lead Agency sponsored and co-sponsored training activities, Department of Human Services, Child Care Services Division Vendor Sites \(Flyer distribution\), Notification to all child care centers and family child care providers via email blasts and during regularly scheduled orientation and professional development meetings, Lead Agency Child Care Subsidy Program Education Services Monitors distributed invitation to providers, Annual Universal School Readiness Conference in April 2011 for early childhood providers, Information was disseminated through community partner, DC Child Care Connection\(Resource and Referral grantee\), The Lead Agency consulted with the DC Offices on Asian and Pacific Islander Affairs, African Affairs, and Latino Affairs to ensure that information disseminated is culturally appropriate and reached diverse communities](#)

c) Date(s) of public hearing(s): [05/11/2011](#)

Reminder - Must be no earlier than 9 months before effective date of Plan (October 1, 2011).

d) Hearing site(s) [Office of Unified Communication, 2720 Martin Luther King Jr. Avenue, SE Washington DC 20020 and Martin Luther King Jr. Memorial Library, 901 G Street, NW Washington DC, 20005 \(Room A5\)](#)

e) How was the content of the Plan made available to the public in advance of the public

hearing(s)? Copies of the Citizens Guide and Draft Plan were distributed via email and posted on the Lead Agency Web Site, Printed copies of the Citizens Guide and Draft Plan were made available through the DC Public Library system, Printed copies of the Citizens Guide and Draft Plan will be made available onsite at the Lead Agency

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Information provided by the public during the preliminary community forums on the quality and appropriateness of current services, as well as the priority areas identified will be factored into the development of the draft plan. The public had a second round opportunity to review and comment on the draft plan. All comments were considered in the final Plan by the Lead Agency. -1.4.2 a) 04/30/2011 and May 14, 2011

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

1.4.3. Describe:

Multiple pre-planning community forums were held in different quadrants of the city to support public participation in evaluating the effectiveness of current services and identification of service improvement priorities. Promotional materials for the public hearings were translated into multiple languages and interpreter services were offered on demand. The public hearings were held in different geographical areas of the city on non-traditional meeting days and times to accommodate parent and provider work schedules. All of the public hearing sites were accessible by public transportation and ADA compliant.

1.5. Coordination Activities to Support the Implementation of CCDF Services

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

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

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

Agency/Entity (check all that apply)	Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services	Describe the goals or results you are expecting from the coordination
<p>Representatives of general purpose local government (required)</p> <p>This may include, but is not limited to:</p> <p><input checked="" type="checkbox"/> representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.</p>	<p><u>Department of the Environment (DOE) – The Lead Agency partners with DOE to ensure the health and safety of children in licensed child care homes and centers through training & provider orientation programs, information dissemination and lead testing service referrals.</u></p>	<p>Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p> <p><u>Goal 1: All licensed child care providers in the District of Columbia are knowledgeable of lead hazards and their responsibilities under the law.</u></p> <p><u>Goal 2: All licensed child care providers are in compliance with the law.</u></p>

<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for public education (required) This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p>	<p>DC Public Schools– the Lead Agency coordinates with DCPS to ensure that high-quality out-of-school-time programs are available to eligible school-age children throughout the District of Columbia.</p> <hr/> <p>The Lead Agency currently coordinates with DC Public Schools Early Stages diagnostic center for children three to five years old to provide professional development training, and to extend comprehensive health care screening to children.</p>	<p>Goal 1: Conduct a study on national best practices and current services provided for children in the District of Columbia. Goal 2: Conduct a capacity audit and quality evaluation. Goal 3: Develop recommendations and a strategic plan for enhancements.</p> <hr/> <p>Goal 1: Increase the number of children receiving comprehensive health care screenings. Goal 2: Identify community resources available to serve the children and develop a standard for referral.</p>
<input checked="" type="checkbox"/>	<p>Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services (required)</p>	<p>Department of Mental Health (DMH)– The Lead Agency coordinates with DMH in the implementation of its Early Childhood Mental Health Consultation program</p> <p>DC Public Schools Early Stages Center The Early Stages Center provides diagnostic services and referrals for children ages three to five years old.</p> <p>Psychological Services Institute (PSI) PSI provides diagnostic screenings.</p> <p>The Edward C. Mazique Parent Child Center and United Planning Organization's (UPO) Head Start and Early Head Start programs partner with the Lead Agency in the Subsidy program. Children enrolled in Head Start programs receive comprehensive services.</p>	<p>Goal 1: Increase the number of centers participating in the Mental Health Consultation program.</p> <p>Goal 2: Strengthen and increase coordination with developmental services partners to improve and expand service delivery.</p> <p>Goal 3: Increase the number of partners to expand availability of services</p> <p>Goal 4: Produce a resource guide for parents and families.</p>

<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for public health (required)</p> <p>This may include, but is not limited to, the agency responsible for immunizations and programs that promote children's emotional and mental health</p>	<p>Partnership with the Department of Health on Project L.A.U.N.C.H. – <u>Linking Actions for Unmet Needs in Children's Health</u>, a SAMHSA funded grant.</p>	<p>The long term goal of this partnership is to foster the healthy development and wellness of all young children birth through age 8 by bringing local child-serving agencies together to coordinate and streamline policies and practices for families and children and to fill service gaps where they may exist.</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for employment services / workforce development (required)</p>	<p>The DC Department of Employment Services; DC Department of Human Services, Income Maintenance Division, and the DC Housing Authority serve the same primary customer base. The Lead Agency will partner with these agencies to address redundancies in the intake, eligibility and referral processes</p>	<p>The goal is closer coordination with agencies providing employment services and workforce development services to reduce barriers to child care. The focus will be on reducing the paperwork burden for low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) (required)</p>	<p>The Lead Agency partners with the Department of Human Services, Income Maintenance Administration (IMA) to provide eligibility determination for parents and families seeking financial assistance for child care.</p>	<p>The goal is to build closer coordination and collaboration between IMA and the Lead Agency by structuring opportunities for regular consultation and information sharing. Better coordination will enhance strategic planning efforts and support the most beneficial use of available resources .</p>
<input type="checkbox"/>	<p>Indian Tribes/Tribal Organizations (required)</p> <p><input checked="" type="checkbox"/> N/A: No such entities exist within the boundaries of the State</p>		
<p>For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery</p>			

<input type="checkbox"/>	State/Territory agency responsible for licensing (if separate from the Lead Agency)		
<input type="checkbox"/>	State/Territory agency with the Head Start Collaboration grant		
<input checked="" type="checkbox"/>	Statewide Advisory Council authorized by the Head Start Act	<u>DC State Early Childhood Development Coordinating Council (ECDCC)</u> will play a leading role in <u>ensuring coordination and collaboration among child-serving agencies.</u>	<u>Improved coordination and collaboration will result in more effective and efficient</u> <u>Improved coordination and collaboration will result in more effective and efficient use of resources, better communications and strategic planning to close service gaps.</u>
<input checked="" type="checkbox"/>	State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	<u>OSSE/ Nutrition Services - ECE coordinatess with Wellness and Nutrition Services to ensure that children in licensed child care centers and homes receive nutritious meals.</u>	<u>The goal is to increase participation of child care and out-of-school time programs in the Child and Adult Care Food Program.</u>

<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for programs for children with special needs</p> <p>This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</p>	<p><u>OSSE Office of Special Education, Early Intervention</u> <u>The Lead Agency partners with OSE to provide professional development opportunities for child care providers.</u></p>	<p><u>The goal is to expand upon the partnership that was established to support professional development by structuring regular opportunities for consultation, information sharing and strategic planning. Restoring synergy between the departments managing Part C and Part B services will better support families transitioning from Part C to Part B.</u></p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant</p>	<p><u>Department of Health</u></p>	<p><u>Continue efforts to build coordination and collaboration in order to maximize available resources and expand supports for vulnerable young children and their families</u></p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for child welfare</p>	<p><u>The Lead Agency partners with CFSA to ensure the protection of children in child care centers and homes.</u></p>	<p><u>Expand upon the current partnership by collaborating with CFSA in the development and implementation of child abuse and neglect training and professional development opportunities for providers.</u></p>

<input type="checkbox"/>	State/Territory liaison for military child care programs or other military child care representatives		
<input type="checkbox"/>	Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21		
<input checked="" type="checkbox"/>	Local community organizations (child care resource and referral, Red Cross)	<p><u>Through a grant, the Lead Agency partners with D.C. Child Care Connections, a community-based organization, to provide child care resource and referral information to parents about infant and toddler, preschool, out-of-school-time, and weekend/evening services available in the District of Columbia.</u></p> <p><u>The Lead Agency partners with the following local community-based organizations: Latin American Youth Center, Vietnamese American Community Service Center, Centro Nia, Asian American LEAD, and Bell Multicultural Teen Program through grant awards to ensure that culturally relevant out of school time programming is available for all eligible families.</u></p>	<p><u>Goal: Coordination with DC Child Care Connections to improve the the availability of information, and the ease with which parents and providers are able to connect to child care services, resources, and information.</u></p> <p><u>Goal: Closer coordination and improved accountability to ensure that high quality, culturally relevant and appropriate out-of-school time programs are available and accessible to traditionally-underserved populations.</u></p>
<input checked="" type="checkbox"/>	Provider groups, associations or labor organizations	<u>The Lead Agency will partner with provider groups and associations such as NAEYC and the local affiliate DCAEYC, the Washington Area Child Care Providers Association, the Latino Child Care Providers Association, and the Home Care Providers Association to ensure appropriateness and quality of services, effective communications and outreach..</u>	<u>Goal: Strategic engagement to build an effective early childhood development system.</u>
<input type="checkbox"/>	Parent groups or organizations		
<input type="checkbox"/>	Other		

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

☐ Yes. If yes,

a)

Provide the name of the entity responsible for the coordination plan(s):

c)

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

☐ Yes

☐ No

d)

Provide a web address for the plan(s), if available:

☒ No

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

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

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

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

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

[The District of Columbia has established the State Early Childhood Development Coordinating Council \(ECDCC\) to ensure coordination across early childhood programs from birth to age five in the District. The Lead Agency provides administrative support to the Council.](#)

☐ Local Coordination/Council

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

☐ Other

Describe

☐ None

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

☒ Yes .

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

The Lead Agency will work with the new State Early Childhood Development Coordinating Council (State Advisory Council) to encourage and promote private sector involvement in meeting child care needs.

OSSE/ECE has received grant funds under the authority of Section 642 (b)(1) (A)(i) of the Head Start Act 42 USC 9837, which was added by The Improving Head Start for School Readiness Act of 2007 and the American Recovery and Reinvestment Act of 2009, to improve coordination and collaboration among early childhood education and care programs and services in the District of Columbia. Over the next three years, the State Advisory Council will guide this effort through extensive public and private stakeholder engagement.

In FY 2011 the State Advisory Council will engage a research organization to conduct an assessment of the current capacity of funding systems to support the true cost of high-quality early childhood services with particular focus on infants and toddlers, and children with special needs. In addition, a Two-Day Leadership Summit will be convened, including: representatives of government agencies, elected and appointed officials, higher education, local providers of early education and care, Head Start, parents, community partners, advocacy, business and philanthropic organizations to consider the study reports and collectively frame a unified vision for early childhood education in the District. It is anticipated that these activities will build support for and provide a roadmap to guide the strategic engagement of the private sector in public/private partnerships.

☐ No

1.6. Child Care Emergency Preparedness and Response Plan

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and

programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of temporary child care services after a disaster; and 5) rebuilding child care after a disaster. For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-XX) located on the Office of Child Care website at:

http://www.acf.hhs.gov/programs/ccb/law/state_topic_emergency.htm

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

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

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

☒ **Other.**
Describe:

ECE has regulatory requirements and works with providers to develop their written emergency preparedness plans. ECE has implemented an ongoing Emergency Preparedness and Response training program for subsidy providers. The objective is for each provider to prepare a written emergency plan that addresses all hazards. All training includes instruction on planning, preparing, practicing, responding and recovering. ECE has encouraged all providers to register with alertdc.gov, which provides immediate notification of impending disasters. Monitors provide additional onsite technical assistance.

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

- ☒ Planning for continuation of services to CCDF families
- ☒ Coordination with other State/Territory agencies and key partners
- ☒ Emergency preparedness regulatory requirements for child care providers
- ☒ Provision of temporary child care services after a disaster
- ☐ Rebuilding child care facilities and infrastructure after a disaster

☐ None

PART 2

CCDF SUBSIDY PROGRAM ADMINISTRATION

2.1 Administration of the Program

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

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

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

☒ State/Territory

☐ Local entity.

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

☐ Other.

Describe:

Sliding fee scale is set by the:

☒ State/Territory

☐ Local entity.

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

☐ Other.

Describe:

Payment rates are set by the:

☒ State/Territory

☐ Local entity.

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

--

☐ Other.

Describe:

--

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

Implementation of CCDF Services/Activities
Who determines eligibility?
Note: If different for families receiving TANF benefits and families not receiving TANF benefits, please describe:

Agency (Check all that apply)

- ☐ CCDF Lead Agency
- ☐ TANF agency
- ☐ Other State/Territory agency.

Describe:

--

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

Describe:

--

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

Agency (Check all that apply)

- ☐ CCDF Lead Agency
- ☐ TANF agency
- ☐ Other State/Territory agency.

Describe:

--

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

Describe:

--

Who issues payments?

Agency (Check all that apply)

- ☒ CCDF Lead Agency
- ☐ TANF agency
- ☐ Other State/Territory agency.

Describe:

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

Describe:

Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)

Payments for child care services are issued to the child care provider upon receipt of the monthly attendance. Payments are processed by the Lead Agency. Providers may choose to receive payment via a check delivered by standard mail or via electronic payment.

Providers may choose to receive payment via a check delivered by standard mail or via electronic payment. Providers may choose to receive payment via a check delivered by standard mail or via electronic payment. Providers may choose to receive payment via a check delivered by standard mail or via electronic payment.

Other. List and describe:

2.2. Family Outreach and Application Process

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

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

- ☒ CCDF Lead Agency
- ☒ TANF offices
- ☒ Other government offices
- ☒ Child care resource and referral agencies
- ☒ Contractors
- ☒ Community-based organizations
- ☒ Public schools
- ☒ Internet

(provide website): www.dhs.dc.gov and www.osse.dc.gov

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

Describe:

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

- ☒ In person interview or orientation
- ☐ By mail
- ☐ By Phone/Fax
- ☐ Through the Internet

(provide website):

- ☐ By Email
- ☐ Other.

Describe:

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

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

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

[DC's Child Care Resource and Referral Agency, DC Child Care Connections, provides resources to help families identify high-quality providers. These include fliers, brochures, online searchable database, walk-in consultations and phone referrals. The QRIS rating of each provider is identified. Bi-lingual referral specialists are also available to families. The proposed enhancement to the QRIS will also strengthen these consumer engagement efforts.](#)

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

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

CCDF served children are enrolled in programs that participate in DC's QRIS known as Going for the Gold. *Going for the Gold* provides resources for participating programs to enhance their quality. The recently revised QRIS includes revised high quality program standards for programs serving children from 0-5 years of age, as well as improved alignment between program quality standards and the technical assistance and resources ECE provides. Enhanced monitoring tools were also developed to ensure that resources are targeted and data driven. Regular evaluation of program quality will be conducted by an independent evaluation team trained in environmental rating scales. Results will be used to inform the strategic planning process.

QRIS programs have access to a wide range of OSSE/ECE funded incentives and quality improvement resources. These include the following:

- DC's Tiered Rate Reimbursement System provides reimbursements that are tied to quality indicators. Providers are awarded higher rates based on their ability to meet the QRIS quality tiers.
- TEACH DC higher education scholarship program provides support for professionals seeking higher education degree and CDA credentials. This scholarship program includes tuition reimbursement, travel stipend, funding for books, retention agreements and employee bonuses.
- The CDA Training Program provides support, training and resources to help professionals acquire the CDA credential from the Council for Professional Recognition.
- The Accreditation Facilitation Project provides individualized training and technical assistance for programs pursuing national accreditation.
- DC's Child Care Resource and Referral Agency, DC Child Care Connections, facilitates trainings on a variety of topics that are aligned with the QRIS standards. Additional trainings are provided by OSSE/ECE approved trainers, OSSE/ECE grantees, community partners, national advocacy organizations and government agencies. These trainings are included in the centralized monthly training calendar and disseminated to all programs.
- The Infant-Toddler Expansion Grant provides business trainings to program administrators. These trainings are designed to promote sustainable business practices and increase the program's capacity to serve infants and toddlers.
- The Family Literacy Program provides literacy trainings and resources to help CCDF programs better integrate literacy practices and engage families as partners. Teachers also serve as literacy coaches.

2.2.5. How will the Lead Agency promote access to the CCDF subsidy program?

Check the strategies that will be implemented by your State/Territory.

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

☐ Other.
Describe:

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

List the program names:

- ☒ Streamlining verification procedures, such as linking to other program data systems
- ☒ Providing information multi-lingually
- ☐ Including temporary periods of unemployment in eligibility criteria for new applicants (job search, seasonal unemployment).

Length of time:

☐ Other.
Describe:

☐ Other.
Describe:

☐ None

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

- ☒ Provide CCDF assistance during periods of job search.

Length of time: [One year](#)

- ☒ Establish two-tiered income eligibility to allow families to continue to receive child care subsidies if they experience an increase in income but still remain below 85% of State median income (SMI)

☐ Synchronize review date across programs

List programs:

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

Describe:

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

Describe:

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

Describe:

- ☒ Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment

- ☒ Targeted case management to help families find and keep stable child care arrangements

- ☐ Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility, such as for children who turn 13 years of age during the middle of a program year

- ☐ Other.

Describe:

- ☐ None

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

- ☐ Application in other languages

- ☒ Informational materials in non-English languages

- ☐ Training and technical assistance in non-English languages

- ☐ Website in non-English languages

- ☒ Lead Agency accepts applications at local community-based locations

- ☒ Bilingual caseworkers or translators available

- ☒ Other.

Describe:

[ECE has access to the Language Line. Translators are available to facilitate communication with all customers.](#)

- ☐ None

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

languages offered :

[ECE has access to the Language Line. Translators are available to facilitate communication with all customers. Languages include Spanish, French, Vietnamese, Amharic, and Russian](#)

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

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

Describe:

[ECE has access to the Language Line. Translators are available to facilitate communication with all customers.](#)

☐ None

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

[ECE has access to the Language Line. Translators are available to facilitate communication with all customers. Languages include Spanish, French, Vietnamese, Amharic, and Russian](#)

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

Check the strategies that will be implemented by your State/Territory. **Attach** a copy of your parent application for the child care subsidy program(s) as **Attachment 2.2.9** or provide a web address, if available: [Parent Child Care Application](#) (In all forms including the parent application and voucher the District acknowledges ACYF-PI-CC-00-04. Additionally, the District is moving to the use of an alternative/unique identifier for the child care application and admission form/voucher as reporting social security numbers are voluntary.

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
<input checked="" type="checkbox"/> Applicant identity	A current photo ID

<input checked="" type="checkbox"/> Household composition	<p>The household composition should be identified by the customer on the Child Care Application to show relationship which includes spouse/other parent and dependent children</p>
<input checked="" type="checkbox"/> Applicant's relationship to the child	<p>APPLICANT'S RELATIONSHIP TO CHILD =Acceptable documentation for verification:</p> <p>A full size original birth certificate. The birth certificate must include the name of the parent/guardian(s) requesting services; A birth certificate in a non-English language with a certified translation; Hospital record of birth [acceptable for an infant under six (6) months old signed by a licensed physician or licensed health care practitioner]. The official birth certificate must be supplied within 30 days of the date of application; Adoption papers with a finalization date, issued by a court; or A referral for child care services from an authorized District of Columbia government agency or its vendor that verifies relationship has been established.</p>
<input checked="" type="checkbox"/> Child's information for determining eligibility (e.g., identity, age, etc.)	<p>CHILD'S INFORMATION FOR DETERMINING..= A full size original birth certificate, Hospital record of birth [acceptable for an infant under six (6) months old signed by a licensed physician or licensed health care practitioner]. Adoption papers with a finalization date, issued by a court;</p>

<p><input checked="" type="checkbox"/> Work, Job Training or Educational Program</p>	<p>WORK, JOB TRAINING.ETC =This group of applicants are working parents/guardians gainfully employed or in a valid qualifying activity for a minimum of 20 hours per week. Two parent/guardian household must have both parent/guardians working. The timeframe that child care is requested and the parent/guardians work schedule must match. Acceptable documentation for verification:</p> <p>Three (3) most recent consecutive pay statements (original statement) verifying employment including the name of the employee, social security number, the number of hours worked, wages and salary information for the pay period on the statement. At least one statement must be dated no more than 30 days prior to the date of application/eligibility determination;</p> <p>An original letter from the employer on business letterhead with company name identified. The supervisor or manager must sign and date the letter. The letter must include the applicant's full name and address, start date of employment, gross wages or salary, work schedule (hours and days). The letter must be dated no more than 30 days prior to the date of application/eligibility determination;</p> <p>A letter is acceptable only in a case where pay statement is not normally given such as in domestic employment. A letter is also acceptable for an employee in a new job. The new employee must submit an original pay statement within 30 days of the application and must submit two (2) more pay statements to complete the requirement for three (3) original pay statements; or</p> <p>An employee with direct deposit who does not receive pay stubs, or an employee who has only self-generated computer pay statements, must supply a letter signed by his/her supervisor which specifies the employee's hours and salary.</p> <p>Referral from IMA or one of its vendors who provide training and placement;</p> <p>Confirmation of job search from DOES;</p> <p>Confirmation of work experience program from DC Public School Office of Work Opportunities; Self-Employment records – Self employed persons must supply the same documents maintained for income and tax purposes.</p>
--	---

<input checked="" type="checkbox"/> Income	<p>INCOME= Gross salaries or wages of one or both parents, net income from self-employment, Social security, Veteran's Benefits, Child's income such as social security, child support unemployment benefits, Worker's Compensation, Alimony-court documents</p> <p>Pay stubs Income tax records Child support enforcement records Other: Customers are required to identify their source of income which includes but is not limited to TANF, Disability, and Supplemental Security Income. These income categories are exempted from the calculation of the annual gross income.</p>
<input type="checkbox"/> Other. Describe:	

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

☒ Time limit for making eligibility determinations.

Describe length of time [30 days](#)

☒ Track and monitor the eligibility determination process

☒ Other.

Describe

[Authorization of Child Care Applications is denied for any customer who does not follow up with requested documentation based on the eligibility within 30 days.](#)

☐ None

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

☒ Yes.

If yes, describe:

[The District of Columbia provides subsidized child care to TANF customers through a referral process. All TANF customers who are engaged in countable activities obtain a referral from their TANF social services representatives or TANF vendors. The referral form, an identification card and a health certificate for the child are all that are required for TANF customers to receive subsidized child care. TANF families may also complete intake and eligibility for child care at the state office or at community based organizations that serve as vendors for TANF.](#)

☐ No.

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

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

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency [District of Columbias Department of Human Services/Income Maintenance Administration](#)

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

- "appropriate child care": [Child care must meet the parents needs in terms of hours and location. The child care center or family child care provider must be licensed. An in-home or relative provider is exempt from licensing; however, s/he must meet the minimum requirements incorporated in the child care providers agreement. The basic needs of the children must be met. These needs include: safety, developmental, social, cultural and health.](#)
- "reasonable distance": [Reasonable distance is defined as travel time it takes for a resident of the District of Columbia to drop off the child at the child care facility and arrive on time at work. This travel time should not exceed one and one-half hour from home to work. For District of Columbia residents who work outside the city in Maryland or Virginia, the travel time is defined as the time it takes to drop off the children at the child care facility and arrive on time to work. This travel time should not exceed two hours from home to work.](#)
- "unsuitability of informal child care": [Unsuitable Informal Child Care is care that is not licensed or license exempt under the Child Care Subsidy Program Provider Agreement or does not meet the programmatic criteria as included in the executed Child Care Subsidy Program Provider Agreement with the Office of Early Childhood Education. Informal Child Care is defined as care provided by relative or in-home providers who are selected by the parents. Such providers must have an Official Provider Agreement with the Parent and the ECE along with current health certificates for themselves and the children in their care.](#)
- "affordable child care arrangements": [Affordable Child Care Arrangements are terms of agreement between the Parents and the Provider that meet the needs of the Parents and the children by using the Child Care Subsidy with the Providers in the District of Columbia. Parents can obtain care for their children using the available subsidy, as long as they are participating with the District of Columbias extensive provider system, which includes all categories of care \(infants, preschoolers, school-age\), in all wards.](#)

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

- ☒ In writing
☒ Verbally
☐ Other.

Describe:

--

2.3. Eligibility Criteria for Child Care

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

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

residing with -

Residing with - A person who is under the age of 18, or a person who is 18,19,or 20 years of age and attending school full-time, who lives in the household of and is financially dependent upon, a parent or guardian

in loco parentis -

In loco parentis- In the place of parents. Individual(s) who have been charged, through legal action (e.g. by law or court order), with the same legal rights, duties and responsibilities as a parent or legal guardian.

2.3.2. Eligibility Criteria Based Upon Age

a) The Lead Agency serves children from six (6) weeks weeks to thirteen (13) years years (maximum age under age 13).

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

☒ Yes, and the upper age is up to nineteen (19) years

Provide the Lead Agency definition of *physical or mental incapacity* -

This group of applicants includes families with a child (or children) who has a disability or special health care need, and who is under nineteen (19) years of age. These are children who do not function according to age appropriate expectations in one or more of the following areas of development: social/emotional, cognitive, communication, perceptual-motor, physical, or behavioral development; or who have chronic health problems.

☐ No.

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

Yes, and the upper age is

☒ No.

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

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

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

WORKING = An individual engaged in paid employment or in a countable activity at least 20 hours per week.

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

☒ Yes.

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

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

attending job training or educational program -

ATTENDING JOB TRAINING OR EDUCATIONAL PROGRAM = An individual who participates in a documented program at least 20 hours a week. The educational activity leads to a GED or high school diploma, or other approved training program.

☐ No.

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

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

☒ Yes.

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

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

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

protective services

PROTECTIVE SERVICES = services which are designed to ensure that neglected and abused children referred by the DC Child and Family Services Agency and/or the District of Columbia Superior Court are protected from further experiences and conditions detrimental to their healthy growth and development, including services provided on behalf of a child which are designed to help parents recognize and remedy any conditions which might prove harmful to the child and to fulfill their parental roles more effectively. (The District does not use CCDF funds for respite care for children in protective services.)

☐ No.

b) Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☐ Yes,

☒ No.

2.3.5. Income Eligibility Criteria

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

income -

- income— For the purpose of eligibility the District of Columbia defines “income” as participants entering the program must have income equal to or less than 250% of the Federal Poverty Level (FPL) guidelines and exit the program when income reaches 300% of FPL. Countable income is the portion of the annual gross income of the family unit that is considered in computing the co-payment

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

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

☐ None

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

- ☒ Children under age 18

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

Describe:

☐ None

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

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

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 if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	3101.41	2636.20	2256.25/2636.20	73%/85%
2	4055.69	3447.34	3035.42/3447.34	75%/85%
3	5009.97	4258.47	3814.58/4258.47	76%/85%
4	5964.25	5069.61	4593.75/5069.61	77%/85%
5	6918.53	5880.75	5372.92/5880.75	78%/85%

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

☒ Yes.

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

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

Entry Level: [The Child Care Subsidy Income Sliding Fee Scale based upon the 2009 HHS Poverty Guidelines and the 2009 DC State Median Income. The fee scale incorporates 85% of the State Median Income as constrained by up to 300% of the Federal Poverty Guideline.](#)

Entry Income is equal to or less than 250% of the Federal Poverty Level (FPL). Renewal Income is less than 300% FPL. Exit Level occurs when income is reaches 300% of the Federal Poverty Level.

Exit Level: *The exit level is set at the point where income equals 85% of the State Median Income (SMI) as constrained by 300% of the Federal Poverty Level (FPL). Where 85% of SMI exceeds 300% of the FPL, the income exceeds the maximum eligibility level and the family must exit. This is illustrated in the chart above through the empty shaded boxes where the 85% of SMI exceeds 300% of FPL, and therefore there is no qualifying income for those boxes.*

☐ No.

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 if lower than 85% SMI	
			(c) \$/month	(d) % of SMI[Divide (c) by (a), multiply by 100]
1				
2				
3				
4				
5				

f) SMI Year 2009 and SMI Source Federal Fiscal Year

g) These eligibility limits in column (c) became or will become effective on:
October 1, 2009

2.3.6. Eligibility Re-determination

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

- ☐ 6 months
☒ 12 months
☐ 24 months
☐ Other.

Describe:

☐ Length of eligibility varies by county or other jurisdiction.
Describe:

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

☒ Yes.

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

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

☐ Families enrolled in pre-kindergarten programs.
Re-determination period:

☐ Families receiving TANF.
Re-determination period:

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

☐ Other.
Describe:

c) Does the Lead Agency use a simplified process at re-determination?

☐ Yes.
If yes, describe:

☒ No.

2.3.7. Waiting Lists

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

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

☒ All eligible families *who apply* will be served under State/Territory eligibility rules

- ☐ Not all eligible families *who apply* will be served under State/Territory eligibility rules
- ☐ Lead Agency has an active waiting list for:
- ☐ Any eligible family who applies when they cannot be served at the time of application
- ☐ Only certain eligible families.

Describe those families:

- ☐ Waiting lists are a county/local decision.

Describe:

- ☐ Other.

Describe:

2.3.8. Appeal Process for Eligibility Determinations

Describe the process for families to appeal eligibility determinations:

The applicant can first meet with the Agency and complete an administrative review to resolve the issue. A Fair Hearing request can be made to the DC Office of Administrative Hearings if necessary. The eligibility worker must inform the applicant or recipient of their right to appeal any eligibility decision. The requirement for the appeal must be in writing and received within 15 calendar days of the adverse action. A freeze on service provision if the case is in the application stage until an appeal decision is rendered; the continuation of existing services with a timely request until a decision is rendered.

2.4. Sliding Fee Scale and Family Contribution

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

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

The attached sliding fee scale was or will be effective as of: [October 2009](#)

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

- ☒ Yes
☐ No.

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

2.4.3. What income source and year will be used in creating the sliding fee scale?
(658E(c)(3)(B)) Check only one option.

- ☒ State Median Income,
Year: 2009
☐ Federal Poverty Level,
Year:
☐ Income source and year varies by geographic region.
Describe income source and year:
☐ Other.
Describe income source and year:

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

- ☒ Fee as dollar amount and
☐ Fee is per child with the same fee for each child
☐ Fee is per child and discounted fee for two or more children
☒ No additional fee charged after certain number of children
☐ Fee per family
☐ Fee as percent of income and
☐ Fee is per child with the same percentage applied for each child
☐ Fee is per child and discounted percentage applied for two or more children
☐ No additional percentage applied charged after certain number of children
☐ Fee per family
☐ Contribution schedule varies by geographic area.

Describe:

☐ Other.

Describe:

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

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

☐ Yes,
and describe those additional factors:

☒ No.

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

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

☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

☒ NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee.

The poverty level used by the Lead Agency for a family of 3 is: [\\$9133.00](#)

☐ SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families:

The Lead Agency waives the fee for the following families:

2.5. Prioritizing Services for Eligible Children and Families

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

2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes? (658E(c)(3)(B), §98.44) Lead Agencies have the discretion to define *children with special needs* and *children in families with very low incomes*. Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA)). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs*.

Children with special needs

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

Children who have a disability or special health care need, and who are under nineteen (19) years of age. These are children who do not function according to age appropriate expectations in one or more areas of development

Describe:

Children in families with very low incomes

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

Families whose household income is at or below the federal poverty level.

Describe:

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

Children with special needs	<input type="checkbox"/> Priority over other CCDF-eligible families <input checked="" type="checkbox"/> Same priority as other CCDF-eligible families <input type="checkbox"/> Guaranteed subsidy eligibility <input type="checkbox"/> Other.	<input type="checkbox"/> Yes. The time limit is: <input type="text"/> <input checked="" type="checkbox"/> No	<input type="checkbox"/> Different eligibility thresholds. Describe: <input type="text"/> <input type="checkbox"/> Higher rates for providers caring for children with special needs requiring additional care <input type="checkbox"/> Prioritizes quality funds for providers serving these children <input checked="" type="checkbox"/> Other. Describe: <input type="text"/> <p>If the District Implements a waiting list, families with children with special needs will receive priority.</p>
Children in families with very low incomes	<input type="checkbox"/> Priority over other CCDF-eligible families <input checked="" type="checkbox"/> Same priority as other CCDF-eligible families <input type="checkbox"/> Guaranteed subsidy eligibility <input type="checkbox"/> Other.	<input type="checkbox"/> Yes. The time limit is: <input type="text"/> <input checked="" type="checkbox"/> No	<input type="checkbox"/> Different eligibility thresholds. Describe: <input type="text"/> <input type="checkbox"/> Waiving co-payments for families with incomes at or below the Federal Poverty Level <input checked="" type="checkbox"/> Other. Describe: <input type="text"/> <p>If the District Implements a waiting list, families with very low income will receive priority.</p>

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

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

Describe:

2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency. (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Reminder - Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

Term(s) - Definition(s)

Describe:

No other terminology related to eligibility and/or priority established by the Lead Agency

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

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

2.6.1. Child Care Certificates

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

- ☐ Before parent has selected a provider
- ☒ After parent has selected a provider
- ☐ Other.

Describe:

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

- ☐ Certificate form provides information about choice of providers

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

Website:

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

Describe:

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

- ☒ Authorized provider(s)
- ☒ Authorized payment rate(s)
- ☒ Authorized hours
- ☒ Co-payment amount
- ☒ Authorization period
- ☐ Other.

Describe:

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

[Under the current data system the District is able to provide data on the number of estimated children served through certificates.](#)

[Of the total number of subsidized slots, 68% were funded with certificates/vouchers.](#)

2.6.2. Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1), 658P(4), §§98.16(g)(1),

98.30(a)(1) & (b)). **Note:** Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

☒ Yes.

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

The Lead Agency uses grants for child care slots servicing the Out of School Time Care for the limited English and Newcomer Community and Out of School Time service in local public schools. Additionally, the Lead Agency will use a grant to increase the availability of infant and toddler slots.

☐ No.

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

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

Describe:

- ☒ Support programs in providing higher quality services
- ☐ Support programs in providing comprehensive services
- ☐ Serve underserved families.

Specify:

☐ Other.

Describe:

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

☒ Yes.

☐ No,

and **identify** the localities (political subdivisions) and services that are not offered:

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

Payment rates for child care services through grants/contracts are determined by Office of the State Superintendent of Education/Early Childhood Education. The payment rates are determined by the 2009 Market Rate Survey. Additionally, the Lead Agency negotiates with the grantee after careful review of the grantee's budget and work plan to determine the final approved project cost.

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

The estimated proportion of direct services that will be available for child care services through grants/contracts is 32%.

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

☐ Signed declaration

☒ Parent Application

☒ Parent Orientation

☒ Provider Agreement

☒ Provider Orientation

☐ Other.

Describe:

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

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

Describe:

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

[The agency maintains a record of all substantiated parental complaints about Providers. These substantiated complaints are filed by date and are made available to public via freedom of information act request procedures](#)

2.7. Payment Rates for Child Care Services

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

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

The attached payment rates were or will be effective as of: [April 2006](#)

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

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

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

- ☒ Policy on length of time for making payments.
Describe length of time: [Payment is made within 35 days of the receipt of the attendance invoice](#)

- ☒ Track and monitor the payment process
☐ Other.
Describe:

☐ None

2.7.4. Market Rate Survey

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

a) Provide the month and year when the local Market Rate Survey(s) was completed (§98.43(b)(2)): [10/2010](#)

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

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

- ☐ Yes
☒ No.
If no, list the MRS year that the payment rate ceiling is based upon: [2001](#)

2.7.6. At what percentile of the most recent local MRS are or will payment rates be set? Provide the percentile for your payment rate ceiling in relation to the most recent survey and **describe**:

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

The payment rate ceiling for payments to providers is represented by the gold rates, which represent the payment rates for the highest level of quality in the District's tiered rate reimbursement system. These rates are represented in the table below:

	Gold Center			Gold Home		
	Market Rate*	OSSE Rate	OSSE Rate as Percentage of Market Rate	Market Rate*	OSSE Rate	OSSE Rate as Percentage of Market Rate
Infant	\$75.29	\$54.41	72	\$46.00	\$35.00	76
Toddler	\$68.34	\$50.87	74	\$48.75	\$34.00	70
Preschool	\$57.69	\$42.00	73	\$58.88	\$28.00	48
Preschool B/A Age 4	\$46.35	\$42.00	91	\$36.95	\$28.00	76
School Age B/A	\$57.30	\$32.00	56	\$52.50	\$25.80	49

*Note: Market Rates are at the 75th percentile. Market Rate Provider is defined as a licensed provider that does not have a contract with OSSE/ECE to provide care for children under the Child Care Subsidy Program.

Source: 2010 District of Columbia Child Care Market Rates and Capacity Utilization Study by the University of the District of Columbia Center for Applied Research and Urban Policy.

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

☒ Differential rate for nontraditional hours.
Describe:

Providers who provide services during nontraditional hours (between 7:00pm and 6:00am Mondays through Fridays and any time Saturday, Sunday and holidays receive a differential (higher) rate of

[reimbursement.](#)

☐ Differential rate for children with special needs as defined by the State/Territory.

Describe:

☒ Differential rate for infants and toddlers.

Describe:

[ECE reimbursement rates are directly related to the age of the child \(Infant, Toddler, Preschool and School Age. Younger children \(infants\) receive the highest reimbursement rate.\)](#)

☒ Differential rate for school-age programs.

Describe:

[ECE reimbursement rates are directly related to the age of the child \(Infant/Toddler, Preschool and School Age\)](#)

☒ Differential rate for higher quality as defined by the State/Territory.

Describe:

[Providers who meet higher quality criteria set by ECE are reimbursed at a higher rate.](#)

☐ Other differential rate.

Describe:

☐ None.

2.7.8. Will the Lead Agency allow providers to charge parents any additional fees?

Check the policies, if any, the Lead Agency has chosen to establish regarding additional fees.

☐ Providers are allowed to charge the difference between the maximum reimbursement rate and their private pay rate

☐ Providers are allowed to charge registration fees

☒ Providers are allowed to charge for transportation fees

☐ Providers are allowed to charge for meals.

☐ Providers are allowed to charge additional incidental fees such as field trips or supplies

☐ Policies vary across region, counties and or geographic areas.

Describe:

☐ No, providers may not charge parents any additional fees

☒ Other.

Describe:

Providers are allowed to charge a late pick up fee.

☐ None

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

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

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

The 2010 District of Columbia *Child Care Market Rates and Capacity Utilization Study* was conducted by the Center for Applied Research and Urban Policy at the University of the District of Columbia (see attachment 2.7.4b). The Market Rate Survey documents child care capacity across the entire District of Columbia and by geographical area or Wards. Payment rates reflect the full range of providers, those participating in the Child Care Subsidy Program and those outside of the program. Two-thirds of all licensed providers in the District participate in the Child Care Subsidy Program. The District's Child Care Subsidy Program rates include the full range of provider types in that there are rates for licensed centers and family child care homes, as well as for relative and in-home care. Rates are further categorized by the age of the child as well as the quality of the center or home (as determined by D.C's tiered rate reimbursement system/QRIS, Going for the Gold).

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

The cost for child care varies throughout the city, the range of which is represented in the Market Rate Study (see attachment 2.7.4b). Families who receive child care subsidies usually pay monthly co-payments which are substantially lower than the full market rate. These co-payments are established under a sliding fee schedule and discussed below in section 2.7.9c.

The payment rate ceiling for payments to providers is represented by the gold rates, which represent the payment rates for the highest level of quality in the District's tiered rate reimbursement system. These rates are represented in the table below:

Gold Center

Gold Home

	Market Rate	OSSE Rate	OSSE Rate as Percentage of Market Rate	Market Rate	OSSE Rate	OSSE Rate as Percentage of Market Rate
Infant	\$75.29	\$54.41	72	\$46.00	\$35.00	76
Toddler	\$68.34	\$50.87	74	\$48.75	\$34.00	70
Preschool	\$57.69	\$42.00	73	\$58.88	\$28.00	48
Preschool B/A Age 4	\$46.35	\$42.00	91	\$36.95	\$28.00	76
School Age B/A	\$57.30	\$32.00	56	\$52.50	\$25.80	49

Source: 2010 District of Columbia Child Care Market Rates and Capacity Utilization Study by the University of the District of Columbia Center for Applied Research and Urban Policy

According to the 2010 Market Rate Survey, in terms of gross revenue received, gold tier center providers have the highest average gross receipts among providers, higher even than market rate providers.

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

Families applying for the child care subsidy program are eligible if their income is equal to or less than 250% of the Federal Poverty Level or 85% of the 2009 State Median Income (whichever amount is lower). Families already receiving services remain eligible until their incomes exceed 85% of the 2009 State Median Income (whichever amount is lower). Families with incomes at or below 50% of the FPL pay no fee.

The payments are deemed affordable because no family will be required to pay more than 10% of their annual income for child care, and most will pay well below that percentage. For example (see below), a family at the threshold (high end) of eligibility (85% of the SMI) will pay 9.65% of their annual income. A family of 3 with an annual gross income of \$22,050 (approximately 100% of the federal poverty level) would only pay 2.58% of their annual income.

1. An example of the parent co-payment for a typical family with a parent and three children is as follows:

Annual gross income: \$22,050.00
Child #1 (school age): \$0.81/ day for part-time; \$ 1.62/ day for full-time
Child #2 (preschool):\$1.22 /day
Third or additional children: no cost

Child One	Child Two
<u>Child #1 School age</u> Part time (42 weeks out of the year): \$0.81 daily x 5 days equals \$4.05 weekly x 42 weeks: <u>\$170.10 per annum</u> Full time (10 weeks out of the year); \$1.62 daily x 5 days equals \$8.10 weekly x 10 weeks: <u>\$81.00 per annum</u> TOTAL for school age child:\$ 251.10 per annum.	<u>Child #2 Preschool</u> Full time (52 weeks per year): \$1.22 daily x 5 days equals \$6.10 weekly x 52 weeks: <u>\$317.20 per annum</u> TOTAL for preschool \$317.20 per annum

<p>FAMILY TOTAL (BOTH CHILDREN): \$568.30 per annum Percentage of Annual Income: 2.58 %</p>
--

2. An example of a family at the highest end of income eligibility scale (or an annual gross income of \$60.835.00) is as follows:

Child One	Child Two
<p>Child #1 School age Part time (42 weeks out of the year): \$8.39 daily x 5 days equals \$41.95 weekly x 42 weeks: <u>\$1,761.90</u> per annum Full time (10 weeks out of the year); \$16.78 daily x 5 days equals \$83.90 weekly x 10 weeks: \$ 839.00.00 per annum TOTAL for school age child: \$2600.90 per annum.</p>	<p>Child #2 Preschool Full time (52 weeks per year): \$12.58 daily x 5 days equals \$62.90 weekly x 52 weeks: <u>\$3,270.80</u> per annum</p>
<p>FAMILY TOTAL (BOTH CHILDREN): \$5,871.70 per annum Percentage of Annual Income: 9.65 %</p>	

3. Comparatively, a family who does not meet the means test to be eligible for subsidized care and instead pays market rates would pay a substantially higher percentage of the family's annual income for child care as exhibited below.

Family Paying Market Rate

CHILD ONE: Infant

Full Time Care for 12 months of services: \$69.28 daily or \$1500 per month: **\$18,000 per year.**

TOTAL for infant: \$18,000 per year.

CHILD TWO: Preschool

Full Time Care for 12 months of services: \$61.89 per day or \$1340 per month: **\$17,160 per year.**

TOTAL for preschool : \$17,160 per year

FAMILY TOTAL COST (BOTH CHILDREN): \$35,160.00 per year

PERCENTAGE OF FAMILY'S ANNUAL INCOME: 60.1%

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

According to the "State Child Care Assistance Policies 2010: New Federal Funds Help States Weather the Storm" by the National Women's Law Center, as a percentage of family income, D.C. sets parent copayments among the lowest in the nation. For example, the parent copayments for a family of three with an income at 150% of the federal poverty level and one child in care is 4% of the family income. Parent copayments for a family of three with an income at 100% of the federal poverty level and one child in care is 2% of income.

2.7.10 Goals for the next Biennium -

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

Improving Outreach to Parents and Providers

OSSE, in partnership with DCs Resource and Referral Agency and other stakeholders, will develop and implement a family and consumer engagement initiative. The initiative will engage and educate families as well as providers about QRIS, produce marketing materials, increase outreach to non-subsidy providers to encourage participation in the QRIS, and increase outreach to non-subsidy providers to encourage participation in the subsidy program. This marketing plan will ensure that families and other stakeholders understand the QRIS ratings and use them as a factor when choosing child care.

Under the auspices of the State Advisory Council, the District plans to undertake the design of an early childhood Web Portal linking all early childhood services to one convenient access point for parents, providers, other early childhood stakeholders and the general public.

Improving Information Technology Systems

ECE is undergoing a redesign of the current information data system. The Education Information Management System (EIMS) is designed to be a single integrated information system that automates and supports all DCs early learning & education programs. EIMS goals are designed to:

- Integrate subsidized child care into a single information system;
- Centralize the program data to allow state administrators to effectively manage the program;
- Unify the application of policies, notification, and business practices;
- Reduce manual and/or redundant processes within and across offices;
- Provide a real time analysis allowing for monitoring and reallocating of service dollars to move children off the waiting list and maximize the number of children served;
- Reduce time and effort for the creation of Federal, Statewide, Local, and Management reports.

PART 3

Health and Safety and Quality Improvement Activities

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

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

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

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

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

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

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

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

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

☒ Yes.

☐ No.

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

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

Yes, District of Columbia's Municipal Regulations (DCMR) 29, Chapter 3 "Child Development Facility Regulations" serves as the State's licensing and CCDF health and safety requirements. The Child Care Licensing Unit/Compliance and Integrity Unit/Division of Early Childhood Education/Office of the State Superintendent of Education is the Lead Agency responsible for the statutory and regulatory provisions related to licensing and health and safety requirements as indicated in the DCMR 29, chapter 3, All Child Development Facilities (Centers and Homes) are inspected annually and issued one year licenses per compliance with the regulations.

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

CCDF Category of Care	CCDF Definition (§98.2)	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?

<p>Center-Based Child Care</p>	<p>Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.</p>	<p>Describe which types of center-based settings are exempt from licensing in your State/Territory.</p> <p>For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs</p> <p>Center based settings exempt from licensing in the District of Columbia:</p> <p>Informal parent-supervised neighborhood playgroups</p> <p>Care provided in places of worship during religious services</p> <p>Facilities operated by the federal government on federal government property</p> <p>A Facility otherwise exempted by law, such as a public or private elementary or secondary school engaged in legally required educational and related functions</p>
<p>Group Home Child Care</p> <p>N/A. Check if your State/Territory does not have group home child care.</p> <p><input type="checkbox"/></p>	<p>Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.</p>	<p>Describe which types of group homes are exempt from licensing:</p> <p>There are no group homes exempt from licensing</p>

Family Child Care	Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work. Reminder - Do not check if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	Describe which types of family child care home providers are exempt from licensing: RelativeCare Providers are licensed exempted family child care providers. A Relative Care Provider is defined as a relative of the eligible child caring for the child in the relative's home.
In-Home Care	In-home child care provider is defined as an individual who provides child care services in the child's own home. Reminder - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	Describe which types of in-home child care providers are exempt from licensing: In Home and Relative Care providers are exempted from licensing. In Home Care is defined as care of the eligible child in the child's own home. A Relative Care Provider is defined as a relative of the eligible child caring for the child in the relative's home.

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



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

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

Indicator	Center-Based Child Care	Group Home Child Care	Family Child Care	In-Home Care
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Do the licensing requirements include child:staff ratios and group sizes? If yes, specify age group, where appropriate:	<input checked="" type="checkbox"/> Child:staff ratio requirement: Age of Children 0-12 months/Adult-Child Ratio 1:4; Age of Children 12-24 months/Adult-Child Ratio 1:4; Age of Children 24-30 months/Adult-Child Ratio 1:4; Age of Children 30 months through three years/Adult-Child Ratio 1:8; Age of Children 4-5 years/Adult-Child Ratio 1:10	<input checked="" type="checkbox"/> Child:staff ratio requirement: A Child Development Group Home may be licensed to provide care for up to twelve (12) children with no more than two children being non ambulatory or under two years of age. One adult to six children	<input checked="" type="checkbox"/> Child:staff ratio requirement: A Child Development Home may be licensed to provide care for up to six (6) children with no more than two children being non ambulatory or under two years of age	<input type="checkbox"/> Child:staff ratio requirement:
	<input checked="" type="checkbox"/> Group size requirement: Age of Children 0-12 months/Group Size 8; Age of Children 12-24 months/Group Size 8; Age of Children 24-30 months/Group Size 12; Age of Children 30 months through three years/Group Size 16; Age of Children 4-5 years/Group Size 20	<input checked="" type="checkbox"/> Group size requirement: Maximum Group size is twelve	<input checked="" type="checkbox"/> Group size requirement: All groups (infants, toddlers, preschool and school age children) One family child care provider to six children -1:6	<input type="checkbox"/> Group size requirement:
	<input type="checkbox"/> No requirements.	<input type="checkbox"/> No requirements.	<input type="checkbox"/> No requirements.	<input type="checkbox"/> No requirements.

Do the licensing requirements identify specific experience and educational credentials for child care directors?	<input checked="" type="checkbox"/> High school/GED	<input checked="" type="checkbox"/> High school/GED	<input checked="" type="checkbox"/> High school/GED	<input type="checkbox"/> High school/GED
	<input checked="" type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)
	<input checked="" type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential
	<input checked="" type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree
	<input checked="" type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree
	<input type="checkbox"/> No credential required for licensing	<input type="checkbox"/> No credential required for licensing	<input type="checkbox"/> No credential required for licensing	<input type="checkbox"/> No credential required for licensing
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Do the licensing requirements identify specific experience and educational credentials for child care teachers?	<input checked="" type="checkbox"/> High school/GED	<input type="checkbox"/> High school/GED	<input type="checkbox"/> High school/GED	<input type="checkbox"/> High school/GED
	<input checked="" type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)
	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential
	<input checked="" type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree
	<input checked="" type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree
	<input type="checkbox"/> No credential required for licensing	<input checked="" type="checkbox"/> No credential required for licensing	<input checked="" type="checkbox"/> No credential required for licensing	<input type="checkbox"/> No credential required for licensing
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Do the licensing requirements specify that directors and caregivers must attain a specific number of training hours per year?	<input type="checkbox"/> At least 30 training hours required in first year	<input type="checkbox"/> At least 30 training hours required in first year	<input type="checkbox"/> At least 30 training hours required in first year	<input type="checkbox"/> At least 30 training hours required in first year
	<input type="checkbox"/> At least 24 training hours per year after first year	<input type="checkbox"/> At least 24 training hours per year after first year	<input type="checkbox"/> At least 24 training hours per year after first year	<input type="checkbox"/> At least 24 training hours per year after first year
	<input type="checkbox"/> No training requirement	<input type="checkbox"/> No training requirement	<input type="checkbox"/> No training requirement	<input type="checkbox"/> No training requirement
	<input checked="" type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Other:
	Nine (9) hours annually	Nine (9) hours annually	Nine (9) hours annually	

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

Describe:

☒ No.

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

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

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

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.				
The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
<input checked="" type="checkbox"/> Physical exam or health statement for providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Physical exam or health statement for children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/> Tuberculosis check for providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Tuberculosis check for children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Provider immunizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Child immunizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Hand-washing policy for providers and children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Diapering policy and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providers to submit a self- certification or complete health and safety checklist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe: CPR and First Aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b) **Describe** the Lead Agency's health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

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

<input checked="" type="checkbox"/> Other. Describe: In Home and Relative Care Providers are required to submit to an annual on site review. The reviews include an evaluation of the health/safety, educational and nutritional components of the program. Technical Assistance is provided to support and improve quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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c) **Describe** the Lead Agency's health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3))

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
Child Care Centers	CPR (Child Care Centers)	All paid employees must undergo and obtain certification in Child Care CPR	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. This training may include CPR.

	First Aid (Child Care Centers)	All paid employees must undergo and obtain certification in Child Care First Aid	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. This training may include First Aid.
	Training on infectious diseases (Child Care Centers)	At this time the Lead Agency does not require pre-service training for infectious diseases.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on infectious diseases.
	SIDS prevention (i.e., safe sleep) (Child Care Centers)	At this time the Lead Agency does not require pre-service training for SID prevention.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on SIDS prevention.
	Medication administration (Child Care Centers)	At this time the Lead Agency does not require pre-service training for medication administration.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on Medication Administration. .

	Mandatory reporting of suspected abuse or neglect (Child Care Centers)	At this time the Lead Agency does not require pre-service training in mandatory reporting of suspected abuse or neglect.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on Mandatory reporting on the prevention of child abuse and neglect.
	Child development (Child Care Centers)	At this time the Lead Agency does not require pre-service training in child development.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on Child Development. .
	Supervision of children (Child Care Centers)	At this time the Lead Agency does not require pre-service training in the supervision of children.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on the supervision of children in a center.
	Behavior management (Child Care Centers)	At this time the Lead Agency does not require pre-service training in behavior management.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on behavior management.

	Nutrition (Child Care Centers)	At this time the Lead Agency does not require pre-service training in nutrition.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on nutrition.
	Breastfeeding (Child Care Centers)	At this time the Lead Agency does not require pre-service training in breastfeeding.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on breastfeeding.
	Physical activity (Child Care Centers)	At this time the Lead Agency does not require pre-service training in physical activities for children.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on physical activities.
	Working with children with special needs or disabilities (Child Care Centers)	At this time the Lead Agency does not require pre-service training in working with children with special needs or disabilities.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on working with children with special needs.

	Emergency preparedness and response (Child Care Centers)	At this time the Lead Agency does not require pre-service training in emergency preparedness and response.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on emergency preparedness.
	<p>Other. (Child Care Centers)</p> <p>Describe:</p> <p>All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. Training topics may also include training on:</p> <p>The District of Columbia's Learning Standards;</p> <p>Various types of curriculum use and implementation;</p> <p>Social Emotional Development;</p> <p>Literacy and Numeracy Development;</p> <p>Learning Styles;</p> <p>Business Development;</p> <p>Fiscal Management;</p> <p>Leadership and Supervision;</p> <p>Fostering and Encouraging Family Engagement;</p> <p>Developing Community Partnership;</p> <p>Classroom Environments; and</p> <p>Accreditation</p>	At this time there are no other pre-service training requirements. However, all staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer.	<p>All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer.</p> <p>Trainings are provided by OSSE/ECE approved trainers, OSSE/ECE grantees, DC's Child Care Resource and Referral Agency (DC Child Care Connections), community partners, national advocacy organizations and government agencies. These trainings are included in the centralized monthly training calendar and disseminated to all programs.</p>

Group Home Child Care	CPR (Group Home Child Care)	The Group Home Child Care Provider must undergo and obtain certification in CPR as approved by the DC government.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on CPR.
	First Aid (Group Home Child Care)	The Group Home Child Care Provider must undergo and obtain certification in First Aid as approved by the DC government.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on First Aid.
	Training on infectious diseases (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on infectious diseases.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on infectious disease.
	SIDS prevention (i.e., safe sleep) (Group Home Child Care)	The Group Home Child Care Provider must undergo and obtain certification in SIDS prevention as approved by the DC government	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on SIDS prevention.
	Medication administration (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on medication administration.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on medication administration.

	Mandatory reporting of suspected abuse or neglect (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on mandatory reporting of suspected abuse and neglect.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on mandatory suspected abuse and neglect training.
	Child development (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on child development.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on child development.
	Supervision of children (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on the supervision of children.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on supervision of children.
	Behavior management (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on behavior management.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on behavior management.

	Nutrition (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on nutrition.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on nutrition.
	Breastfeeding (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on breastfeeding.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on breastfeeding.
	Physical activity (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on physical activities.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on physical activities.
	Working with children with special needs or disabilities (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on working with children with special needs.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on working with children with special needs.

	Emergency preparedness and response (Group Home Child Care)	At this time the lead agency does not have pre-service training requirements on emergency preparedness.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on emergency preparedness.
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	<p>Other. (Group Home Child Care)</p> <p>Describe:</p> <p>All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. Training topics may also include training on:</p> <p>The District of Columbia's Learning Standards; Various types of curriculum use and implementation; Social Emotional Development; Literacy and Numeracy Development; Learning Styles; Business Development; Fiscal Management; Leadership and Supervision; Fostering and Encouraging Family Engagement; Developing Community Partnership; Classroom Environments; and Accreditation</p>	<p>At this time there are no other pre-service training requirements. However, all staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer.</p>	<p>All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer.</p> <p>Trainings are provided by OSSE/ECE approved trainers, OSSE/ECE grantees, DC's Child Care Resource and Referral Agency (DC Child Care Connections), community partners, national advocacy organizations and government agencies. These trainings are included in the centralized monthly training calendar and disseminated to all programs.</p> <p>All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer.</p> <p>Trainings are provided by OSSE/ECE approved trainers, OSSE/ECE grantees, DC's Child Care Resource and Referral Agency (DC Child Care Connections), community partners, national advocacy organizations and government agencies. These trainings are included in the centralized monthly</p>
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			<p>training calendar and disseminated to all programs.</p> <p>All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer.</p> <p>Trainings are provided by OSSE/ECE approved trainers, OSSE/ECE grantees, DC's Child Care Resource and Referral Agency (DC Child Care Connections), community partners, national advocacy organizations and government agencies. These trainings are included in the centralized monthly training calendar and disseminated to all programs.</p>
Family Child Care Providers	CPR (Family Child Care Providers)	The Family Child Care Provider must undergo and obtain certification in CPR as approved by the DC government.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on CPR.
	First Aid (Family Child Care Providers)	The Family Child Care Provider must undergo and obtain certification in First Aid as approved by the DC government	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include First Aid.

	Training on infectious diseases (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training on infectious diseases.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on infectious disease.
	SIDS prevention (i.e., safe sleep) (Family Child Care Providers)	The Family Child Care Provider must undergo and obtain certification in SIDS prevention as approved by the DC government	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on SIDS prevention.
	Medication administration (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training in medication administration.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on medication administration.
	Mandatory reporting of suspected abuse or neglect (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training on mandatory reporting of suspected abuse or neglect.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on mandatory on suspected child abuse and neglect.

	Child development (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training in child development. .	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on child development.
	Supervision of children (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training in the supervision of children.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on the supervision of children in family development homes.
	Behavior management (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training in behavior management.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on behavior management.
	Nutrition (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training in nutrition.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on nutrition.

	Breastfeeding (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training on breastfeeding.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on breastfeeding.
	Physical activity (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training on physical activities for children.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on physical activities.
	Working with children with special needs or disabilities (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training on working with children with special needs or disabilities.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on working with children with special needs.
	Emergency preparedness and response (Family Child Care Providers)	At this time the Lead Agency does not require pre-service training on emergency preparedness and response.	All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer. These hours may include training on emergency preparedness.

	<p>Other. (Family Child Care Providers)</p> <p>Describe:</p> <p>All staff working in a licensed facility are required to annually complete 18 hours of training by an OSSE approved trainer. Training topics may also include training on:</p> <p>The District of Columbia's Learning Standards; Various types of curriculum use and implementation; Social Emotional Development; Literacy and Numeracy Development; Learning Styles; Business Development; Fiscal Management; Leadership and Supervision; Fostering and Encouraging Family Engagement; Developing Community Partnership; Classroom Environments; and Accreditation</p>	<p>At this time there are no other pre-service training requirements. However, all staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer.</p>	<p>All staff working in a licensed facility are required to annually complete 18 hours training by an OSSE approved trainer.</p> <p>Trainings are provided by OSSE/ECE approved trainers, OSSE/ECE grantees, DC's Child Care Resource and Referral Agency (DC Child Care Connections), community partners, national advocacy organizations and government agencies. These trainings are included in the centralized monthly training calendar and disseminated to all programs.</p>
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<p>In-Home Child Care Providers</p>	<p>CPR (In-Home Child Care Providers)</p>	<p>At this time the Lead Agency does not have requirements for pre-service training for CPR</p>	<p>In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.</p>
	<p>First Aid (In-Home Child Care Providers)</p>	<p>At this time the Lead Agency does not have requirements for pre-service training for First Aid</p>	<p>In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.</p>

	<p>Training on infectious diseases (In-Home Child Care Providers)</p>	<p>At this time the Lead Agency does not have requirements for pre-service training for Infectious Diseases.</p>	<p>In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.</p>
	<p>SIDS prevention (i.e., safe sleep) (In-Home Child Care Providers)</p>	<p>At this time the Lead Agency does not have requirements for pre-service training for SIDS.</p>	<p>In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.</p>

	Medication administration (In-Home Child Care Providers)	At this time the Lead Agency does not have requirements for pre-service training for Medication Administration.	In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.
	Mandatory reporting of suspected abuse or neglect (In-Home Child Care Providers)	All In Home and Relative Care Providers receive pre-service technical assistance on mandatory reporting requirements for reporting suspected abuse or neglect. Additionally the reporting requirements are outlined in the provider agreement.	In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.

	Child development (In-Home Child Care Providers)	At this time the Lead Agency does not have requirements for pre-service training for Child Development.	In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.
	Supervision of children (In-Home Child Care Providers)	At this time the Lead Agency does not have requirements for pre-service training on the Supervision of Children.	In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.

	Behavior management (In-Home Child Care Providers)	At this time the Lead Agency does not have requirements for pre-service training in Behavior Management.	In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.
	Nutrition (In-Home Child Care Providers)	At this time the Lead Agency does not have requirements for pre-service training in Nutrition.	In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.

	Breastfeeding (In-Home Child Care Providers)	At this time the Lead Agency does not have requirements for pre-service training in Breastfeeding.	In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.
	Physical activity (In-Home Child Care Providers)	At this time the Lead Agency does not have requirements for pre-service training in Physical Activity.	In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.

	Working with children with special needs or disabilities (In-Home Child Care Providers)	At this time the Lead Agency does not have requirements for pre-service training for working with children with special needs.	In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.
	Emergency preparedness and response (In-Home Child Care Providers)	At this time the Lead Agency does not have requirements for pre-service training for Emergency Preparedness.	In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.

	<p>Other. (In-Home Child Care Providers)</p> <p>Describe:</p> <p>In Home and Relative Care Providers are required to annually complete 12 hours of training by an OSSE approved trainer. Training topics may also include training on:</p> <p>The District of Columbia's Learning Standards;</p> <p>Various types of curriculum use and implementation;</p> <p>Social Emotional Development;</p> <p>Literacy and Numeracy Development;</p> <p>Learning Styles;</p> <p>Business Development;</p> <p>Fiscal Management;</p> <p>Leadership and Supervision;</p> <p>Fostering and Encouraging Family Engagement;</p> <p>Developing Community Partnership;</p> <p>Classroom Environments; and Accreditation</p>	<p>Technical assistance is provided on the Mandatory Training requirement for suspected child abuse or neglect. At this time there is no other pre-service training requirement.</p>	<p>In Home and Relative Care Providers are required to complete twelve (12) hours of training annually. All In Home and Relative Care Providers are invited to participate in all ECE trainings, workshops and seminars. A monthly training calendar is available along with quarterly meetings and training opportunities specifically designed for the Relative Care and In Home Providers. These trainings are offered throughout the fiscal year.</p>
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d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers? (§98.41(A)(ii)(A))

- ☐ All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.
- ☐ Relative providers are NOT required to meet any health and safety requirements as described in 3.1.2a-c, as appropriate.
- ☒ Relative providers are subject to certain requirements.

Describe the different requirements:

Relative Care and Inhome Care providers are subject to:

- Physical exam for the providers
- Physical exam for children
- Tuberculosis check for providers
- Tuberculosis check for children
- Child immunizations

In Home and Relative Care Providers are required to submit to an annual on site review. The reviews include an evaluation of the health/safety, educational and nutritional components of the program. In Home and Relative Care Providers must also complete and submit results from a FBI Criminal Background Check with no violations that appear in section 3.1.3.c. Technical Assistance is provided to support and improve quality. In Home and Relative Providers are encourage to participate in ECE trainings and required to have 12 hours of training annually.

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

www.osse.dc.gov

3.1.3 Enforcement of Licensing Requirements

Each Lead Agency is required to provide a detailed description of the State/Territory's licensing requirements and how its licensing requirements are effectively enforced.

(658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements.

(658E(c)(2)(G), §98.41(d))

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

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

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

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
<input checked="" type="checkbox"/> Center-Based Child Care	<input type="checkbox"/> Once a Year	<input type="checkbox"/> Once a Year
	<input checked="" type="checkbox"/> More than Once a Year	<input checked="" type="checkbox"/> More than Once a Year
	<input type="checkbox"/> Once Every Two Years	<input type="checkbox"/> Once Every Two Years
	<input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Other. Describe:
<input checked="" type="checkbox"/> Group Home Child Care	<input type="checkbox"/> Once a Year	<input type="checkbox"/> Once a Year
	<input checked="" type="checkbox"/> More than Once a Year	<input checked="" type="checkbox"/> More than Once a Year
	<input type="checkbox"/> Once Every Two Years	<input type="checkbox"/> Once Every Two Years
	<input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Other. Describe:
<input checked="" type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Once a Year	<input type="checkbox"/> Once a Year
	<input checked="" type="checkbox"/> More than Once a Year	<input checked="" type="checkbox"/> More than Once a Year
	<input type="checkbox"/> Once Every Two Years	<input type="checkbox"/> Once Every Two Years
	<input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Other. Describe:

<input type="checkbox"/> In-Home Child Care	<input type="checkbox"/> Once a Year	<input type="checkbox"/> Once a Year
	<input type="checkbox"/> More than Once a Year	<input type="checkbox"/> More than Once a Year
	<input type="checkbox"/> Once Every Two Years	<input type="checkbox"/> Once Every Two Years
	<input type="checkbox"/> Other.	<input type="checkbox"/> Other.
	Describe:	Describe:

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

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

☐ No.

Licensing Procedures	Describe which procedures are used by the State/Territory for enforcement of the licensing requirements.
The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license.	<input checked="" type="checkbox"/> Yes.
	Describe: Quarterly Child Care Provider Orientation is required for new applicants.
	<input type="checkbox"/> No.
	<input type="checkbox"/> Other.
	Describe:

<p>Licensing staff has procedures in place to address violations found in an inspection.</p>	<p><input checked="" type="checkbox"/> Providers are required to submit plans to correct violations cited during inspections.</p> <p><input checked="" type="checkbox"/> Licensing staff approve the plans of correction submitted by providers.</p> <p><input checked="" type="checkbox"/> Licensing staff verify correction of violation.</p> <p><input checked="" type="checkbox"/> Licensing staff provide technical assistance regarding how to comply with a regulation.</p> <p><input type="checkbox"/> No procedures in place.</p> <p><input type="checkbox"/> Other.</p> <p>Describe:</p>
<p>Licensing staff has procedures in place to issue a negative sanction to a noncompliant facility.</p>	<p><input checked="" type="checkbox"/> Provisional or probationary license</p> <p><input checked="" type="checkbox"/> License revocation or non-renewal</p> <p><input type="checkbox"/> Injunctions through court</p> <p><input checked="" type="checkbox"/> Emergency or immediate closure not through court action</p> <p><input type="checkbox"/> Fines for regulatory violations</p> <p><input type="checkbox"/> No procedures in place.</p> <p><input type="checkbox"/> Other.</p> <p>Describe:</p>

<p>The State/Territory has procedures in place to respond to illegally operating child care facilities.</p>	<input checked="" type="checkbox"/> Cease and desist action <input type="checkbox"/> Injunction <input checked="" type="checkbox"/> Emergency or immediate closure not through court action <input type="checkbox"/> Fines <input type="checkbox"/> No procedures in place. <input type="checkbox"/> Other. Describe:
<p>The State/Territory has procedures in place for providers to appeal licensing enforcement actions.</p>	<input checked="" type="checkbox"/> Yes. Describe: Appeals can be filed with the DC Office of Administrative Hearings. <input type="checkbox"/> No. <input type="checkbox"/> Other. Describe:

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

As the lead agency we may deny, refuse to renew, revoke, or suspend a license on the basis of any of the following:

- Failure to comply with the Child Development Facility regulations;
- Providing false or misleading information in an application for an initial license or for a license renewal;
- Failure to allow entry to authorized officials to conduct an inspection or investigation, or to otherwise determine whether the applicant or licensee is in substantial compliance with the Regulations
- Employing any method of child care prohibited the Regulations, including without limitation forms of restraint, seclusion or discipline.

- A determination that an applicant or licensee has been convicted of, or has admitted to committing, either in the District of Columbia or in another jurisdiction, any criminal offense which constitutes a bar to employment in an agency, Facility, home, or any other entity that provides direct services to children and youth, or as a result of which a duly authorized District of Columbia Government official has determined that the applicant or licensee poses a danger to children or youth, as provided in the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353, D.C. Official Code §§4-1501.01 et seq.) or in subsequent amendments thereto, or in rules promulgated pursuant to that law, or as provided in any superseding District of Columbia or federal law, which offenses may include the following at the felony level unless otherwise indicated:

(1) Murder, attempted murder, manslaughter, or arson;

(2) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm;

(3) Burglary;

(4) Robbery;

(5) Kidnapping;

(6) Illegal use or possession of a firearm;

(7) Sexual offenses at the felony or misdemeanor level, including indecent exposure; promoting, curing, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse; but excluding sodomy between consenting adults;

(8) Child abuse or cruelty to children; or

(9) Unlawful distribution or possession of, or possession with intent to distribute, a controlled substance;

In the case of a Child Development Home, a determination that any person living in the home that houses the facility has been convicted of, or has admitted to committing, any criminal offense which constitutes a bar to employment or as a result of which the person has been determined to pose a danger

A determination that an applicant or licensee, or any employee or volunteer who is reasonably expected to come into contact with one (1) or more children, has admitted to or has been found to have abused or neglected a child in the District of Columbia or in any other jurisdiction.

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

☒ Yes.

If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency. Please **also provide a brief**

overview of the State/Territory's process for conducting background checks for child care. For example, describe what types of violations would make providers ineligible for CCDF, funding for background checks, and the process for providers to appeal background check findings.

Criminal background checks for applicants for employment or volunteer service of the following requirements:

The applicant must satisfactorily complete a criminal background check, consistent with the Criminal Background Checks for the Protection of Children Act of 2004, (D.C. Law 15-353, D.C. Official Code § 4-1501.01 *et seq.*); conform to all applicable rules and any other applicable District of Columbia or federal laws; and complete a child protection register check through the District of Columbia Child and Family Services Agency, before he or she can be employed;

Unless otherwise provided by law, the criminal background and child protection register checks must be completed or updated as appropriate within three (3) months prior to the date of employment;

Unless otherwise provided by law, the applicant must provide to the Facility certified results of the criminal background and child protection register checks for each state in which the applicant has resided or worked, the applicant's social security number, and all names the applicant has used;

☐ No.

CCDF Categories of Care	Types of Background Check	Frequency
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<input checked="" type="checkbox"/> Center-Based Child Care Who is subject to background checks for center-based care? For example, director, teaching staff, non-teaching staff, volunteers: All Staff	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Other.
		Describe: Periodic
	<input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input checked="" type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
	<input checked="" type="checkbox"/> Sex Offender Registry	<input checked="" type="checkbox"/> Other.
		Describe: Periodic
		<input checked="" type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
		<input type="checkbox"/> Other.
		Describe:
		<input type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
		<input checked="" type="checkbox"/> Other.
		Describe: Periodic

<input checked="" type="checkbox"/> Group Child Care Homes Who is subject to background checks for group homes? For example, provider, non-provider residents of the home: The provider and all residence 18 years and over	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
		<input type="checkbox"/> Other.
		Describe:
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
		<input type="checkbox"/> Other.
		Describe:
<input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input checked="" type="checkbox"/> Initial Entrance into the System	
	<input type="checkbox"/> Checks Conducted Annually	
	<input type="checkbox"/> Other.	
	Describe:	
<input checked="" type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Initial Entrance into the System	
	<input type="checkbox"/> Checks Conducted Annually	
	<input checked="" type="checkbox"/> Other.	
	Describe: Periodic	

<input checked="" type="checkbox"/> Family Child Care Homes Who is subject to background checks for family child care homes? For example, provider, non-provider residents of the home: The provider and all residence 18 years and over	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
		<input type="checkbox"/> Other.
		Describe:
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
		<input type="checkbox"/> Other.
		Describe:
<input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input checked="" type="checkbox"/> Initial Entrance into the System	
	<input type="checkbox"/> Checks Conducted Annually	
	<input type="checkbox"/> Other.	
	Describe:	
<input checked="" type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Initial Entrance into the System	
	<input type="checkbox"/> Checks Conducted Annually	
	<input checked="" type="checkbox"/> Other.	
	Describe: Periodic	

<input type="checkbox"/> In-Home Child Care Providers	<input type="checkbox"/> Child Abuse Registry	<input type="checkbox"/> Initial Entrance into the System
Who is subject to background checks for in-home child care? For example, provider, non-provider residents of the home:		<input type="checkbox"/> Checks Conducted Annually
	<input type="checkbox"/> State/Territory Criminal Background	<input type="checkbox"/> Other.
		Describe:
	<input type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
	<input type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Other.
		Describe:
		<input type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
		<input type="checkbox"/> Other.
		Describe:
		<input type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
		<input type="checkbox"/> Other.
		Describe:

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

Not Applicable. Announced and unannounced visits, and background checks are completed

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

☒ Yes.
Describe:

The agency provides licensing listings and basic facility information on it's website, Specific information regarding violations and/or deficiencies can be obtained through a request of Freedom of Information Act.

☐ No.

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

For in-home and relative care that are 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):

Prior to beginning services, in-home and relative care providers must submit proof of a current health examination and certificate issued by a licensed physician or nurse practitioner. The health certificate must include the physician's written report stating that the provider is free from communicable diseases as stipulated in Title 22, District of Columbia Municipal Regulations, Chapter 2. "Current" means an examination and a certificate dated no later than one (1) year before the date on which, an OSSE/ECE in-home and relative care subsidy provider agreement is signed by the provider. The provider must submit to ECE evidence of an annual health examination as a condition to executing or renewing an agreement or actually providing services.

Prior to receiving child care services, ECE requires each parent/guardian to provide a health certificate, including current statement of any special health conditions/needs the child may have, immunizations and a statement of whether other immunizations are needed as required by Chapter 2 of Title 29 DCMR. A copy of the health certificate is maintained in the Provider's files and the parent/guardian is required to present documentation regarding the status of their child's health annually during eligibility re-determination. Child care providers must provide, when renewing the agreement, a health certificate and proof of current immunizations for each of the provider's own children who are to reside within the family

residence.

Building and physical premises safety:

Upon registration as an in-home provider, the individual will be given information regarding building and physical premises safety comparable to that contained in Section 356 of DCMR 29, Chapter 3, required by regulation in licensed settings, including information on physical, space and toilet requirements.

Health and safety training:

In-home and relative care providers are invited to all ECE-sponsored training which includes CPR, First Aid, Emergency Preparedness, and the Prevention of Child Maltreatment, etc. A minimum of 12 hours of training a year is required. Additionally, ECE has a grantee that provides the following for in-home and relative providers:

- 1.Home visits to demonstrate educational strategies for use with children;
- 2.Monthly support and training;
- 3.Bi-monthly newsletter;
- 4.Annual group event; and
- 5.Equipment, educational materials and library books.

OSSE/ECE also requires, as stipulated in the contractual agreement, that licensed-exempt in-home/relative providers report any unusual incidents. an unusual incidents is any accident, injury, or other extraordinary event that involves a child in care, a staff member, or the operation of a Child Development Facility, including suspected child maltreatment or abuse.

Upon initial application all In Home and Relative Providers are required to complete and submit state and federal background checks. There shall be no evidence of convictions or pleas of nolo contendere to any charges listed in 3.1.3.c. Upon the renewal of the agreement, the In Home and Relative Care provider is required to self certify that there are no convictions or pleas of nolo contendere to any charges listed in 3.1.3.c.

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

☒ Yes.
Describe

Community-based providers through a contract with a comprehensive service team conducted developmental screenings of pre-k age children with the goal of helping them transition to school ready to learn.

The following are objectives developed in support of this goal:

- 1.Provide on site comprehensive clinical services (behavioral health and speech/language)
- 2.Provide on site physical health screen and paper review of health records

3. Conduct trainings, modeling and follow-up with the program staff

4. Link parents and children with appropriate community service referrals to support the successful transition of children into kindergarten

Community Based Organization or "CBO" is defined as a Head Start or early childhood education program operated by a nonprofit or for profit entity, faith-based organization, or organization that participates in a federal or District of Columbia funded early childhood program, including the child care subsidy program funded by the federal Child Care and Development Fund.

Comprehensive Services is defined as clinical services to Pre-kindergarten programs with the goal of helping children transition to school ready to learn. The following objectives support this goal:

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

☒ Yes.

Describe

Grants are awarded to community-based programs to ensure that pre-k age children receiving services have on file completed documentation of a comprehensive physical health examination, including age appropriate screenings and up-to-date immunizations.

☐ No

☐ Other.

Describe

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

☒ Yes.

Describe

The grant scope of work includes the requirement to link parents with appropriate community services and to work with the parents as needed.

☐ No

☐ Other.

Describe

☐ No

☐ Other.

Describe

3.1.6 Data & Performance Measures on Licensing and Health and Safety

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

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

☒ Number of licensed programs.

Describe (optional):

☒ Numbers of programs operating that are legally exempt from licensing.

Describe (optional):

[The Lead Agency maintains a directory of all license exempted providers.](#)

☒ Number of programs whose licenses were suspended or revoked due to non-compliance.

Describe (optional):

☐ Number of injuries and fatalities in child care as defined by the State/Territory.

Describe (optional):

☒ Number of monitoring visits received by programs.

Describe (optional):

☒ Caseload of licensing staff.

Describe (optional):

☐ Number of programs revoked from CCDF due to non-compliance with health and safety requirements.

Describe (optional):

☐ Other.

Describe:

☐ None.

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

The licensing specialist will monitor for compliance with DC Municipal Regulation 29, Chapter 3.

The licensing system uses several inspection strategies to monitor compliance with CCDF health and safety requirements such as:

* Unannounced visits to each site during hours of program operations at least twice per year, with observation of program activities, staff-children ratio and interaction.

* Review of program self-monitoring reports to compare findings with unannounced visits.

* Conduct technical assistance visits to verify implementation of any corrective actions.

* Use of standardized monitoring tool on all inspections that contains all health and safety standards.

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

The agency has recently completed a review of the current Licensing standards and through collaboration with all stakeholders a draft proposal of new regulatory standards has been developed. The new standards maintain the same basic regulatory framework but enhance some current nutrition, health, and safety standards. An initiative to increase the number of monitoring visits has also been developed.

-

Several work groups are currently reviewing our assessment tools to ensure proper compliance coverage during our inspection and monitoring visits.

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

The Child Care Licensing Unit (CCLU), Compliance and Integrity Unit plans to restructure to include an Enforcement Action Team (EAT). The purpose of the EAT is to expand the inspection and monitoring activity of new initial licensed facilities and as well as existing "high-risk**" licensed facilities** with recent, poor compliance ratings. New facilities will be monitored quarterly during their first licensure year. High-risk facilities are monitored every sixty (60) days. All other licensed facilities will be monitored every six (6) months.

The CCLU plans to identify "high-risk" facilities using the following criteria, which includes:

- Deficiencies/failed practices affecting the health, safety, and well-being of children in a child development facility;
 - Official enforcement actions against the facility within two (2) consecutive years, including but not limited to the following:
 - Cease and Desist
 - Denial of licensure renewal
 - Suspension of License
 - Revocation of License
 - Issuance of Restricted License
 - Issuance of four (4) or more Provisional licenses within two (2) consecutive years
 - A significant pattern of deficiencies in core areas during the last two (2) years including but not limited to
 1. Environment
 2. Adult-Child Ratio Requirements
 3. Health/Safety
 4. Staffing Qualifications
 - Three (3) or more complaint investigations in which allegations are substantiated within the previous licensure year;
 - Five (5) or more validated Unusual Incident Reports which adversely affect the health, safety, and well-being of children;
 - Facilities issued an initial license during their first calendar year;
 - Facilities issued a 90-day initial provisional license; and
 - Other reasons determined by Management.
2. An onsite, supervisory review process will be implemented prior to the initial licensing of all facility

types. The purpose of the supervisory review process is to validate full provider compliance with all applicable licensure requirements and to ensure that the facility's premise is adequately staffed, equipped and environmentally safe for occupancy.

3. The CCLU will re-structure in order to identify institute inspection team leader and enforcement team positions, to coordinate facility inspections, monitoring visits and complaint investigations. In addition, team leaders conduct preliminary reviews of facility inspections, monitoring visits and complaint inspection report findings and prepare supporting documents for enforcement action; including civil infraction notices. Team leaders also provide specific training recommendations for licensed facility staff and technical assistance to child care licensing specialist.

4. The CCLU will continue to collaborate with the District of Columbia, Department of Health, Immunization Program to evaluate compliance with immunization requirements of children, six (6) weeks to fifteen (15) years of age and enrolled in licensed Centers. In accordance with the Center for Disease Control, the licensed Centers must obtain a ninety-eight percent (98%) compliance rate before a full license is approved for issuance.

5. OSSE will initiate a collaboration with the District of Columbia's, Department of Environment (DDOE), Lead and Healthy Housing Division, to ensure licensed facilities built after March 1978 comply with the Lead and Hazard Prevention and Elimination Act of 2008. The DDOE currently conducts inspections of facilities for lead paint hazards and participates in the quarterly Licensure Orientation for prospective facility providers and newly hired center directors. A recent in-service training was conducted for all Division of Early Childhood Education inspection staff.

These five (5) new initiatives should: enhance our monitoring efforts, improve our understanding of Providers, enhance our enforcement protocols, improve technical assistance to users, and allow us to properly track and report our performance measures and targets.

**High risk is a label to be created and will be applicable to Homes and Centers

3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

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

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

- ☒ Birth-to-three
☒ Three-to-five
☒ Five years and older
☐ None. **Skip to 3.2.6.**

If yes, insert web addresses, where possible:

<http://osse.dc.gov/seoframes.asp?doc=/seo/lib/seof/earlylearningstandards.pdf>

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

Office of the State Superintendent of Education/Division of Early Childhood Education

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

Domains	Birth-to-Three ELGs	Three-to-Five ELGs	Five and Older ELGs
Physical development and health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social and emotional development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approaches to learning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Logic and reasoning (e.g., problem-solving)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Language development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Literacy knowledge and skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mathematics knowledge and skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Science knowledge and skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Creative arts expression (e.g., music, art, drama)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social studies knowledge and skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
English language development (for dual language learners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any domains not covered in the above:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Describe: Cognitive Domain for Infants and Toddlers focuses on the development of cognitive skills such as problem solving and imitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parents using child care more broadly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in child care centers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Providers in family child care homes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in Early Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in public Pre-K program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in elementary schools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other. List:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☒ To define the content of training required to meet licensing requirements
- ☒ To define the content of training required for program quality improvement standards (e.g., QRIS standards)
- ☐ To define the content of training required for the career lattice or professional credential

- ☒ To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
 - ☒ To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
 - ☒ To develop State-/Territory -approved curricula
 - ☐ Other.
- ☐ None.

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

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

List:

DC early learning guidelines were developed for both infant/toddlers and pre-kindergarten children. These sets of standards are aligned.

DC's Early Learning Standards serve as the foundation for the K-12 standards. There is a direct alignment between the Language, Mathematics, Science, Social Studies and Creative Arts standards for young children and the standards for K-12.

Head Start Outcomes Framework.

DC's Early Learning Standards are aligned with the eight domains of the Head Start Outcomes Framework. This includes Language, Literacy, Mathematics, Science, Creative Arts, Social Emotional Development, Approaches to Learning, and Physical Health and Development.

☐ None.

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

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

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

☐ Yes.

Describe:

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

☐ Yes.

Describe:

☐ No

☐ Other.

Describe:

b-2) If yes, is information on child's progress reported to parents?

☐ Yes.

Describe:

☐ No

☐ Other.

Describe:

☒ No

☐ Other.

Describe:

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

☐ Yes.

Describe:

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

☐ Yes.

Describe:

☐ No

☐ Other.

Describe:

c-2) If yes, are the tools used on all children or samples of children?

☐ All children.

Describe:

☐ Samples of children.

Describe:

☐ Other.

Describe:

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

☐ Yes.

Describe:

☐ No

☐ Other.

Describe:

☒ No

☐ Other.

Describe:

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

☐ Yes.

Describe:

☒ No

☐ Not applicable. State does not have an SLDS.

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

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

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

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

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

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

☐ Other.
Describe:

☐ None.

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

OSSE will:

- Conduct, at minimum, one (1) Early Learning Standards Training in every ward. At least two trainings must be held in Wards 1, 7 and 8.

- Ensure that at least 75% of Child Care Subsidy Provider (CCSP) have at least one staff member participate in the Early Learning Standards training
- Develop early learning standards training and implementation standards as a requirement for programs participating in the Quality Rating and Improvement System (QRIS).
- Develop introductory and intermediate level Early Learning Standards Training.

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

The level and quality of Early Learning Standards implementation will be measured on the subsidy provider quality monitoring tool. Data from this tool will be used to create targeted training and technical assistance.

Measure and evaluate practitioners' knowledge of the Early Learning Standards before and after each training. Data from this evaluation will be used to create additional training and technical assistance.

Evaluate how the level of Early Learning Standard implementation impacts child outcomes and Environmental Rating Scale scores. This will be conducted with a representative sample of providers and children enrolled.

3.2.8 Goals for the next Biennium -

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

The Lead Agency will:

Develop a family guide and other resources to increase families' understandings of the Early Learning Standards. At least 85% of subsidy providers must include the *Early Learning Standards Family's Guide* as a part of their Parent Handbook.

Fifty percent of subsidy providers must include at least one (1) Early Learning Standards training for families as part of their family engagement activity. Develop advance level Early Learning Standards Training.

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

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

Lead Agency - Office of the State Superintendent of Education, Division of Early Childhood Education

3.3.1 Element 1 - Program Standards

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

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

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

Describe:

- [Accreditation](#)
- [Program Evaluation](#)

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

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

- ☒ Children with special needs as defined by your State/Territory

- ☒ Infants and toddlers
- ☒ School-age children
- ☐ Children who are dual language learners
- ☐ None

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

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

Describe:

- ☐ Not linked.

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

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

- ☐ Other.

Describe:

- ☐ None.

3.3.2 Element 2 - Supports to Programs to Improve Quality

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

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

☐ None. **skip to 3.3.3.**

Types and Purposes of Support	Information or Written Materials	Training	On-Site Consultation
<input checked="" type="checkbox"/> Attaining and maintaining licensing compliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Attaining and maintaining quality improvement standards beyond licensing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Attaining and maintaining accreditation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Providing targeted technical assistance in specialized content areas:			
Health and safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infant/toddler care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School-age care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inclusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Teaching dual language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Business management practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☒ Program improvement plans

☐ Technical assistance on the use of program assessment tools

☐ Other.

Describe:

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

☒ Yes.

Describe:

All participating programs have Technical Assistance Plans that are based on strengths and areas for improvements with a focus on improving quality so the Provider can ascend the tiered system.

☐ No

☐ Other.

Describe:

3.3.3 Element 3 - Financial Incentives and Supports

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

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

☐ None. **skip to 3.3.4.**

Types of Financial Incentives and Supports for Programs	Child Care Centers	Child Care Homes	License-Exempt Providers
<input checked="" type="checkbox"/> Grants to programs to meet or maintain licensing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> Grants to programs to meet QRIS or similar quality level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One-time awards or bonuses on completion of quality standard attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tiered reimbursement tied to quality for children receiving subsidy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-going, periodic grants or stipends tied to maintaining quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tax credits tied to meeting program quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe: Infant/Toddler Expansion Grant – Provides funding and training to providers seeking to expand their capacity to serve infants and toddlers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3.3.4 - Element 4 - Quality Assurance and Monitoring

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

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

skip to 3.3.5.

☐ None. skip to 3.3.5.

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers
<input checked="" type="checkbox"/> Environment Rating Scales (e.g., ECERS, ITTERS, SACERS, FDCRS) Describe, including frequency of assessments. <u>Annually, all community-based pre-kindergarten classrooms, a sample of public school and public charter school pre-kindergarten classrooms, and a sample of community-based Child Care Subsidy Program classrooms (both infant/toddler and pre-k age classrooms) are evaluated using data collected through ELLCO Pre-K, ECERS-R, and ITTERS-R. Data from these evaluations are used to evaluate providers and inform quality improvement initiatives.</u>	<input checked="" type="checkbox"/> Infant/Toddler <input checked="" type="checkbox"/> Preschool <input type="checkbox"/> School-Age	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Classroom Assessment Scoring System (CLASS) Describe, including frequency of assessments. <u>Publicly funded pre-K programs in CBOs are assessed once a year.</u>	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<input type="checkbox"/> Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes Describe, including frequency of assessments. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs Describe, including frequency of assessments. <div style="border: 1px solid black; padding: 2px;"> Program reviews are conducted annually to ensure that programs meet the QRIS standards and areas to improve quality are identified. The enhanced QRIS will improve the monitoring tool and process. It will also increase the alignment between quality improvement resources and data from QRIS monitoring tool. </div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

☒ None.

3.3.5 - Element 5 - Outreach and Consumer Education

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

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

levels).

☒ Yes. If yes, how is it used?



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



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



Searchable database on the web



Voluntarily, visibly posted in programs



Mandatory to post visibly in programs



Used in marketing and public awareness campaigns



Other.

Describe:

☐ No. If no, **skip to 3.3.6.**

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



Print



Radio



Television



Web



Telephone

☐

Social Marketing

☐

Other.

Describe:

☐

None.

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

DC's Resource and Referral Agency, DC Child Care Connections, has bilingual staff and translated materials to support Spanish-speaking families. DC Child Care Connections also distributes materials to community organizations serving these diverse populations. Plans are underway to develop and distribute informational brochures in Amharic, French, Chinese and Vietnamese.

3.3.6. Quality Rating and Improvement System (QRIS)

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

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

☒

Participation is voluntary for:

Providers who do not receive public funds

☒

Participation is mandatory for:

All Providers who participate in the Child Care Subsidy Program. In Home and Relative Care providers are exempt.

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

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

☐ State/Territory is in the development phase

☐ State/Territory has no plans for development

☐

Other.

Describe:

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

☒

Child care centers

☐

Group child care homes

☐

Family child care homes

☐

In-home child care

☐

License exempt providers

☒

Early Head Start programs

☒

Head Start programs

☒

Pre-kindergarten programs

☒

School-age programs

☒

Other.

Describe:

[\(Only those child development centers in federal government buildings\)](#)

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

please describe:

[In home and relative care providers receive monthly training and onsite technical assistance. This also includes site visits and networking events](#)

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

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



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

Describe:

[The Lead Agency maintains monthly QRIS data on all participating child development facilities. Data is tracked using a centralized tracking tool. The enhanced QRIS will include improvements to the electronic data collection system and protocols.](#)



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

Describe:

[The Lead Agency maintains monthly ORIS data on all participating child development facilities. This data also includes all tier level changes.](#)



Program scores on program assessment instruments.

List instruments:

Describe:



Classroom scores on program assessment instruments.

List instruments:

[For the providers selected to the evaluation sample group: ECERS, ITERS, and CLASS](#)

Describe:



Qualifications for teachers or caregivers within each program.

Describe:

[1. The Education Information Management System \(EIMS\) will house data on qualifications for teachers and directors. The data housed in the EIMS was collected when the program became licensed. It is not regularly updated to reflect qualifications attained after the license was granted.](#)

[2. The Professional Registry houses data on teacher qualifications. Participation is voluntary, so data on qualifications will not be universally collected.](#)



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

Describe:

[There were 11,166 children receiving CCDF assistance in licensed care.](#)



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



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

Describe:



Other.

Describe:

Programs participating in the Accreditation Facilitation program.



None.

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

Performance measures:

OSSE will conduct assessments of a sample of classrooms for a sample of providers participating in the QRIS. The assessments will be conducted using the ECERS-R, ITERS-R, and CLASS. Data from these assessments will measure program quality, identify a baseline and develop targeted professional development resources. Additionally, programs will use results from these tools to engage in data informed programmatic planning.

OSSE will provide training to help providers understand the Environment Rating Scales and the quality standards they measure.

OSSE is currently enhancing all elements of the QRIS with particular emphasis on the standards, monitoring and consumer engagement.

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

The quality monitoring tool and QRIS standards will be revised as part of the QRIS enhancement initiative. This tool will be evaluated to ensure inter-rater reliability. The QRIS application and decision process will also be a part of this evaluation.

OSSE is currently developing an evaluation plan that will include a cohort model for the evaluation of a sample of subsidy providers at regular and recurring intervals. The evaluation of Child Care Subsidy Program classrooms will include tools such as ECERS, ITERS, and CLASS. Data from these evaluations will be used to evaluate providers and inform quality improvement initiatives.

3.3.9 Goals for the next Biennium -

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

Increase outreach and consumer education by creating new materials and re-branding the QRIS. Rebranding efforts will include a new website, social media, increase in partnership, flier distribution, etc.

Increase the number of non-subsidy programs participating in the QRIS to increase the availability of high quality slots.

Increase the quality of incentives to ensure that they are meaningful to practitioners and providers. Develop at least one (1) public/private partnership to support this effort.

Create plans to develop a data collection system to track pertinent QRIS data in-real time. This data will continue to inform professional development and technical assistance plan.

Develop Quality Improvement Plans for at least 70% of providers participating in the QRIS. Ensure that at least 20% of programs move through the quality tiers or provide strong evidence of quality improvements annually. These tasks will be completed by September 30, 2012. Quality Improvement Plans specify the areas programs must address to continuously improve the quality of the services they provide. Plans will be based on self-assessments and monitoring data.

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

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

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

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

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

DC Child Care Connections (DCCCC), DC's Child Care Resource and Referral Agency, is a grantee that plays a critical role in implementing professional development and quality improvement initiatives. DCCCC provides a wide range of trainings and manages the Accreditation Facilitation Project. DCCCC also identifies partners to support these initiatives. In 2011, DCCCC will launch the DC Career Guide for Early Childhood and Out of School Time Professionals under the direction of OSSE/ECE. The career guide will be a clearly articulated professional roadmap to track, reward, guide and recognize the professional accomplishments of the workforce. A professional registry and career counseling component will also be included.

Training is also delivered by trainers approved under the Trainer Approval Program.

OSSE/ECE has formal training partnerships with DC government agencies and national advocacy groups.

National Black Child Development Institute administers the Child Development Associate Assessment Fee Scholarship and the T.E.A.C.H. Early Childhood DC higher education scholarships. Partnerships with local higher education institution have been formed to support the implementation of T.E.A.C.H. Early Childhood DC.

Mary's Center for Maternal and Child Care provides licensing technical assistance for limited English proficient providers. This grantee also manages the Infant Toddler Expansion Grant. The Infant Toddler Expansion Grant provides business trainings and grants to help providers increase infant and toddler slots.

Center for Child Protection and Family Support offers training in child abuse and neglect prevention and reporting.

PSI Family Services provides trainings to help professionals acquire the Infant and Child Cardiopulmonary Resuscitation (CPR) and First Aid certification.

Kids Comprehensive Services provides training and technical assistance for in-home and relative care providers.

State Advisory Council is conducting some PD research/asset mapping. The Lead Agency/OSSE/ECE awarded a grantee to conduct an Assessment of DC Early Childhood Landscape – for a research grant that will include an assessment of the current capacity of professional development and higher education systems to effectively prepare and train teachers and providers.

3.4.1 Workforce Element 1 - Core Knowledge and Competencies

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

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

☒ Yes

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

☐ Other.

Describe:

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

☒ Child growth, development and learning

☒ Health, nutrition, and safety

☒ Learning environment and curriculum

☐ Interactions with children

☒ Family and community relationships

☒ Professionalism and leadership

☒ Observation and assessment

☒ Program planning and management

☒ Diversity

☒ Other.

Describe:

Also included: [Curriculum, Inclusive Practices, Social Emotional Development, and Mental Health](#)

☐ None.

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

☐ To define the content of training required to meet licensing requirements

☒ To define the content of training required for program quality improvement standards (as reported in section 3.3)

☐ To define the content of training required for the career lattice or credential

☒ To correspond to the early learning guidelines

☐ To define curriculum and degree requirements at institutions of higher education

☐ Other.

Describe:

☐ None.

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

☒ Cross-walked with the Child Development Associate (CDA) competencies

☒ Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, Head Start SOLAR staff skills indicators)

☐ Cross-walked with apprenticeship competencies

☐ Other.

Describe:

☐ None.

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

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

Describe:

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

Describe:

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

Describe:

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

Describe:

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

☐ Other.
Describe:

☒ None.

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

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

☒ None.

3.4.2 Workforce Element 2 - Career Pathways

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

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

☒ Yes.

Describe:

Currently a draft will be formalized in November 2011. Implementation of the career pathway will begin in January 2012. This will include marketing materials, professional registry and career counseling.

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

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

☒ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

The DC career pathway is a voluntary system that serves as a career guide for the workforce. The levels reflect a wide range of common positions across all settings

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

Describe:

The DC career pathway is a voluntary system that serves as a career guide for the workforce. The levels reflect a wide range of common positions across all settings.

☒ Administrators in centers (including educational coordinators, directors).

Describe:

The DC career pathway is a voluntary system that serves as a career guide for the workforce. The levels reflect a wide range of common positions across all settings.

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

Describe:

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

Describe:

☐ Other.
Describe:

☐ None.

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

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

☒ None.

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

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

☐ None.

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

☒ Yes.

If yes, describe:

The DC Career Guide for Early Childhood and Out of School Time Professionals is a system to track, guide and recognize the professional accomplishments of the workforce. The levels on the guide correspond with higher education credits and national certifications. All documentation applicants present to justify placement on the levels are verified for authenticity

☐ No.

3.4.3 Workforce Element 3 - Professional Development Capacity

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

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

☒ Yes.

If yes, describe:

OSSE's grantee charged with conducting research will create a higher education capacity survey. The goal is to assess the capacity of the higher education institutions in the surrounding area to support the new education requirements of the revised QRIS. The report will include the following data elements:

- Regions (programs in the surrounding areas including where the current workforce lives and works)
- Depth of Degree Programs(ECE degrees offered, total credits in degree programs, course offerings, teacher licensure, practicum requirements, graduation rates)
- Availability (location of campuses, experience with program cohorts of students, online availability of courses, evening course offerings)
- Articulation (Credits given to candidates with CDA, Articulation agreements with AA, BA colleges, Prior experience taken into consideration for practicum)
- Accreditation (Regional, Program (NCATE, NAEYC))
- Affordability (Cost per credit, Cost of entire program, Scholarships available for students, Participation in TEACH scholarship program)
- Contact Information

☐ No.

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

☒ Yes.

If yes, describe:

In 2009, OSSE/ECE and the University of the District of Columbia, Center for Applied Research and Urban Policies (CARUP) conducted research to identify the training and technical assistance programs available as well as strengths and areas for improvement. Findings from this research were used to create a professional development plan, known as DC Professionals Receiving Opportunities and Support (DCPROS).

☐ No.

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

☐ Standards set by the institution

☒ Standards set by the State/Territory higher education board

☒ Standards set by program accreditors

☐ Other.

Describe:

☐ None.

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

☐ Training approval process.

Describe:

☒ Trainer approval process.

Describe:

OSSE/ECE's Trainer Approval Program ensures that trainers have higher education credentials, prior training experience, and experience in the field. Approved trainers are well versed in specific Core Knowledge Area(s). Their education and experience are also aligned with their specific training content level

☐ Training and/or technical assistance evaluations.
Describe:

☐ Other.
Describe:

☐ None.

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

☐ Yes.
If yes, describe:

☒ No.

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

☐ Yes.
If yes, describe:

☒ No.

3.4.4 Workforce Element 4 - Access to Professional Development

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

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

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

Describe:

☐ No.

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

☒ Yes.
If yes, describe:

[DC Child Care Connections \(DCCCC\), DC's Child Care Resource and Referral Agency, links providers to a wide range of professional development resources. This information is stored on the "connecting providers" section of their website.](#)

☐ No.

www.mychildcaredc.com

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

☒ Scholarships.
Describe:

[Scholarships are provided to professionals seeking the Child Development Associate \(CDA\) credential. Higher education scholarships are also provided via the T.E.A.C.H. Early Childhood DC.](#)

☒ Free training and education.
Describe:

The Monthly Training Calendar services as a centralized source for all trainings. OSSE/ECE offers free trainings through grantees and partners. These trainings are aligned with the Core Knowledge Areas.

☐ Reimbursement for training and education expenses.

Describe:

☐ Grants.

Describe:

☐ Loans.

Describe:

☐ Loan forgiveness programs.

Describe:

☐ Substitute pools.

Describe:

☐ Release time.

Describe:

☐ Other.

Describe:

☐ None.

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

☐ Yes.

If yes, describe:

☒ No.

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

☐ Yes.

If yes, describe:

☒ No.

3.4.5 Workforce Element 5 - Compensation, Benefits and Workforce

Conditions Definition - For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

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

☐ Yes.

If yes, describe:

☒ No.

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

☒ Yes.

If yes, describe:

[T.E.A.C.H. Early Childhood DC is a higher education scholarship program that provides a bonus or wage increase to practitioners at the completion of 12 higher education credits.](#)

☐ No.

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

☐ Yes.

If yes, describe:

☒ No.

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

☐ Yes.

If yes, describe:

☒ No.

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

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

☐ Data on the size of the child care workforce.

Describe (optional):

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

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

☐ Retention rates.
Describe (optional):

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

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

☒ Number of scholarships awarded .
Describe (optional):

[Demographic data, including place of employment, for all CDA and higher education scholarship recipient is tracked.](#)

☐ Number of individuals receiving bonuses or other financial rewards or incentives.
Describe (optional):

☐ Number of credentials and degrees conferred annually.
Describe (optional):

☐ Data on T/TA completion or attrition rates.
Describe (optional):

☐ Data on degree completion or attrition rates.
Describe (optional):

☒ Other.
Describe:

Please note the launch of the DC Career Guide for Early Childhood and Out of School Time Professionals and Professional Registry will expand DC's capacity to track workforce data. Also, the new EIMS database will track some of these data elements.

☐ None.

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

Definition - For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

☐ Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

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

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

Describe:

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

Describe:

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

Describe:

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

Describe:

☐ Other.

Describe:

☐ None.

b-2) Does the workforce data system apply to:

☐ all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?

☐ all practitioners working in programs that receive public funds to serve children birth to age 13?

☒ No.

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

Launch career pathway guide and implementation resources by January 2012. This guide will provide a clearly articulated professional roadmap to track, reward and recognize the professional accomplishments of the early childhood and out of school time workforce. A professional registry/database will also be included.

Increase registry enrollment by 20% each year.

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

Measure the inter-rater reliability of the registry to ensure that credentials are accurately aligned with each level on the career lattice.

Survey registry participants and professional development stakeholders to identify strengths and challenges of Year 1 implementation. Use evaluation data to strengthen this system.

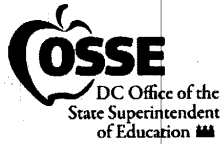
3.4.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.4. What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

ECE's goals are:

- 10% of professionals working in subsidized child care programs accrue at minimum an additional 6 higher education credits by September 2012.
- To develop at least two professional development activities per year for trainers in the Trainer Approval Program with a targeted participation rate of at least 70%.
- To facilitate quarterly meetings with local higher education institutions to increase their capacity to support the needs of the workforce and develop articulation agreements between institutions.
- To increase the number of trainings offered during the evening and weekend hours and distance education training sessions by 30%. These trainings will target both early childhood and out of school time professionals. This will also support professionals who are not available during traditional hours.
- To increase the number of trainings specifically targeting infant-toddler and out of school time professionals by 30% in each year.

Attachment 2.2.9



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
SUBSIDIZED CHILD CARE SERVICE APPLICATION**

*Names, Addresses, and income information of both parents must be reported.
Please complete all blanks, including information of absent parent, and attached required documents (PLEASE PRINT)*

PARENT(S) AND/OR GUARDIAN INFORMATION

1. Name of Applicant: _____ DOB: _____ SSN: _____
(Parent, Guardian or Payee) Last First MI

Race (optional) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander

Address: _____
Street Apartment City State Zip Code Ward

Telephone No: _____
Home with Area Code Work/School with Area Code

2. LANGUAGE PREFERENCE: What is the Primary Language you speak?

Please select one
☐ English ☐ Mandarin Chinese ☐ Cantonese Chinese ☐ Vietnamese ☐ Amharic ☐ French ☐ Spanish ☐ Other _____

3. MARITAL STATUS: _____

4. Name of Spouse/Other Parent: _____ DOB: _____ SSN: _____
Last First MI

Race (optional) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander

Address: _____
Street Apartment City State Zip Code Ward

Telephone No: _____
Home with Area Code Work/School with Area Code

CHILD INFORMATION (LIST ALL CHILD(REN) IN THE FAMILY

Complete this section for each child in the family. Use the code below to complete the Citizenship, Race, Ethnicity and Language columns. Enter each code that applies, using at least one code for each child. Enter "Yes" or No' in the Disabled Column to indicate if the child has a disability.

Citizenship/Immigration Code: 1= United States Citizenship, 2= Permanent Resident, 3= Granted conditional entry, 5=Parolee 1 year or more, 6= Deportation withheld, 7= Refugee, 8= Battered spouse, child, or parent of child(ren)

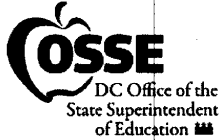
Ethnicity Codes: 1 =Yes/Hispanic or Latino, 2= No/Hispanic/ Latino

Race Code: 1= American Indian/ Alaskan Native, 2= Asian, 3= Black/ African American, 4= White, 5= Native Hawaiian/Pacific Islander

Language: 1= English, 2= Mandarin Chinese, 3=Cantonese Chinese, 4=Vietnamese, 5= Amharic, 6= French, 7= Spanish, 8=Other _____

Name	DOB	SSN	Sex	Dis- abled	Citizen- ship/ Immi- Grat- ion Status	Eth- nicity	Race	Language	Child 's Father or Mother (If this person different from # 4) Name / DOB/ SSN
Last	First								

PARENT(S) AND/OR GUARDIAN ACTIVITY INFORMATION		
Your Activity	Spouse/ Other Parent Activity	
1. Name of school or employer: _____ Address: _____ Days and hours of your activity: _____ Start and end dates of activity: _____	1. Name of school or employer: _____ Address: _____ Days and hours of your activity: _____ Start and end dates of activity: _____	
2. Name of school or employer: _____ Address: _____ Days and hours of your activity: _____ Start and end dates of activity: _____	2. Name of school or employer: _____ Address: _____ Days and hours of your activity: _____ Start and end dates of activity: _____	
REASON FOR CHILD CARE		
<input type="checkbox"/> WORKING <input type="checkbox"/> TRAINING <input type="checkbox"/> DISABLED ADULT <input type="checkbox"/> CHILD WITH A DISABILITY <input type="checkbox"/> OTHER _____		
HOUSEHOLD INCOME INFORMATION:		
Type of income	Gross Amount per pay period	How often: (Check "✓"/"one")
Mother's/Guardian's Income		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
Father's/ Guardian's Income		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
Child Support		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
Alimony		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
SSI Benefits		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
Unemployment Benefits		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
Other: _____		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly
TANF		<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Food Stamp		<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Social Security		<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Attach proof of all income for: applicant, spouse, parents of minor parent, adult and spouse with physical custody of minor child.		
CHILD SUPPORT INFORMATION		
1) Are you receiving child support for all children in your household who are eligible for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Have you applied for child support for all children in your household eligible to receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2		



DISTRIBUTION – Original In Case Folder
- Copy to Applicant

RIGHTS AND RESPONSIBILITIES OF APPLICANT FOR SUBSIDIZED CHILD CARE SERVICES

RIGHTS:

I understand that if I am not satisfied with any decision by the Department regarding eligibility, my receipt or termination of services, I may request a Fair Hearing. If I am receiving services and request a Fair Hearing before the effective date of this action, my benefits will continue uninterrupted until a hearing decision is made. If I do not request a Fair Hearing before the effective date of this action, I may request a hearing within 90 days from the date of the notice of the action, but I will not continue to receive benefits while the hearing is pending. I must make my request by phone or in writing to:

**The Office of Administrative Hearings,
441 4th Street, N.W., Suite 540-South,
Washington, D.C. 20001
(202) 727-8280**

or I can ask my caseworker to help me make the request. After requesting a Fair Hearing the Department will send me a written notice telling me the time and place of the Administrative Review. The Administrative Review is not the same as a Fair Hearing. This means I may meet with Department staff to try to resolve my issue. If I choose not to attend the Review or if my issue is not resolved at the Review this in no way impacts my Fair Hearing with the Office of Administrative Hearings. If the Review resolves my issue, I alone may decide to withdraw my request for a Fair Hearing.

If I request a fair hearing, I understand that (1) I have the right to be represented by legal counsel or by a lay person who is not an employee of the District; (2) I may bring witnesses on my behalf; (3) reasonable expenses related to the hearing, such as transportation costs for me or my witnesses, will be paid by the Mayor; and (4) legal services are available to me.

I have been informed that I may choose one of the following types of child care: child care in a child development center, child care in a family child care home, child care in my home by an adult or relative I identify, or child care in the home of my relative. I am aware that to choose child care in my home with an adult other than a relative I must first attempt to locate child care at a minimum of 5 child care centers and/or family child care homes.

I understand that I will be notified in writing within a minimum of 15 days of the effective date of any adverse action by the Agency such as intention to discontinue, withhold, terminate, suspend, reduce assistance or make assistance subject to additional conditions. I understand that I may apply for a Fair Hearing as described above if I disagree with notice of any adverse action.

RESPONSIBILITIES:

____ I understand that I must fully and accurately report circumstances affecting my eligibility, relating to family relationships, employment or training status, income, place of residence, and telephone numbers, and must provide original documentation to substantiate the information. I must report any changes in these circumstances within 3 business days. I must cooperate with all agency efforts to verify the eligibility information.

____ I have been informed of the absence policy and that I must provide documentation of excused absences to the child care provider. If my child is absent 6 days or more in one month without an adequate excuse I am aware that he/she will be terminated from the subsidy program. I have also been informed that I must report within 3 days when my child no longer attends a facility. I have been informed that I am required to have an eligibility review completed on _____ (date) and every _____ months thereafter, to determine if I am eligible to continue receiving subsidized child care. I understand that a notice will be sent to the address I have provided informing me of the appointment date and time and if I do not appear for the appointment or reschedule the appointment my child care benefits will be terminated. As noted in paragraph one, I have the right to a fair hearing.

____ I understand that I am responsible for making all co-payments directly to the child care provider for the entire time the child is enrolled even on days the child is absent. Failure to be up to date with co-payment may result in termination of services or prevent me from requesting a placement change.

WARNING TO APPLICANTS:

Government officials will rely on the information you provide on this application to determine your eligibility for Subsidized Child Care Services. You are therefore informed that it is a criminal offense under District of Columbia law for you to knowingly make false or misleading statements on this application. Persons convicted of making false or misleading statements shall be fined up to \$1,000 or imprisoned for up to 180 days or both. By signing your name below you are certifying that you are aware of the penalties for making false or misleading statements on this application. Accordingly, if you are not sure of the accuracy of the information requested, it is your responsibility to bring the information to the attention of the appropriate government employee prior to signing the application. *See D.C. Code § 22-2514*

INFORMATION ON SOCIAL SECURITY NUMBER:

In accordance with ACYF-PI-CC-00-04. U.S. Department of Health and Human Services, Administration on Children, Youth and Families. Issuance Date: October 27, 2000, the social security number is not required for determining eligibility for subsidized child care. Eligibility will not be denied should an applicant not provide a Social Security Number. Social Security Numbers will be used solely for searching for records in a database and for identifying individuals with the same name. All applicant files are kept confidential.

I have read and agree to the following:

- I have read and understand my rights and responsibilities, and have attached/will provide the required documents. I certify that this is a true and accurate statement of the financial status and composition of my household.
- I authorized the Subsidized Child Care Program to obtain any verification necessary to both determine and review financial eligibility and child care needs. This authorization includes the release of information regarding my employment, salary, work schedule, and /or training/ school schedule and residence

APPLICANT SIGNATURE: _____ **DATE:** _____

Print Name

Signature**AGENCY USE ONLY**

Annual Gross Income: _____

Family Size: _____ Dependent Children: _____

View ACEDS/ TANF verification: _____ (Yes /No)

Total Parent Copayment: \$ _____ (daily) \$ _____ (weekly, if applicable)

Child 1 _____ Parent Fee: \$ _____ Other Fee: \$ _____

Child 2 _____ Parent Fee: \$ _____ Other Fee: \$ _____

INITIAL ELIGIBILITY DETERMINATION ☐ **ELIGIBLE**
☐ **INELIGIBLE**

Specify reason if ineligible

I hereby certify that the rights and responsibility have been discussed with the applicant and she/he has signed to verify her/his understanding:

ELIGIBILITY WORKER: _____ **DATE:** _____

Print Name

Signature

Attachment

2.4.1

Sliding Fee Scale

THE OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The State Superintendent of Education, pursuant to authority set forth in Mayor's Order 2009-3 January 15, 2009, and Sections 5a and 6 of the Day Care Policy Amendment Act of 1998, effective April 13, 1999 (D.C. Law 12-216; D.C. Official Code §§ 4-404.01 and 4-405); hereby gives notice of the adoption of an emergency rules on September 28, 2009 to be added to Title 29, Chapter 3, Section 380 of the District of Columbia Municipal Regulations (DCMR) entitled "Schedule of Parent Fees for the District of Columbia Government Subsidized Child Care Services in Child Development Facilities, Child Development Homes, and by Relatives and In-Home Caregivers," effective as of October 1, 2009. This schedule is also published on the OSSE website at www.osse.dc.gov. The Superintendent also hereby gives notice of intent to take final rulemaking action to adopt these rules not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*. This emergency rule expires one hundred twenty (120) days after the effective date of this notice or upon adoption of a final regulation, whichever is first.

The purpose of this emergency and proposed regulation is to update the District of Columbia's child care subsidy program sliding fee schedule for parent co-payments. The sliding fee schedule is based on the "2009 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia." There is an immediate need to preserve the public welfare by updating these fees and increasing the rate of payment to eligible recipients

In 2008, child care operating functions of the Early Care Education Administration were transferred from the Department of Human Services to the Office of the State Superintendent of Education (OSSE). In this regard, OSSE now serves as the lead agency for the District of Columbia Child Care and Development Fund providing District of Columbia families with a broad range of child care options. The OSSE is in the process of reviewing all regulations that now fall within its Early Child Education (ECE) program, including regulations for child care development facilities operating standards found in other subsections of chapter 3 of Title 29 of the DCMR.

Title 29 DCMR, Chapter 3, entitled "Child Care Development Facilities" is revised to include a new subsection 380 as follows:

- 380 SCHEDULE OF PARENT FEES FOR THE DISTRICT OF COLUMBIA GOVERNMENT SUBSIDIZED CHILD CARE SERVICES IN CHILD DEVELOPMENT FACILITIES, CHILD DEVELOPMENT HOMES, AND BY RELATIVES AND IN-HOME CAREGIVERS**
- 380.1** Parents with a residence in the District of Columbia may be eligible to receive part time and full time child care services funded by payments from the District of Columbia. Eligible parents shall provide a co-payment consistent with the provisions of this chapter.

- 380.2 The sliding fee scale for parent co-payments is based upon the Federal Poverty Guidelines (FPG) taking in to consideration the family size and income.
- 380.3 Parent(s) with an income equal to or less than fifty percent (50%) of the FPG shall not pay any co-payment.
- 380.4 Parent(s) with an income equal to or below two hundred fifty percent (250%) of the FPG or eight five percent of the state median income, whichever is lower, are eligible for participation in the District of Columbia child care subsidy program.
- 380.5 Parents already receiving subsidized child day care services with an income at an amount equal to or below three hundred (300%) of the FPG or eighty five percent of the state median income, whichever is lower, may be eligible for continuation of child care co-payments under the following circumstances:
- a) Continuing employment during the child care hours;
 - b) Continuing residency in the District of Columbia;
 - c) Submission of all the required documentation for redetermination;
 - d) Maintenance of routine attendance; and
 - e) Qualifying family size.
- 380.6 Parents with children with medical disabilities or special health care needs may deduct from their income all medical expenses for that same year, related to a child with disabilities or special health care needs in determining eligibility for subsidized child day care services in this chapter, provided that the medical expenses are:
- a) Performed by a licensed health care practitioner; and
 - b) Substantiated with payment statements; payment receipts, and/or insurance statements identifying the health care service.
- 380.7 The parent co-payment requirements in this chapter shall apply solely to the first two children in the family.
- 380.8 The copayment for the second child shall be seventy-five percent (75%) of the amount of the co-payment for the first child.
- 380.9 Parents are responsible for paying co-payments directly to a child development facility.
- 380.10 The co-payment fee schedule for purposes of this chapter shall be published annually.

380.11 The following schedule of co-payments shall apply to services provided by a child development facility, or duly authorized relative or in-home caregiver providing child care services subsidized by the District of Columbia.

%FPG	SLIDING FEE SCALE 2009					DAILY CO-PAY			
	ANNUAL INCOME BY FAMILY SIZE					CHILDREN IN CARE			
	1	2	3	4	5	FULL TIME		PART TIME	
						First	Second	First	Second
0-50%	\$5,415	\$7,285	\$9,155	\$11,025	\$12,895	\$0	\$0	\$0	\$0
51-60%	\$6,498	\$8,742	\$10,986	\$13,230	\$15,474	\$0.57	\$0.43	\$0.29	\$0.22
61-70%	\$7,581	\$10,199	\$12,817	\$15,433	\$18,053	\$0.75	\$0.57	\$0.38	\$0.29
71-80%	\$8,664	\$11,656	\$14,648	\$17,640	\$20,632	\$1.01	\$0.75	\$0.51	\$0.38
81-90%	\$9,747	\$13,113	\$16,479	\$19,845	\$23,211	\$1.27	\$0.95	\$0.64	\$0.48
91-100%	\$10,830	\$14,570	\$18,310	\$22,050	\$25,790	\$1.62	\$1.22	\$0.81	\$0.61
101-110%	\$11,913	\$16,027	\$20,141	\$24,255	\$28,369	\$2.02	\$1.51	\$1.01	\$0.76
111-120%	\$12,996	\$17,484	\$21,972	\$26,460	\$30,948	\$2.45	\$1.84	\$1.23	\$0.92
121-130%	\$14,079	\$18,941	\$23,803	\$28,665	\$33,527	\$2.93	\$2.20	\$1.47	\$1.10
131-140%	\$15,162	\$20,398	\$25,634	\$30,870	\$36,106	\$3.46	\$2.60	\$1.73	\$1.30
141-150%	\$16,245	\$21,855	\$27,465	\$33,075	\$38,685	\$4.07	\$3.05	\$2.04	\$1.53
151-160%	\$17,328	\$23,312	\$29,296	\$35,280	\$41,264	\$4.73	\$3.55	\$2.37	\$1.78
161-170%	\$18,411	\$24,769	\$31,127	\$37,485	\$43,843	\$5.43	\$4.08	\$2.72	\$2.04
171-180%	\$19,494	\$26,226	\$32,958	\$39,690	\$46,422	\$6.19	\$4.65	\$3.10	\$2.33
181-190%	\$20,577	\$27,683	\$34,789	\$41,895	\$49,001	\$7.00	\$5.25	\$3.50	\$2.63
191-200%	\$21,660	\$29,140	\$36,620	\$44,100	\$51,580	\$7.91	\$5.93	\$3.96	\$2.97
201-210%	\$22,743	\$30,597	\$38,451	\$46,305	\$54,159	\$8.88	\$6.66	\$4.44	\$3.33
211-220%	\$23,826	\$32,054	\$40,282	\$48,510	\$56,738	\$9.90	\$7.43	\$4.95	\$3.72
221-230%	\$24,909	\$33,511	\$42,113	\$50,715	\$59,317	\$10.91	\$8.19	\$5.46	\$4.10
231-240%	\$25,992	\$34,968	\$43,944	\$52,920	\$61,896	\$11.97	\$8.98	\$5.99	\$4.49
241-250%	\$27,075	\$36,425	\$45,775	\$55,125	\$64,475	\$13.08	\$9.81	\$6.54	\$4.91
251-260%	\$28,158	\$37,882	\$47,606	\$57,330	\$67,054	\$14.24	\$10.68	\$7.12	\$5.34
261-270%	\$29,241	\$39,339	\$49,437	\$59,535	\$69,633	\$15.44	\$11.58	\$7.72	\$5.79
271-280%	\$30,324	\$40,796	\$51,101	\$60,835	\$70,569	\$16.78	\$12.58	\$8.39	\$6.29
281-290%	\$31,407	\$41,368				\$18.08	\$13.56	\$9.04	\$6.78
291-300%	\$31,634					\$19.44	\$14.58	\$9.72	\$7.29

SLIDING FEE SCALE 2009						DAILY CO-PAY			
%FPG	ANNUAL INCOME BY FAMILY SIZE					CHILDREN IN CARE			
						FULL TIME		PART TIME	
	6	7	8	9	10	First	Second	First	Second
0-50%	\$14,765	\$16,635	\$18,505	\$20,375	\$22,245	\$0	\$0	\$0	\$0
51-60%	\$17,718	\$19,962	\$22,206	\$24,450	\$26,694	\$0.57	\$0.43	\$0.29	\$0.22
61-70%	\$20,671	\$23,289	\$25,907	\$28,525	\$31,143	\$0.75	\$0.57	\$0.38	\$0.29
71-80%	\$23,624	\$26,616	\$29,608	\$32,600	\$35,592	\$1.01	\$0.75	\$0.51	\$0.38
81-90%	\$26,577	\$29,943	\$33,309	\$36,675	\$40,041	\$1.27	\$0.95	\$0.64	\$0.48
91-100%	\$29,530	\$33,270	\$37,010	\$40,750	\$44,490	\$1.62	\$1.22	\$0.81	\$0.61
101-110%	\$32,483	\$36,597	\$40,711	\$44,825	\$48,939	\$2.02	\$1.51	\$1.01	\$0.76
111-120%	\$35,436	\$39,924	\$44,412	\$48,900	\$53,388	\$2.45	\$1.84	\$1.23	\$0.92
121-130%	\$38,389	\$43,251	\$48,113	\$52,975	\$57,837	\$2.93	\$2.20	\$1.47	\$1.10
131-140%	\$41,342	\$46,578	\$51,814	\$57,050	\$62,286	\$3.46	\$2.60	\$1.73	\$1.30
141-150%	\$44,295	\$49,905	\$55,515	\$61,125	\$66,735	\$4.07	\$3.05	\$2.04	\$1.53
151-160%	\$47,248	\$53,232	\$59,216	\$65,200	\$71,184	\$4.73	\$3.55	\$2.37	\$1.78
161-170%	\$50,201	\$56,559	\$62,917	\$69,275	\$75,633	\$5.43	\$4.08	\$2.72	\$2.04
171-180%	\$53,154	\$59,886	\$66,618	\$73,350	\$80,082	\$6.19	\$4.65	\$3.10	\$2.33
181-190%	\$56,107	\$63,213	\$70,319	\$77,425	\$84,531	\$7.00	\$5.25	\$3.50	\$2.63
191-200%	\$59,060	\$66,540	\$74,020	\$81,500	\$87,602	\$7.91	\$5.93	\$3.96	\$2.97
201-210%	\$62,013	\$69,867	\$77,721	\$85,575		\$8.88	\$6.66	\$4.44	\$3.33
211-220%	\$64,966	\$73,194	\$81,422	\$85,777		\$9.90	\$7.43	\$4.95	\$3.72
221-230%	\$67,919	\$76,521	\$83,952			\$10.91	\$8.19	\$5.46	\$4.10
231-240%	\$70,872	\$79,848				\$11.97	\$8.98	\$5.99	\$4.49
241-250%	\$73,825	\$82,127				\$13.08	\$9.81	\$6.54	\$4.91
251-260%	\$76,778					\$14.24	\$10.68	\$7.12	\$5.34
261-270%	\$79,731					\$15.44	\$11.58	\$7.72	\$5.79
271-280%	\$80,302					\$16.78	\$12.58	\$8.39	\$6.29
281-290%						\$18.08	\$13.56	\$9.04	\$6.78
291-300%						\$19.44	\$14.58	\$9.72	\$7.29

380.12 The sliding fee schedule may be revised periodically based on the annual FPG and shall be posted for a 30 day comment period prior to the effective date of revisions to the schedule.

380.13 For purposes of section 380 of this chapter the following terms shall have the meaning ascribed herein:

Child - means an individual from birth through the age of 12 years (or up to the child's 19th birthday if the child has special needs) and is a resident of the District of Columbia.

Family - means a unit consisting of one or more adults and children related by blood, marriage, adoption or legal guardianship who reside in the same household and are eligible for child care.

Income - means the combined total adjusted gross income of the parent(s) with primary responsibility for the child, declared in the joint and/or individual annual federal income tax filing for the most recent calendar year; or in the event such filing is not required with the federal government, other appropriate documentation to establish a parent(s) total annual income. Examples of income sources include, but are not limited to revenues from: wages, salaries, tips, partnership income, interest, dividends, capital gains, fringe benefits, IRA distributions, pensions, annuities, royalties, trusts, rental income, S corporations, farm income, alimony, child support, Social Security Income, unemployment compensation, and disability compensation.

Residence - means the location in the District of Columbia where the parent(s) with primary responsibility for the child resides and claims as the permanent place of residence for purposes of one or more of the following: federal and state taxes; receiving public financial support; voter registration; driver registration; valid residential lease; or other criteria that reveals an intent to establish the District of Columbia as the person's domicile.

State - means District of Columbia for purposes of this chapter.

Persons wishing to comment on this rule should submit their comments in writing to Kerri L. Briggs, PhD., State Superintendent of Education, 441 4th Street, NW, Room 350N, Washington, D.C. 20001, Attention: Jessica Morffie; Title 29, chapter 3, subsection 380; or to osse.publiccomment@dc.gov. All comments must be received no later than 30 days after publication of this notice in the *D.C. Register*. Copies of this rulemaking may also be obtained from the OSSE website at www.osse.dc.gov or upon request at the above referenced location.

Attachment 2.6.1

Child Care Certificate



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD EDUCATION

TRADITIONAL CHILD CARE ADMISSION FORM

TO BE COMPLETED BY THE ELIGIBILITY WORKER

This is to authorize **TRADITIONAL** child care admission for:

Child's Name: _____ SSN: _____

Parent/Guardian Full Name: _____ SSN: _____

Beginning Date: _____ Child Care Provider: _____

OSSE Payment: ____/____ Parent Co-Payment: ____/____ OSSE Daily Payment Rate: ____/____

CHILD PLACEMENT: Category: ☐ DCC ☐ FDC ☐ RHC ☐ IHC

Age Group: ☐ Infant ☐ Preschool ☐ Toddler ☐ School Age

Description: ☐ FT ☐ PT ☐ B/A

Provider Type: ☐ Level I ☐ Level II

Eligibility Worker: _____ Contact No. _____

Eligibility Worker's Signature: _____ Date: _____

***** NO PAYMENT WILL BE MADE UNLESS THIS PROCEDURE IS FOLLOWED *****

The Child Care Admission form must be signed and returned to the Child Care Services Division (CCSD) the day the child begins child care.

The Child Care Admission Form becomes INVALID if the child is not enrolled in the facility named above within thirty (30) calendar days of the date authorized to begin child care.

No changes should be made to the above section completed by CCSD Eligibility Worker by the parent, provider or anyone else; otherwise this authorization for child care will become INVALID.

Customer Signature: _____ Date: _____

TO BE COMPLETED BY CHILD CARE PROVIDER

Date Child Admitted: _____

NAME OF PERSON AUTHORIZED TO SIGN:

Name: _____ Phone Number: _____
Print

Signature: _____ Date: _____

PLEASE E-MAIL OR BRING THE COMPLETED FORM (SIGNED AND DATED) VIA TRANSMITTAL OR HAND CARRY SLIP TO:

Income Maintenance Administration
Child Care Services Division (CCSD)
4001 South Capitol Street, SW-First Floor
Washington, D.C. 20032
Phone: (202) 727-0284 Fax: (202) 727-9709

Original to Provider
Copy in case file



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD EDUCATION

**NON- TRADITIONAL CHILD CARE ADMISSION FORM
TO BE COMPLETED BY THE ELIGIBILITY WORKER**

This is to authorize **NON-TRADITIONAL** child care admission for:

Child's Name: _____ SSN: _____

Parent/Guardian : _____ SSN: _____

Beginning Date: _____ Child Care Provider: _____

Child Placement: _____ Category: ☐ DCC ☐ FDC ☐ RHC ☐ IHC

OSSE Payment: _____ / _____ Parent Co-Payment: _____ / _____ OSSE Daily Payment Rate: _____ / _____

Type of Service: _____ Full Time ☐ Part Time ☐
☐ Infant ☐ Toddler ☐ Pre-school ☐ School Age

Type of Service: _____ Full Time ☐ Part Time ☐
☐ Infant ☐ Toddler ☐ Pre-school ☐ School Age

COMMENTS: _____

Eligibility Worker: _____ Contact No. _____

Eligibility Worker's Signature: _____ Date: _____

***** NO PAYMENT WILL BE MADE UNLESS THIS PROCEDURE IS FOLLOWED *****

The Child Care Admission form must be signed and returned to the Child Care Services Division (CCSD) the day the child begins child care

The Child Care Admission Form becomes INVALID if the child is not enrolled in the facility named above within thirty (30) calendar days of the date authorized to begin child care.

No changes should be made to the above section completed by CCSD Eligibility Worker by the parent, provider or anyone else; otherwise this authorization for child care will become INVALID.

Customer Signature: _____ Date: _____

TO BE COMPLETED BY CHILD CARE PROVIDER

Date Child Admitted: _____

NAME OF PERSON AUTHORIZED TO SIGN:

Name: _____ Phone Number: _____

Print

Signature: _____ Date: _____

PLEASE E-MAIL OR BRING THE COMPLETED FORM (SIGNED AND DATED) VIA TRANSMITTAL OR HAND CARRY SLIP TO:

Income Maintenance Administration
Child Care Services Division (CCSD)
4001 South Capitol Street, SW-First Floor
Washington, D.C. 20032
Phone: (202) 727-0284 Fax: (202) 727-9709

Original to provider
Copy in case file



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
OFFICE OF EARLY CHILDHOOD EDUCATION

TRADITIONAL CHILD CARE ADMISSION FORM

TO BE COMPLETED BY THE ELIGIBILITY WORKER

This is to authorize **TRADITIONAL** child care admission for:

Child's Name: _____ SSN: _____

Parent/Guardian Full Name: _____ SSN: _____

Beginning Date: _____ Child Care Provider: _____

OSSE Payment: _____ / _____ Parent Co-Payment: _____ / _____ OSSE Daily Payment Rate: _____ / _____

CHILD PLACEMENT: Category: ☐ DCC ☐ FDC ☐ RHC ☐ IHC

Age Group: ☐ Infant ☐ Preschool ☐ Toddler ☐ School Age

Description: ☐ FT ☐ PT ☐ B/A

Provider Type: ☐ Level I ☐ Level II

Eligibility Worker: _____ Contact No. _____

Eligibility Worker's Signature: _____ Date: _____

***** NO PAYMENT WILL BE MADE UNLESS THIS PROCEDURE IS FOLLOWED *****

The Child Care Admission form must be signed and returned to the Child Care Services Division (CCSD) the day the child begins child care.

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No changes should be made to the above section completed by CCSD Eligibility Worker by the parent, provider or anyone else; otherwise this authorization for child care will become INVALID.

Customer Signature: _____ Date: _____

TO BE COMPLETED BY CHILD CARE PROVIDER

Date Child Admitted: _____

NAME OF PERSON AUTHORIZED TO SIGN:

Name: _____ Phone Number: _____
Print

Signature: _____ Date: _____

PLEASE E-MAIL OR BRING THE COMPLETED FORM (SIGNED AND DATED) VIA TRANSMITTAL OR HAND CARRY SLIP TO:

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4001 South Capitol Street, SW-First Floor
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Original to Provider
Copy in case file



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
OFFICE OF EARLY CHILDHOOD EDUCATION

NON- TRADITIONAL CHILD CARE ADMISSION FORM
TO BE COMPLETED BY THE ELIGIBILITY WORKER

This is to authorize **NON-TRADITIONAL** child care admission for:

Child's Name: _____ SSN: _____

Parent/Guardian : _____ SSN: _____

Beginning Date: _____ Child Care Provider: _____

Child Placement: _____ Category: ☐ DCC ☐ FDC ☐ RHC ☐ IHC

OSSE Payment: _____ / _____ Parent Co-Payment: _____ / _____ OSSE Daily Payment Rate: _____ / _____

Type of Service: _____ Full Time ☐ Part Time ☐
☐ Infant ☐ Toddler ☐ Pre-school ☐ School Age

Type of Service: _____ Full Time ☐ Part Time ☐
☐ Infant ☐ Toddler ☐ Pre-school ☐ School Age

COMMENTS: _____

Eligibility Worker: _____ Contact No. _____

Eligibility Worker's Signature: _____ Date: _____

***** NO PAYMENT WILL BE MADE UNLESS THIS PROCEDURE IS FOLLOWED *****

The Child Care Admission form must be signed and returned to the Child Care Services Division (CCSD) the day the child begins child care

The Child Care Admission Form becomes INVALID if the child is not enrolled in the facility named above within thirty (30) calendar days of the date authorized to begin child care.

No changes should be made to the above section completed by CCSD Eligibility Worker by the parent, provider or anyone else; otherwise this authorization for child care will become INVALID.

Customer Signature: _____ Date: _____

TO BE COMPLETED BY CHILD CARE PROVIDER

Date Child Admitted: _____

NAME OF PERSON AUTHORIZED TO SIGN:

Name: _____ Phone Number: _____
Print

Signature: _____ Date: _____

PLEASE E-MAIL OR BRING THE COMPLETED FORM (SIGNED AND DATED) VIA TRANSMITTAL OR HAND CARRY SLIP TO:

Income Maintenance Administration
Child Care Services Division (CCSD)
4001 South Capitol Street, SW-First Floor
Washington, D.C. 20032
Phone: (202) 727-0284 Fax: (202) 727-9709

Original to provider
Copy in case file

Attachment 2.7.1

Provide a copy of the payment rates

DISTRICT OF COLUMBIA REGISTER

APR - 7 2006

DEPARTMENT OF HUMAN SERVICES

NOTICE OF FINAL RULEMAKING

The Director of the Department of Human Services, pursuant to authority set forth in Mayor's Reorganization Plan No. 3 of 1986, section 2 of the Day Care Policy Act of 1979 Amendment Act of 1988, effective July 29, 1988 (D.C. Law 7-136; D.C. Official Code §§ 4-409(a)(1)-(2) and 4-410(a)), section 2 of the Day Care Policy Amendment Act of 1995, effective April 7, 1995 (D.C. Law 11-2; D.C. Official Code §§ 4-409(a)(3) and 4-410(a-1)), section 503 of the Omnibus Budget Support Act of 1995, effective September 26, 1995 (D.C. Law 11-52; D.C. Official Code §§ 4-409(h) and 4-410(b)), section 2(d) of the Day Care Policy Amendment Act of 1998, effective April 13, 1999 (D.C. Law 12-216; D.C. Official Code § 4-404.01), and Mayor's Order 98-11, dated February 9, 1998, hereby gives notice of the adoption of the following amendments to section 308 of Chapter 3 of Title 29 of the *District of Columbia Municipal Regulations* (DCMR) entitled "Rates Paid by the District of Columbia Government to Child Development Centers, Child Development Homes and Relative and In-home Caregivers for Child Care Services."

These final rules establish the District of Columbia's (District's) child care subsidy rates for child care services provided by child development centers, child development homes, and relative and in-home caregivers participating in the subsidized child care program, and are based on findings of the University of the District of Columbia Market Rate and Capacity Utilization Survey of Child Care Providers completed in 2004.

These final rules amend the final rulemaking that was published in the February 17, 2006, edition of the *D.C. Register* to reflect public comments regarding the proposed reimbursement rates, including some technical adjustments to the proposed rates as well as definitional clarifications.

Title 29 DCMR, Chapter 3, section 308 is amended by deleting section 308 in its entirety and substituting the following new section 308 in its place:

- 308 RATES PAID BY THE DISTRICT OF COLUMBIA GOVERNMENT TO CHILD DEVELOPMENT CENTERS, CHILD DEVELOPMENT HOMES AND RELATIVE AND IN-HOME CAREGIVERS FOR CHILD CARE SERVICES**
- 308.1 The District of Columbia government shall pay the following rates per day for child care services, less the parent fee as required by the parent sliding fee scale to child development centers and child development homes that meet their respective requirements of the Tiered Rate Reimbursement System, which is entitled "*Going for the Gold!*" when appropriate and funds are available.
- (a) The payment rates for child development centers and child development homes (including satellite homes) for traditional, extended day, and nontraditional hours of care at the Bronze Tier shall be as follows:

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DISTRICT OF COLUMBIA REGISTER

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Child Development Center Bronze Rates

Age Group	Full Time Traditional	Part Time Traditional	Extended Day Full Time	Extended Day Part Time	Nontraditional Full Time	Nontraditional Part Time
Infant	\$40.70	\$24.42	\$44.77	\$28.49	\$50.86	\$30.53
Toddler	\$39.83	\$23.99	\$43.81	\$27.88	\$49.79	\$29.87
Pre-school	\$29.21	\$17.53	\$32.13	\$20.45	\$36.51	\$21.91
Pre-school Before and After	\$29.21	\$17.53				
School-Age Before and After	\$19.85	\$12.25	\$21.84	\$13.10	\$24.59	\$14.75
School-Age Before or After	\$19.85	\$9.19				

Child Development Home Bronze Rates

Age Group	Full Time Traditional	Part Time Traditional	Extended Day Full Time	Extended Day Part Time	Nontraditional Full Time	Nontraditional Part-Time
Infant	\$28.49	\$17.09	\$31.34	\$19.94	\$35.61	\$21.37
Toddler	\$27.14	\$16.28	\$29.85	\$19.00	\$33.93	\$20.34
Pre-school	\$22.03	\$13.22	\$24.23	\$15.42	\$27.53	\$16.52
Pre-school Before and After	\$22.03	\$13.22				
School-Age Before and After	\$20.00	\$12.00	\$22.00	\$13.20	\$23.66	\$14.19
School-Age Before	\$20.00	\$9.00				

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or After						
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- (b) The payment rates for child development centers and child development homes (including satellite homes) for traditional, extended day and nontraditional hours of care at the Silver Tier shall be as follows:

Child Development Center Silver Rates

Age Group	Full Time Traditional	Part Time Traditional	Extended Day Full Time	Extended Day Part Time	Nontraditional Full Time	Nontraditional Part-Time
Infant	\$47.25	\$28.35	\$51.98	\$33.08	\$59.06	\$35.44
Toddler	\$46.23	\$27.74	\$50.85	\$32.36	\$56.69	\$34.01
Pre-school	\$35.60	\$21.36	\$39.16	\$24.92	\$44.50	\$26.70
Pre-school Before and After	\$35.60	\$21.36				
School-Age Before and After	\$25.43	\$15.26	\$27.97	\$16.79	\$30.92	\$18.55
School-Age Before or After	\$25.43	\$11.45				

Child Development Homes Silver Rates

Age Group	Full Time Traditional	Part Time Traditional	Extended Day Full Time	Extended Day Part Time	Nontraditional Full Time	Nontraditional Part-Time
Infant	\$31.07	\$18.64	\$34.18	\$21.75	\$38.84	\$23.30
Toddler	\$29.23	\$17.54	\$32.50	\$20.46	\$36.54	\$21.92
Pre-school	\$24.53	\$14.72	\$26.98	\$17.17	\$30.66	\$18.40
Pre-school Before and After	\$24.53	\$14.72				

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School-Age Before and After	\$22.90	\$13.74	\$25.19	\$15.11	\$27.08	\$16.25
School Age Before or After	\$22.90	\$10.31				

- (c) The payment rates for child development centers and child development homes (including satellite homes) for traditional, extended day and nontraditional hours of care at the Gold Tier shall be as follows:

Child Development Center Gold Rates

Age Group	Full Time Traditional	Part Time Traditional	Extended Day Full Time	Extended Day Part Time	Nontraditional Full Time	Nontraditional Part-Time
Infant	\$54.41	\$32.65	\$59.85	\$38.09	\$68.01	\$40.81
Toddler	\$50.87	\$30.52	\$55.96	\$35.61	\$63.59	\$38.15
Pre-school	\$42.00	\$25.20	\$46.20	\$29.40	\$52.50	\$31.50
Pre-school Before and After	\$42.00	\$25.20				
School-Age Before and After	\$32.00	\$19.20	\$35.20	\$21.12	\$38.91	\$23.35
School-Age Before or After	\$32.00	\$14.40				

Child Development Home Gold Rates

Age Group	Full Time Traditional	Part Time Traditional	Extended Day Full Time	Extended Day Part Time	Nontraditional Full Time	Nontraditional Part-Time
Infant	\$35.00	\$21.00	\$38.50	\$24.50	\$43.75	\$26.25

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Toddler	\$34.00	\$20.40	\$37.40	\$22.44	\$41.25	\$24.75
Pre-school	\$28.00	\$16.80	\$30.80	\$19.60	\$35.00	\$21.00
Pre-school Before and After	\$28.00	\$16.80				
School-Age Before and After	\$25.80	\$15.48	\$28.38	\$17.03	\$30.51	\$18.31
School-Age Before or After	\$25.80	\$11.61				

308.2 The District of Columbia government shall pay child development centers in the Level II Provider program the full amount of the above applicable payment rate and shall allow such centers to retain the parent fees collected.

308.3 The District of Columbia government shall pay the following rates per day for child care services to relative and in-home caregivers, when appropriate and funds are available.

- (a) The payment rates for relative caregivers for traditional, extended day and nontraditional hours of care shall be as follows:

Relative Child Care Rates

Age Group	Full Time Traditional	Part Time Traditional	Extended Day Full Time	Extended Day Part Time	Nontraditional Full Time	Nontraditional Part-Time
Infant	\$16.82	\$10.09	\$18.50	\$11.77	\$21.03	\$12.62
Toddler	\$14.33	\$8.60	\$15.43	\$10.03	\$17.91	\$10.75
Pre-school Before and After	\$14.33	\$8.60				
School-age Before	\$13.92	\$8.35	\$15.31	\$9.74	\$17.40	\$10.44

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and After						
School- Age Before or After	\$13.92	\$4.18				

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- (b) The payment rates for in-home caregivers for traditional, extended day and nontraditional hours of care shall be as follows:

In-Home Child Care Rates

Age Group	Full Time Traditional	Part Time Traditional	Extended Day Full Time	Extended Day Part Time	Nontraditional Full Time	Nontraditional Part-Time
Infant	\$9.86	\$5.92	\$10.85	\$6.90	\$12.33	\$7.40
Toddler	\$8.70	\$5.22	\$9.57	\$6.09	\$10.88	\$6.53
Pre-School	\$8.70	\$5.22	\$9.57	\$6.09	\$10.88	\$6.53
Pre-school Before and After	\$8.70	\$5.22				
School-age Before and After	\$7.54	\$4.52	\$8.29	\$5.28	\$9.43	\$5.66
School-Age Before or After	\$7.54	\$4.14				

- 308.4 Child care programs that are authorized to manage Family Child Care satellite systems or networks shall receive a daily administrative fee of \$2.53 per day for the management of the family child care homes under their systems or networks.
- 308.5 The District shall pay the regular rate to providers on holidays when providers may be closed.
- 308.6 For the purpose of this section, the following terms shall have the meanings ascribed:
- (a) Age groups for children are defined as follows:
- (1) Infant – a child up to twelve (12) months of age;
 - (2) Toddler – a child twelve (12) months or older, but less than thirty-six (36) months of age;
 - (3) Preschool – a child thirty-six (36) months of age or older, but less than five (5) years of age on or before December 31 of that year; and

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- (4) School-age – a child five (5) years of age on or before December 31 of that year through the age of twelve (12) or through the age of eighteen (18) if the child has a disability.
- (b) Holidays include:
- Labor Day
 - Columbus Day
 - November 11 – Veteran's Day
 - Thanksgiving Day
 - December 25 – Christmas Day
 - January 1
 - Martin Luther King, Jr. Day
 - President's Day
 - Emancipation Day
 - Memorial Day
 - July 4 – Independence Day
- (c) The District shall also consider as a holiday January 20th during years when there is a presidential inauguration.
- (d) The Level II Providers are those child care center providers authorized to conduct initial eligibility determinations and re-determinations for families seeking child care subsidy under specified eligibility categories.
- (e) Types of child care services and hours are as follows:
- (1) Full time traditional – six (6) to eleven (11) hours between 7:00 a.m. and 6:00 p.m., Monday through Friday;
 - (2) Part time traditional - less than six (6) hours of care between 7:00 a.m. and 6:00 p.m., Monday through Friday;
 - (3) Extended day full time – six (6) to fourteen (14) hours where at least one hour of care is in the morning before 7:00 a.m. or in the afternoon after 6:00 p.m. and the majority of hours are between 7:00 a.m. and 6:00 p.m., Monday through Friday. If more than fourteen hours of service are provided, an additional service will be authorized;
 - (4) Extended day part time - less than six (6) hours where at least one hour of care is in the morning before 7:00 a.m. or in the afternoon after 6:00 p.m. and the majority of hours are between 7:00 a.m. and 6:00 p.m., Monday through Friday;

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- (5) Nontraditional full time - six (6) to eleven (11) hours between 6:00 p.m. and 7:00 a.m., Monday through Friday; or six (6) to eleven (11) hours on Saturday or Sunday, regardless of the time of day. If more than eleven (11) hours of service are provided, an additional service will be authorized;
- (6) Nontraditional part-time - less than six (6) hours between 6:00 p.m. and 7:00 a.m., Monday through Friday; or less than six (6) hours on Saturday or Sunday, regardless of the time of day;
- (7) Preschool traditional full time- six (6) eleven (11) hours between 7:00 a.m., Monday through Friday, for three (3) and four (4) year-olds who are not in the public or private pre-Kindergarten programs;
- (8) Preschool traditional part-time - less than (6) hours of care between 7:00 a.m. and 6:00 p.m., Monday through Friday, for three (3) and four (4) year-olds who are not in the public or private pre-Kindergarten programs;
- (9) Preschool before and after traditional full time - service for the three (3) and four (4) year-olds in public or private pre-Kindergarten programs, Monday through Friday, during school holidays;
- (10) Preschool before and after traditional part time - before and after service for the three (3) and four year-olds in public or private pre-Kindergarten programs, Monday through Friday;
- (11) School age before and/or after traditional full time - six (6) to eleven (11) hours between 7:00 a.m. and 6:00 p.m., Monday through Friday, for school age children when the child is not in school during school holidays;
- (12) School age before and after traditional part time - before and after school-age children, Monday through Friday; and
- (13) School age before or after traditional part time - before or after school services for school-age children, Monday through Friday.

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Attachment 2.7.4

Provide a copy of the Market Rate Survey

2010 District of Columbia Child Care Market Rates and Capacity Utilization

*A Study of Licensed Family Home and Child Care Center
Providers in the District of Columbia*



FINAL REPORT

October 2010

Prepared for
Office of the State Superintendent of Education
Division of Early Childhood Education

Prepared by
Center for Applied Research and Urban Policy



Center for Applied Research and Urban Policy

The Center for Applied Research and Urban Policy (CARUP) was established in 1984. The Center conducts research on problems that affect the social, economic, physical, and biological health of urban areas, with a special focus on the District of Columbia. It provides technical assistance to urban managers and policy-makers. Special emphasis is placed on interdisciplinary approaches to problem solving.

CARUP recognizes that strong linkages between the university community, policy groups, and the local government are critical for developing research priorities and strategies that must take into consideration the needs identified by all those who have a stake in the District of Columbia and its residents. In order to effectively achieve a strong working relationship, the Center works to develop systematic linkages between appropriate government agencies and the university so that each is familiar with the other in terms of needs, capabilities, and resources.

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UDC Center for Applied Research and Urban Policy

2010 Market Rate Survey

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Executive Summary

The Office of the State Superintendent of Education, Division of Early Childhood Education (OSSE/ECE), contracted with the Center for Applied Research and Urban Policy (CARUP) at the University of the District of Columbia to conduct the Market Rate and Capacity Utilization Study of child care providers in the District of Columbia. The first such study was conducted in 1998 and reported on provider characteristics, market rates for child care services, and child care capacity utilization and expansion needs in the city. This study reports the 2010 data from the seventh biennial market rate survey and provides additional information on compensation, benefits, and out-of-school time services offered by child care providers in the District of Columbia.

OSSE/ECE has undertaken several initiatives to improve early care and education services in the District of Columbia. However, there is a need to continually update data on market conditions surrounding early care and education services in the District of Columbia. In keeping with current data needs, this study was undertaken to:

- Provide current demographic data on the community of active licensed child care providers in the District of Columbia;
- Determine rates paid by the general public for child care services in the District of Columbia;
- Compare rates paid by the general public with rates paid by OSSE/ECE;
- Identify current compensation levels and types of benefits received by child care providers; and
- Describe out-of-school time activities offered by licensed child care providers in the District of Columbia.

The 2010 Market Rate and Expansion Capacity Study entailed internet, mail and telephone surveys of licensed Family home providers and licensed child care center providers in the District of Columbia.

The Study Population

The study population includes all active licensed child care providers offering child care services in the District of Columbia. The list of licensed providers was obtained from the Office of the State Superintendent of Education and included 156 names, addresses, and telephone numbers for licensed child development homes (family home providers) and 330 names, addresses, and telephone numbers for licensed child development centers (child care center providers) by ward.

The Survey Instrument

The survey instruments used in the 2008 study were modified and expanded for this survey. Adjustments to the previous survey instruments were made after consultations with the OSSE/ECE and a review of other state market rate survey instruments.

The preliminary survey instruments were refined on the basis of feedback received from ECE. Several questions were adapted from the Pennsylvania Early Childhood State Task Force's Early Care and Education Market Rate Survey instrument. A pretest was conducted of the refined instruments with a small sample of both family home and child care center providers.

Data Collection

CARUP staff conducted preliminary training sessions with the survey interviewers. These sessions covered characteristics of the child care community in the District of Columbia, child care regulations and terminology, the purpose of the survey, procedures for conducting the interviews, use of Survey Monkey, and role playing. Interviewers were supervised and monitored during the survey period and staff members were available to provide technical assistance.

Interviews were conducted at various times during the day, evening, and weekend and appointments were made for call backs at times convenient for the provider. A bilingual interviewer was available to provide language assistance in Spanish as needed. CARUP made up to eight attempts to contact all licensed child care providers in the District of Columbia.

Telephone calls were placed to all 156 licensed child development homes (family home providers). The survey instrument link was e-mailed to 178 licensed child development centers (child care center providers) with available e-mail addresses and a copy of the survey instrument was mailed to 152 child care center providers. Follow up telephone calls were made to all center-based providers not responding to the initial mailings. A second copy of the survey instrument was mailed, e-mailed or faxed upon request.

Number of Respondents

CARUP completed interviews with 72.7 percent of the 128 active family home providers and 69.5 percent of the 318 active child care center providers contacted. The response rate for the overall survey was 70.4 percent, representing 93 Family home providers and 221 child care center providers for a total of 314 completed interviews.

Provider Characteristics

- 1.1 Approximately 82.8 percent of Family home providers and 30.7 percent of child care center providers classify themselves as for profit operators, while 63.2 percent of child care center providers and 16.1 percent of family home providers

indicated they were nonprofit providers. More than seven (7.5) percent of providers are Head Start centers, 6.6 percent are Early Head Start providers, 9 percent are Montessori or private schools, and 7.5 percent are operated by faith-based organizations.

- 1.2 Most child care providers operate their services Monday through Friday. Nontraditional hours of care, including evening, overnight, Saturday and/or Sunday service, are offered by 19.4 percent of Family home providers and 7.5 percent of child care center providers.

The average number of hours of operation per day for both family and center-based child care providers is 11. More than 90.6 percent of family home providers and 87.6 percent of center providers operate between 9 and 12 hours per day. While most providers operate on a 7:00 a.m. to 6:00 p.m. schedule, 5.5 percent of center providers and 17.8 percent of family home providers operate 23 hour child care facilities; however, most of these providers are not currently offering 23 hour care.

Family home providers are closed an average of 21.3 days per year and child care centers are closed an average of 22.6 days per year.

- 1.3 Child care providers in the District of Columbia offer a wide range of child care services. Full-time child care services are offered by 97.8 percent of family home providers and 87.8 percent of center-based providers, while part-time services are available from 26.1 percent of family home providers and 28.8 percent of child care center providers. After school care is offered by 31.5 percent of family home providers and 26.9 percent of child care center providers.

Approximately one-fifth of family home providers and child care center providers have current services for children with disabilities.

- 1.4 Most child care providers have working computers with access to the internet. Overall, 73.8 percent of family home providers and 88.7 percent of child care center providers have internet access; however, market rate child care providers are more likely than OSSE/ECE contract child care providers to have internet access.

- 1.5 Child care centers responding to the survey employed 2,822 workers. Approximately 85.4 percent of those employees are directly involved with children in the classroom. The single largest employee group is teachers at 42.2 percent of all employees.

Approximately 64.6 percent of child care center employees and 55.0 percent of family home providers have educational experiences beyond the high school / GED level. Among family home providers, 39.9 percent have college degrees including: 6.5 percent with the Master's degree or higher, 5.4 percent with the Bachelor's degree, and 28 percent with the Associate's degree. Additionally, 54.8

percent have the Child Development Associate (CDA) certification. Many family home providers with the CDA also have college degrees.

Family home providers with OSSE/ECE contracts are more likely to have education beyond high school (75 percent) than are market rate providers (62.1 percent).

Approximately 53.1 percent of administrators, 50.0 percent of administrator/teachers, and 39.6 percent of teachers have a Bachelor's or higher degree. An additional 10 percent of administrators, 34 percent of administrator/teachers and 25.1 percent of teachers have an Associate's degree. While there are significant gains in the percentage of teachers with college degrees, there is a decline in the percentage of administrators with college degrees.

- 1.6 The average annual clock hours of training for family home providers has continued to decline. The median annual hours of training decreased by more than 40 percent and the percentage of providers reporting zero hours of training nearly doubled in the past two years. Clock hours of training include both on-the-job training and training during work and non-work hours.

The average annual clock hours of training for center-based employees increased in 2010. Average annual training hours range from a low of 6.8 hours for classroom aides to a high of 33.6 hours for teachers with a BA degree or higher. The smallest declines in average training hours occur for teachers with the CDA and assistant teachers. The largest increases in average training hours occur for teachers with a BA or higher degree and administrators.

- 1.7 Center providers were asked to give salary information for each employee category. Centers were also asked to provide the number of hours worked per week and the number of weeks worked per year for each category of employees. These figures were used to compute adjusted salary figures. For example, two employees with the same annual salary rate may have different hourly rates if their number of hours worked per week (and/or number of weeks worked per year) differs.

The mean beginning salary for a teacher with a Bachelor's degree is \$31,803 per year, or \$16.88 per hour. The median annual salary is \$30,000 (or \$15.00 per hour). The comparable salaries for a teacher with the CDA certification are \$25,272 per year (\$13.44 per hour) for the mean and \$24,960 per year (\$12.55 per hour) for the median. The mean salary shows the average salary earned based on the number of employees in that group. The median salary is that point at which one-half of the employees in that group earn more and one-half earn less.

Salaries increased for all positions except teachers with a bachelor's degree or higher, whose mean and median salaries declined by 17.2 percent and 3.8 percent, respectively. This drastic decline in salary for this teacher position was largely fueled by a 21.4 percent decrease among market rate providers. Still, market rate

provider salaries for teachers with a bachelor's degree or higher are 19 percent more than are salaries paid by OSSE/ECE contract child care center providers.

- 1.8 Benefits offered decreased in all categories since 2008 and the percentage of centers with no benefits increased substantially. While there is an increase in the percentage of family home providers with disability benefits, there are declines in the percentages of those with health, life insurance, retirement and paid leave benefits.

While 72.9 percent of child care center providers offered health insurance benefits to their employees in 2008, only 67.5 percent offered this benefit in 2010. Child care center providers offering paid sick leave declined from 83 percent in 2008 to 69.8 percent in 2010 and those offering paid vacation leave declined from 86 percent to 69.3 percent.

- 1.9 Rates were computed for each age category, for both full-time and part-time care, and annualized based on the reported hours per day, days per week, and months per year of care provided. Then, the annualized rate was multiplied by the number of enrolled slots for each age category. The per child gross revenue estimates were derived by dividing annual revenue by total enrollment at each center. Revenue estimates are based on enrollment charges and do not include fees, grants or non-cash benefits. Additionally, revenue estimates assume stable enrollment levels for the year.

Gross revenue received does not represent annual salary or annual net income received since operating expenses have not been deducted. For family home providers, the gross annual enrollment revenue has a mean average of \$38,728 and a median of \$36,242. Twenty-five percent of family home providers received less than \$25,007 in gross receipts.

The difference between gross revenue received by market rate centers and OSSE/ECE contract centers continues to be substantial; still, the gap has narrowed. Gross revenue received by market rate centers is 43.2 percent higher than revenue received by OSSE/ECE contract providers. However, market rate centers have an average enrollment of 57.1 children versus an average of 54.7 children at OSSE/ECE contract centers. When adjusted for enrollment differences, revenues are just 22.5 percent (or \$118,973) higher at market rate centers.

- 1.10 Approximately 38.5 percent of child care center providers and 24.2 percent of family home providers report that they have received accreditation from a professional accreditation organization. However, while 6.6 percent of family home providers cite the National Association for Education of Young Children (NAEYC) as their accrediting organization, NAEYC does not accredit facilities where the operator lives.

An additional 30.7 percent of child care center providers and 24.8 percent of family home providers are currently engaged in some step of the accreditation process. The most frequently cited accreditation organization for centers is the

National Association for the Education of Young Children (NAEYC) at 31.6 percent and for Family home providers is the National Association for Family Child Care (NAFCC) at 14.3 percent.

Family Home Provider Rates

2.1.1. While 29.1 percent of infant slots were with market rate providers in 2008, in 2010 approximately 36 percent of all family home provider slots for infants (children ages 6 weeks through 12 months) are with market rate providers. The full-time market daily rate for infants declined to \$46.00. The rate increased for providers with OSSE/ECE contracts or provider agreements to a daily rate of \$40.50. The total pool of family home providers has a daily rate of \$45.00.

2.1.2. The full-time daily market rate for children age 1-year is \$47.50. Approximately 23.3 percent of 1-year-olds are enrolled with market rate providers. Providers with OSSE/ECE contracts or provider agreements have a daily rate of \$36.00. The total pool of family home providers has a rate of \$37.50 per day.

The full-time daily market rate for children age 2-years is \$50.00. Providers with OSSE/ECE contracts or provider agreements have a daily rate of \$34.25. The total pool of family care providers has a rate of \$35.00. Approximately 28.3 percent of 2-year-olds are enrolled with market rate providers.

2.1.3. The full-time daily market rate for preschool children (age 3-years) is \$62.50 per day. The full-time rate for providers with OSSE/ECE contracts or provider agreements is \$33.00. The rate for the total pool of providers is \$35.00.

The full-time daily market rate for children age 4-years is \$55.25, while the rate for OSSE/ECE contract providers is \$31.00. The rate for total providers for children age 4-years is \$31.50 per day. There are few 4-year-olds enrolled full-time with family home providers.

2.1.4. The full-time daily rate for school-age children (over 4-years old) is set by the OSSE/ECE at the full-time rate charged when school is closed. For market rate providers that rate is \$52.50 per day. Providers with OSSE/ECE contracts or provider agreements have a rate of \$25.80 per day. The rate for total providers is \$27.25 per day.

Child Care Center Provider Rates

2.2.1. Approximately 35.4 percent of all enrolled center-based infant care slots are with market rate providers. The full-time daily market rate for infants is \$75.29. Providers with OSSE/ECE contracts or provider agreements have a daily rate of \$60.00. The rate for total providers is \$70.40 per day.

2.2.2. The full-time daily market rate for children age 1-year is \$72.47. Approximately 40.5 percent of 1-year-olds are with market rate providers and 59.5 percent are with OSSE/ECE contract providers. Providers with OSSE/ECE contracts or

provider agreements have a daily rate of \$55.61. The total pool of child care center providers has a rate of \$67.44 per day.

The full time daily market rate for 2-year-olds is \$64.20. Providers with OSSE/ECE contracts or provider agreements have a rate of \$51.00 per day. The total pool of center-based providers has a daily rate of \$58.66. Just 28.2 percent of center-based slots for 2-year-olds are with market rate providers and 71.8 percent are with OSSE/ECE contract providers.

- 2.2.3. The full-time daily market rates for preschool children (ages 3- and 4-years) are \$57.78 per day and \$57.60 per day, respectively. The rate for providers with OSSE/ECE contracts or provider agreements is \$46.19 for 3-year-olds and \$50.00 for 4-year-olds. The rate for the total pool of providers is \$53.49 per day for 3-year-olds and \$54.04 for 4-year-olds per day. Approximately 59 percent of 3-year-olds and 4-year-olds are enrolled OSSE/ECE contract providers and 41 percent are with market rate providers.

- 2.2.4. The full-time daily rate for school-age children is set by the OSSE/ECE at the full-time rate charged when school is closed. For market rate providers the rate is \$57.30 per day. Providers with OSSE/ECE contracts or provider agreements have a rate of \$45.00 per day. The rate for the total pool of providers is \$54.00 per day. Just more than 17 percent of school-age children in full-time care with child care center providers are with market rate providers and 82.9 percent are with OSSE/ECE contract providers.

Other Rates

- 2.3. Approximately 19 percent of child care center providers have children enrolled in part-time care. Among these providers, 23.7 percent have minimum hour requirements and are primarily market rate providers. Some providers require a minimum number of days, some a minimum number of hours per day, per week or per month. Thus, part-time rates are not readily comparable.

Fewer than 8 percent of family home providers and 2 percent of center providers reported rates for nontraditional hours of care

Capacity Utilization and Expansion

- 3.1. The number of licensed child development homes and child development centers declined since 2008 by 22.4 percent and 2.4 percent, respectively. However, there was a net increase of 5 percent in total licensed capacity.

Nearly one-third (31.8 percent) of all family home providers and 16.6 percent of all child care center providers operating in 2008 were no longer in business in 2010. These losses in service providers were somewhat offset by the addition of 48 newly licensed child development centers and 19 newly licensed child development homes during this two-year period.

- 3.2 Survey respondents have a licensed capacity of 15,100 child care slots. Family home providers are licensed for 518 slots and child care center providers are licensed for 14,582 slots. The capacity utilization for family home providers is 76.1 percent; for child care center providers, it is 82.3 percent; and for total providers it is 82.1 percent. The capacity utilization declined since the 2008 market rate survey when 85.6 of slots were used.

While 87.8 percent of current center capacity is being utilized at market rate child care centers, just 79.5 percent of center capacity is being utilized at OSSE/ECE contract child care centers. However, among family home providers, OSSE/ECE contract providers utilize 81 percent of capacity while market rate providers utilize 67.1 percent of capacity.

- 3.2 Most family home providers and child care center providers maintain waiting lists for families seeking child care services at their facilities when no slots are available for the requested age group. These waiting lists are not related to the Child Care Subsidy Program. OSSE/ECE does not have a waiting list for families seeking child care subsidies.

There are currently 10,377 children on provider waiting lists. Children zero to three years of age hold 7,381 waiting list slots, or 72.8 percent of the total. Prekindergarten children (ages 3- and 4-years) hold 2,220 of the remaining slots or 21.9 percent of the total.

Children are on provider waiting lists in all wards in the District of Columbia. However, more than half (56.8 percent) of children are waiting for slots in child care facilities located in Wards 1 and 2, and an additional 24.2 percent are waiting for slots in Wards 6 and 8. More than half of infants are waiting for slots in Wards 2 and 6, the central business district.

Out-of-School Time Services (OST)

- 4.1 In 2008, approximately 39.1 percent of child care center providers and 19.2 percent of family homes offered special programs before school, after school, and/or during the summer for school-age children; however, just 27.4 percent of child care center providers and 18.3 percent of family home providers offer OST programs in 2010. Nearly 72.3 percent of school-age children (enrolled in child care centers) are enrolled in centers providing special programs for school-age children.
- 4.2 Family home providers offering OST programs are located in Wards 2, 5, 6, 7, and 8. Center providers are located throughout the District of Columbia. If we look at the distribution of total center providers offering OST programs, the highest percentage of centers are in Ward 6 and the lowest percentage in Ward 1. However, if we examine the availability of OST programs as a percentage of the centers within a ward, then centers in Ward 7 (60 percent), Ward 6 (45.2 percent), and Ward 8 (31 percent) are the most likely to offer programs.

- 4.4 Centers in Wards 1 and 3 are the most likely to offer both before and after school programs. Centers in Wards 2, 5 and 7 are the most likely to offer summer programs for school-age children. Ward 3 centers continue to be the least likely to provide summer programs.
- 4.5 Providers with OST programs offer a wide variety of activities for children. However, the types of activities in which children participate vary by ward. Arts and crafts are the top ranked activity in Wards 1 and 2 and the second ranked activity in Ward 6. Field trips are the top ranked activity or tied for the top ranked activity in all wards except Wards 1 and 4. Homework assistance is the top ranked activity in Ward 1 and the second ranked activity in Ward 3. Dance and drama are tied for the top ranked activity in Ward 4.

Most child care providers do not charge additional fees for OST activities; however, some do charge a registration fee for these programs.

Provider Difficulties and Challenges

- 5.1 More than 71 percent of family home providers and 57.6 percent of child care providers find it somewhat difficult or very difficult to make ends meet in operating their child care programs. However, 41.1 percent of market rate centers indicated that they were having no difficulty at all making ends meet.
- 5.2 Child care center providers were asked about challenges they face in recruiting and retaining staff. They were given six areas of challenges to rate: high competition; qualified people; lack of advancement opportunities; job stress; low pay; and low benefits. Child care center providers identified finding qualified people, low pay, and high competition as their biggest areas of challenge.

Provider Priorities on Needed Action

- 5.3 Family home providers and child care center providers were asked to provide a maximum of three priority actions that the District of Columbia government should take related to early childhood services. Recommendations merged around four themes: system changes, increases in child care rates, additional supports, and training and/or professional development supports.
- 5.4 Child care providers' recommended systems changes include: reduction of bureaucracy and paperwork requirements; improved communications, including a DC Twitter for provider input; establishment of a reliable substitute teacher organization; development of policies and/or structures to help providers stay afloat when provider resources are limited.
- 5.5 Providers are requesting increases in child care reimbursement rates more often to ensure that rate increases keep pace with rising operating costs.
- 5.6 Providers recommend the establishment of wage supplements for teachers, insurance and benefit pools to reduce costs to individual providers, assistance

with supplies and equipment, and paid leave for family home providers.

- 5.7 In the area of training/professional development, providers recommend increased funding for college degree programs and tuition reimbursement assistance; more diversified training by OSSE; more enhanced professional development opportunities; more specialized training sessions on working with children with special needs; and creation of a development program for center directors.
- 5.8 Providers also expressed concerns about the best environment for young children.

One provider seemed to capture the overall essence of what other providers were expressing:

“Strengthen the value, respect and support for community-based programs.”

2010 District of Columbia Child Care Market Rates and Capacity Utilization

*A Study of Licensed Family Home and Child Care Center
Providers in the District of Columbia*



FINAL REPORT

October 2010

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Division of Early Childhood Education

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Center for Applied Research and Urban Policy

The Center for Applied Research and Urban Policy (CARUP) was established in 1984. The Center conducts research on problems that affect the social, economic, physical, and biological health of urban areas, with a special focus on the District of Columbia. It provides technical assistance to urban managers and policy-makers. Special emphasis is placed on interdisciplinary approaches to problem solving.

CARUP recognizes that strong linkages between the university community, policy groups, and the local government are critical for developing research priorities and strategies that must take into consideration the needs identified by all those who have a stake in the District of Columbia and its residents. In order to effectively achieve a strong working relationship, the Center works to develop systematic linkages between appropriate government agencies and the university so that each is familiar with the other in terms of needs, capabilities, and resources.

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DEFINITION OF TERMS

Child development facility – facility where a child development program is provided for infants and children, away from home, for less than twenty-four (24) hours a day. It includes child development homes and child development centers, but does not include public or private elementary schools engaged in legally required education and related functions.

Child care center provider – operator of a licensed child development center providing child care services in the District of Columbia.

Child/Elderly development center - a building or part of a building, other than a child development home or elderly day care home, used for the non-residential licensed care, education, counseling, or training of individuals under the age of fifteen (15) years of age and/or for the non-residential care of individuals age 65 or older, totaling seven (7) or more persons, who are not related by blood or marriage to the caregiver and who are present for less than twenty-four (24) hours per day. This definition encompasses facilities generally known as child care centers, pre-schools, nursery schools, before-and-after school programs, senior care centers, elder care programs, and similar programs and facilities. A child/elderly development center includes the following accessory uses: counseling; education, training, and health and social services for the person or persons with legal charge of individuals attending the center, including, but not limited to, any parent, spouse, sibling, child, or legal guardian of such individuals. (46 DCMR 8286 and 53 DCR 10085)

Child development home - a dwelling unit used in part for the licensed care, education, or training of no more than six (6) individuals fifteen (15) years of age or less. Those individuals receiving care, education, or training who are not related by blood, marriage, or adoption to the caregiver shall be present for less than twenty-four (24) hours per day. This definition encompasses facilities generally known as a child care center, day-care center, pre-school, nursery school, before-and-after school programs, and similar programs and facilities. (29 DCR 4913)

Family home provider – operator of a licensed child development home providing child care services in the District of Columbia.

In-home care – child care services where the parent/guardian selects the provider to provide care in the child's own home.

Market rate providers - are licensed child development centers and/or licensed child development homes that have no contract or provider agreement with the Office of the State Superintendent of Education, Division of Early Childhood Education to provide care for eligible children under the Child Care Subsidy Program.

OSSE/ECE contract providers - are licensed child development centers and/or licensed child development homes that have a contract or provider agreement with the Office of the State Superintendent of Education, Division of Early Childhood Education to provide care for eligible children under the Child Care Subsidy Program; however, all children enrolled at these facilities are not necessarily participants in the subsidy program.

Relative care – child care services where the parent/guardian selects the relative to provide care in the child’s own home.

75th percentile - the point at which 75 percent of child slots are lower in cost and 25 percent of slots are higher in cost.

Tiered Rate Reimbursement System (TRRS) - The differential reimbursement rates paid by the Office of the State Superintendent of Education. The TRRS is called "Going for the Gold" and has three tier levels: Bronze, Silver and Gold. Each level has criteria that must be met in order to receive the reimbursement rate associated with that tier. The *gold tier* is the highest reimbursement rate; the *bronze tier* is the lowest reimbursement rate. The levels are distinguished by quality standards that include national accreditation, compliance with licensing regulations, staff qualifications and staff training requirements, professional development, parent involvement, consumer satisfaction and environment.

Executive Summary

The Office of the State Superintendent of Education, Division of Early Childhood Education (OSSE/ECE), contracted with the Center for Applied Research and Urban Policy (CARUP) at the University of the District of Columbia to conduct the Market Rate and Capacity Utilization Study of child care providers in the District of Columbia. The first such study was conducted in 1998 and reported on provider characteristics, market rates for child care services, and child care capacity utilization and expansion needs in the city. This study reports the 2010 data from the seventh biennial market rate survey and provides additional information on compensation, benefits, and out-of-school time services offered by child care providers in the District of Columbia.

OSSE/ECE has undertaken several initiatives to improve early care and education services in the District of Columbia. However, there is a need to continually update data on market conditions surrounding early care and education services in the District of Columbia. In keeping with current data needs, this study was undertaken to:

- Provide current demographic data on the community of active licensed child care providers in the District of Columbia;
- Determine rates paid by the general public for child care services in the District of Columbia;
- Compare rates paid by the general public with rates paid by OSSE/ECE;
- Identify current compensation levels and types of benefits received by child care providers; and
- Describe out-of-school time activities offered by licensed child care providers in the District of Columbia.

The 2010 Market Rate and Expansion Capacity Study entailed internet, mail and telephone surveys of licensed Family home providers and licensed child care center providers in the District of Columbia.

The Study Population

The study population includes all active licensed child care providers offering child care services in the District of Columbia. The list of licensed providers was obtained from the Office of the State Superintendent of Education and included 156 names, addresses, and telephone numbers for licensed child development homes (family home providers) and 330 names, addresses, and telephone numbers for licensed child development centers (child care center providers) by ward.

The Survey Instrument

The survey instruments used in the 2008 study were modified and expanded for this survey. Adjustments to the previous survey instruments were made after consultations with the OSSE/ECE and a review of other state market rate survey instruments.

The preliminary survey instruments were refined on the basis of feedback received from ECE. Several questions were adapted from the Pennsylvania Early Childhood State Task Force's Early Care and Education Market Rate Survey instrument. A pretest was conducted of the refined instruments with a small sample of both family home and child care center providers.

Data Collection

CARUP staff conducted preliminary training sessions with the survey interviewers. These sessions covered characteristics of the child care community in the District of Columbia, child care regulations and terminology, the purpose of the survey, procedures for conducting the interviews, use of Survey Monkey, and role playing. Interviewers were supervised and monitored during the survey period and staff members were available to provide technical assistance.

Interviews were conducted at various times during the day, evening, and weekend and appointments were made for call backs at times convenient for the provider. A bilingual interviewer was available to provide language assistance in Spanish as needed. CARUP made up to eight attempts to contact all licensed child care providers in the District of Columbia.

Telephone calls were placed to all 156 licensed child development homes (family home providers). The survey instrument link was e-mailed to 178 licensed child development centers (child care center providers) with available e-mail addresses and a copy of the survey instrument was mailed to 152 child care center providers. Follow up telephone calls were made to all center-based providers not responding to the initial mailings. A second copy of the survey instrument was mailed, e-mailed or faxed upon request.

Number of Respondents

CARUP completed interviews with 72.7 percent of the 128 active family home providers and 69.5 percent of the 318 active child care center providers contacted. The response rate for the overall survey was 70.4 percent, representing 93 Family home providers and 221 child care center providers for a total of 314 completed interviews.

Provider Characteristics

- 1.1 Approximately 82.8 percent of Family home providers and 30.7 percent of child care center providers classify themselves as for profit operators, while 63.2 percent of child care center providers and 16.1 percent of family home providers

indicated they were nonprofit providers. More than seven (7.5) percent of providers are Head Start centers, 6.6 percent are Early Head Start providers, 9 percent are Montessori or private schools, and 7.5 percent are operated by faith-based organizations.

- 1.2 Most child care providers operate their services Monday through Friday. Nontraditional hours of care, including evening, overnight, Saturday and/or Sunday service, are offered by 19.4 percent of Family home providers and 7.5 percent of child care center providers.

The average number of hours of operation per day for both family and center-based child care providers is 11. More than 90.6 percent of family home providers and 87.6 percent of center providers operate between 9 and 12 hours per day. While most providers operate on a 7:00 a.m. to 6:00 p.m. schedule, 5.5 percent of center providers and 17.8 percent of family home providers operate 23 hour child care facilities; however, most of these providers are not currently offering 23 hour care.

Family home providers are closed an average of 21.3 days per year and child care centers are closed an average of 22.6 days per year.

- 1.3 Child care providers in the District of Columbia offer a wide range of child care services. Full-time child care services are offered by 97.8 percent of family home providers and 87.8 percent of center-based providers, while part-time services are available from 26.1 percent of family home providers and 28.8 percent of child care center providers. After school care is offered by 31.5 percent of family home providers and 26.9 percent of child care center providers.

Approximately one-fifth of family home providers and child care center providers have current services for children with disabilities.

- 1.4 Most child care providers have working computers with access to the internet. Overall, 73.8 percent of family home providers and 88.7 percent of child care center providers have internet access; however, market rate child care providers are more likely than OSSE/ECE contract child care providers to have internet access.

- 1.5 Child care centers responding to the survey employed 2,822 workers. Approximately 85.4 percent of those employees are directly involved with children in the classroom. The single largest employee group is teachers at 42.2 percent of all employees.

Approximately 64.6 percent of child care center employees and 55.0 percent of family home providers have educational experiences beyond the high school / GED level. Among family home providers, 39.9 percent have college degrees including: 6.5 percent with the Master's degree or higher, 5.4 percent with the Bachelor's degree, and 28 percent with the Associate's degree. Additionally, 54.8

percent have the Child Development Associate (CDA) certification. Many family home providers with the CDA also have college degrees.

Family home providers with OSSE/ECE contracts are more likely to have education beyond high school (75 percent) than are market rate providers (62.1 percent).

Approximately 53.1 percent of administrators, 50.0 percent of administrator/teachers, and 39.6 percent of teachers have a Bachelor's or higher degree. An additional 10 percent of administrators, 34 percent of administrator/teachers and 25.1 percent of teachers have an Associate's degree. While there are significant gains in the percentage of teachers with college degrees, there is a decline in the percentage of administrators with college degrees.

- 1.6 The average annual clock hours of training for family home providers has continued to decline. The median annual hours of training decreased by more than 40 percent and the percentage of providers reporting zero hours of training nearly doubled in the past two years. Clock hours of training include both on-the-job training and training during work and non-work hours.

The average annual clock hours of training for center-based employees increased in 2010. Average annual training hours range from a low of 6.8 hours for classroom aides to a high of 33.6 hours for teachers with a BA degree or higher. The smallest declines in average training hours occur for teachers with the CDA and assistant teachers. The largest increases in average training hours occur for teachers with a BA or higher degree and administrators.

- 1.7 Center providers were asked to give salary information for each employee category. Centers were also asked to provide the number of hours worked per week and the number of weeks worked per year for each category of employees. These figures were used to compute adjusted salary figures. For example, two employees with the same annual salary rate may have different hourly rates if their number of hours worked per week (and/or number of weeks worked per year) differs.

The mean beginning salary for a teacher with a Bachelor's degree is \$31,803 per year, or \$16.88 per hour. The median annual salary is \$30,000 (or \$15.00 per hour). The comparable salaries for a teacher with the CDA certification are \$25,272 per year (\$13.44 per hour) for the mean and \$24,960 per year (\$12.55 per hour) for the median. The mean salary shows the average salary earned based on the number of employees in that group. The median salary is that point at which one-half of the employees in that group earn more and one-half earn less.

Salaries increased for all positions except teachers with a bachelor's degree or higher, whose mean and median salaries declined by 17.2 percent and 3.8 percent, respectively. This drastic decline in salary for this teacher position was largely fueled by a 21.4 percent decrease among market rate providers. Still, market rate

provider salaries for teachers with a bachelor's degree or higher are 19 percent more than are salaries paid by OSSE/ECE contract child care center providers.

- 1.8 Benefits offered decreased in all categories since 2008 and the percentage of centers with no benefits increased substantially. While there is an increase in the percentage of family home providers with disability benefits, there are declines in the percentages of those with health, life insurance, retirement and paid leave benefits.

While 72.9 percent of child care center providers offered health insurance benefits to their employees in 2008, only 67.5 percent offered this benefit in 2010. Child care center providers offering paid sick leave declined from 83 percent in 2008 to 69.8 percent in 2010 and those offering paid vacation leave declined from 86 percent to 69.3 percent.

- 1.9 Rates were computed for each age category, for both full-time and part-time care, and annualized based on the reported hours per day, days per week, and months per year of care provided. Then, the annualized rate was multiplied by the number of enrolled slots for each age category. The per child gross revenue estimates were derived by dividing annual revenue by total enrollment at each center. Revenue estimates are based on enrollment charges and do not include fees, grants or non-cash benefits. Additionally, revenue estimates assume stable enrollment levels for the year.

Gross revenue received does not represent annual salary or annual net income received since operating expenses have not been deducted. For family home providers, the gross annual enrollment revenue has a mean average of \$38,728 and a median of \$36,242. Twenty-five percent of family home providers received less than \$25,007 in gross receipts.

The difference between gross revenue received by market rate centers and OSSE/ECE contract centers continues to be substantial; still, the gap has narrowed. Gross revenue received by market rate centers is 43.2 percent higher than revenue received by OSSE/ECE contract providers. However, market rate centers have an average enrollment of 57.1 children versus an average of 54.7 children at OSSE/ECE contract centers. When adjusted for enrollment differences, revenues are just 22.5 percent (or \$118,973) higher at market rate centers.

- 1.10 Approximately 38.5 percent of child care center providers and 24.2 percent of family home providers report that they have received accreditation from a professional accreditation organization. However, while 6.6 percent of family home providers cite the National Association for Education of Young Children (NAEYC) as their accrediting organization, NAEYC does not accredit facilities where the operator lives.

An additional 30.7 percent of child care center providers and 24.8 percent of family home providers are currently engaged in some step of the accreditation process. The most frequently cited accreditation organization for centers is the

National Association for the Education of Young Children (NAEYC) at 31.6 percent and for Family home providers is the National Association for Family Child Care (NAFCC) at 14.3 percent.

Family Home Provider Rates

2.1.1. While 29.1 percent of infant slots were with market rate providers in 2008, in 2010 approximately 36 percent of all family home provider slots for infants (children ages 6 weeks through 12 months) are with market rate providers. The full-time market daily rate for infants declined to \$46.00. The rate increased for providers with OSSE/ECE contracts or provider agreements to a daily rate of \$40.50. The total pool of family home providers has a daily rate of \$45.00.

2.1.2. The full-time daily market rate for children age 1-year is \$47.50. Approximately 23.3 percent of 1-year-olds are enrolled with market rate providers. Providers with OSSE/ECE contracts or provider agreements have a daily rate of \$36.00. The total pool of family home providers has a rate of \$37.50 per day.

The full-time daily market rate for children age 2-years is \$50.00. Providers with OSSE/ECE contracts or provider agreements have a daily rate of \$34.25. The total pool of family care providers has a rate of \$35.00. Approximately 28.3 percent of 2-year-olds are enrolled with market rate providers.

2.1.3. The full-time daily market rate for preschool children (age 3-years) is \$62.50 per day. The full-time rate for providers with OSSE/ECE contracts or provider agreements is \$33.00. The rate for the total pool of providers is \$35.00.

The full-time daily market rate for children age 4-years is \$55.25, while the rate for OSSE/ECE contract providers is \$31.00. The rate for total providers for children age 4-years is \$31.50 per day. There are few 4-year-olds enrolled full-time with family home providers.

2.1.4. The full-time daily rate for school-age children (over 4-years old) is set by the OSSE/ECE at the full-time rate charged when school is closed. For market rate providers that rate is \$52.50 per day. Providers with OSSE/ECE contracts or provider agreements have a rate of \$25.80 per day. The rate for total providers is \$27.25 per day.

Child Care Center Provider Rates

2.2.1. Approximately 35.4 percent of all enrolled center-based infant care slots are with market rate providers. The full-time daily market rate for infants is \$75.29. Providers with OSSE/ECE contracts or provider agreements have a daily rate of \$60.00. The rate for total providers is \$70.40 per day.

2.2.2. The full-time daily market rate for children age 1-year is \$72.47. Approximately 40.5 percent of 1-year-olds are with market rate providers and 59.5 percent are with OSSE/ECE contract providers. Providers with OSSE/ECE contracts or

provider agreements have a daily rate of \$55.61. The total pool of child care center providers has a rate of \$67.44 per day.

The full time daily market rate for 2-year-olds is \$64.20. Providers with OSSE/ECE contracts or provider agreements have a rate of \$51.00 per day. The total pool of center-based providers has a daily rate of \$58.66. Just 28.2 percent of center-based slots for 2-year-olds are with market rate providers and 71.8 percent are with OSSE/ECE contract providers.

- 2.2.3. The full-time daily market rates for preschool children (ages 3- and 4-years) are \$57.78 per day and \$57.60 per day, respectively. The rate for providers with OSSE/ECE contracts or provider agreements is \$46.19 for 3-year-olds and \$50.00 for 4-year-olds. The rate for the total pool of providers is \$53.49 per day for 3-year-olds and \$54.04 for 4-year-olds per day. Approximately 59 percent of 3-year-olds and 4-year-olds are enrolled OSSE/ECE contract providers and 41 percent are with market rate providers.
- 2.2.4. The full-time daily rate for school-age children is set by the OSSE/ECE at the full-time rate charged when school is closed. For market rate providers the rate is \$57.30 per day. Providers with OSSE/ECE contracts or provider agreements have a rate of \$45.00 per day. The rate for the total pool of providers is \$54.00 per day. Just more than 17 percent of school-age children in full-time care with child care center providers are with market rate providers and 82.9 percent are with OSSE/ECE contract providers.

Other Rates

- 2.3 Approximately 19 percent of child care center providers have children enrolled in part-time care. Among these providers, 23.7 percent have minimum hour requirements and are primarily market rate providers. Some providers require a minimum number of days, some a minimum number of hours per day, per week or per month. Thus, part-time rates are not readily comparable.

Fewer than 8 percent of family home providers and 2 percent of center providers reported rates for nontraditional hours of care

Capacity Utilization and Expansion

- 3.1 The number of licensed child development homes and child development centers declined since 2008 by 22.4 percent and 2.4 percent, respectively. However, there was a net increase of 5 percent in total licensed capacity.

Nearly one-third (31.8 percent) of all family home providers and 16.6 percent of all child care center providers operating in 2008 were no longer in business in 2010. These losses in service providers were somewhat offset by the addition of 48 newly licensed child development centers and 19 newly licensed child development homes during this two-year period.

- 3.2 Survey respondents have a licensed capacity of 15,100 child care slots. Family home providers are licensed for 518 slots and child care center providers are licensed for 14,582 slots. The capacity utilization for family home providers is 76.1 percent; for child care center providers, it is 82.3 percent; and for total providers it is 82.1 percent. The capacity utilization declined since the 2008 market rate survey when 85.6 of slots were used.

While 87.8 percent of current center capacity is being utilized at market rate child care centers, just 79.5 percent of center capacity is being utilized at OSSE/ECE contract child care centers. However, among family home providers, OSSE/ECE contract providers utilize 81 percent of capacity while market rate providers utilize 67.1 percent of capacity.

- 3.2 Most family home providers and child care center providers maintain waiting lists for families seeking child care services at their facilities when no slots are available for the requested age group. These waiting lists are not related to the Child Care Subsidy Program. OSSE/ECE does not have a waiting list for families seeking child care subsidies.

There are currently 10,377 children on provider waiting lists. Children zero to three years of age hold 7,381 waiting list slots, or 72.8 percent of the total. Prekindergarten children (ages 3- and 4-years) hold 2,220 of the remaining slots or 21.9 percent of the total.

Children are on provider waiting lists in all wards in the District of Columbia. However, more than half (56.8 percent) of children are waiting for slots in child care facilities located in Wards 1 and 2, and an additional 24.2 percent are waiting for slots in Wards 6 and 8. More than half of infants are waiting for slots in Wards 2 and 6, the central business district.

Out-of-School Time Services (OST)

- 4.1 In 2008, approximately 39.1 percent of child care center providers and 19.2 percent of family homes offered special programs before school, after school, and/or during the summer for school-age children; however, just 27.4 percent of child care center providers and 18.3 percent of family home providers offer OST programs in 2010. Nearly 72.3 percent of school-age children (enrolled in child care centers) are enrolled in centers providing special programs for school-age children.
- 4.2 Family home providers offering OST programs are located in Wards 2, 5, 6, 7, and 8. Center providers are located throughout the District of Columbia. If we look at the distribution of total center providers offering OST programs, the highest percentage of centers are in Ward 6 and the lowest percentage in Ward 1. However, if we examine the availability of OST programs as a percentage of the centers within a ward, then centers in Ward 7 (60 percent), Ward 6 (45.2 percent), and Ward 8 (31 percent) are the most likely to offer programs.

- 4.4 Centers in Wards 1 and 3 are the most likely to offer both before and after school programs. Centers in Wards 2, 5 and 7 are the most likely to offer summer programs for school-age children. Ward 3 centers continue to be the least likely to provide summer programs.
- 4.5 Providers with OST programs offer a wide variety of activities for children. However, the types of activities in which children participate vary by ward. Arts and crafts are the top ranked activity in Wards 1 and 2 and the second ranked activity in Ward 6. Field trips are the top ranked activity or tied for the top ranked activity in all wards except Wards 1 and 4. Homework assistance is the top ranked activity in Ward 1 and the second ranked activity in Ward 3. Dance and drama are tied for the top ranked activity in Ward 4.

Most child care providers do not charge additional fees for OST activities; however, some do charge a registration fee for these programs.

Provider Difficulties and Challenges

- 5.1 More than 71 percent of family home providers and 57.6 percent of child care providers find it somewhat difficult or very difficult to make ends meet in operating their child care programs. However, 41.1 percent of market rate centers indicated that they were having no difficulty at all making ends meet.
- 5.2 Child care center providers were asked about challenges they face in recruiting and retaining staff. They were given six areas of challenges to rate: high competition; qualified people; lack of advancement opportunities; job stress; low pay; and low benefits. Child care center providers identified finding qualified people, low pay, and high competition as their biggest areas of challenge.

Provider Priorities on Needed Action

- 5.3 Family home providers and child care center providers were asked to provide a maximum of three priority actions that the District of Columbia government should take related to early childhood services. Recommendations merged around four themes: system changes, increases in child care rates, additional supports, and training and/or professional development supports.
- 5.4 Child care providers' recommended systems changes include: reduction of bureaucracy and paperwork requirements; improved communications, including a DC Twitter for provider input; establishment of a reliable substitute teacher organization; development of policies and/or structures to help providers stay afloat when provider resources are limited.
- 5.5 Providers are requesting increases in child care reimbursement rates more often to ensure that rate increases keep pace with rising operating costs.
- 5.6 Providers recommend the establishment of wage supplements for teachers, insurance and benefit pools to reduce costs to individual providers, assistance

with supplies and equipment, and paid leave for family home providers.

- 5.7 In the area of training/professional development, providers recommend increased funding for college degree programs and tuition reimbursement assistance; more diversified training by OSSE; more enhanced professional development opportunities; more specialized training sessions on working with children with special needs; and creation of a development program for center directors.

- 5.8 Providers also expressed concerns about the best environment for young children.

One provider seemed to capture the overall essence of what other providers were expressing:

“Strengthen the value, respect and support for community-based programs.”

1. INTRODUCTION

Federal statute (45CFR 98.16 and 98.43) requires that the District of Columbia, as part of its Child Care and Development Fund (CCDF) Plan, show how payment rates are adequate to ensure equal access to child care services for eligible children comparable to services available to families not participating in the subsidy programs (Office of Child Care 2009). The city is required to conduct a local market rate survey biennially to facilitate development of its CCDF Plan.

The Office of the State Superintendent of Education, Division of Early Childhood Education (OSSE/ECE) contracted with the Center for Applied Research and Urban Policy (CARUP) at the University of the District of Columbia to conduct the Market Rate and Capacity Utilization Study of child care providers in the District of Columbia. The first such study was conducted in 1998 and reported on provider characteristics, market rates for child care services, and child care capacity utilization and expansion needs in the city. This study reports the 2010 data from the seventh biennial market rate survey and provides additional information on compensation, benefits, and out-of-school time services offered by child care providers in the District of Columbia.

The United States Census Bureau's Annual Population Estimates shows the city's population ages 0 through 17 at 114,036 in 2009. Approximately 37,144 of the children were ages 0 through 4 and 52,236 were ages 5 through 13 for a total of 89,380 children ages 0 through 13 in 2009. The total estimated population for 2009 increased from 591,000 in 2008 to 599,657. While there was a net growth of 1.5 percent in the total population, there was a 2.6 percent increase in the estimated population under 5 years of age (US Census Bureau, Population Division Vintage 2009).

According to the 2009 American Community Survey's 1-year estimates, the median household income in the District of Columbia is \$57,936. However, nearly 54 percent of the city's children live in households with incomes below 200 percent of the federal poverty level. The US Census, Current Population Survey, reports that in 2009: 31.3 percent of the city's children live in families with incomes 100 percent below the federal poverty level; 36.9 percent in families 125 percent below the poverty level; 44.8 percent in families 150 percent below the poverty level; and 53.9 percent in families 200 percent below the poverty level. The District of Columbia's eligibility threshold for participation in the Child Care Subsidy Program is 250 percent below the poverty level. Thus, at minimum, an estimated 48,176 children under 14 years of age are potentially eligible to participate in child care subsidy programs.

The number of licensed child care providers has continued to decline, while the number of young children has continued to increase over the past decade. The pool of licensed child care providers has declined even more significantly during the past two years. There are

22.8 percent fewer licensed child development homes and 2.4 percent fewer licensed child development centers in the city than in 2008.

The landscape of early care and education services has been reshaped by major changes in regulation and public operations since the 2008 market rate survey. The Pre-k Enhancement and Expansion Act of 2008, enacted in 2008 and amended in 2010, marshaled in universal pre-k programs for 3- and 4-year old children in the District of Columbia. This legislation expands the service environment to include publically funded programs at public schools, public charter schools, and eligible community-based organizations. Additionally, in 2009, the Department of Parks and Recreation ceased operating its extensive system of licensed child development facilities. Many of the before and after programs are now operated by the District of Columbia Public Schools (DCPS) whose sites are not included in the list of licensed child development facilities. Some programs were merged with community-based organizations and others ceased to exist.

The quality and cost of child care are enduring issues in the District of Columbia, as well as in other urban areas. Using the 2008 market rate data for the District of Columbia, a family with one infant and one preschooler using full-time 12 month services would pay the following annual cost for child care at a child care center charging market prices for care:

Infant	(@ \$69.28 per day or \$1,500 per month)	\$18,000
Preschool	(@ \$61.89 per day or \$1,340 per month)	<u>\$17,160</u>
Total 2008 Annual Child Care Cost		\$35,160

This cost would consume 60.1 percent of the 2009 median household income in the city. The comparative cost for a family at a center participating in the Child Care Subsidy Program is \$27,487 per year or 47.4 percent of the 2009 median household income. Thus, there continues to be a critical need for affordable, quality early care and education options throughout the city.

The cadre of qualified and dedicated early care and education professionals in the District of Columbia continues to receive comparatively low wages and often limited benefits. Previous data from the 2008 market rate survey estimated the median annual salary for a child care teacher with a bachelor's degree at \$31,200 and classroom aides at \$16,320. Approximately 28.1 percent of the center-based workforce also received no health insurance benefits and 48.1 percent received no retirement benefits in 2008. These figures show little improvement in salaries and a decline in benefits since 2006. These working conditions often lead to high turnover rates and continue to constrain the centers' ability to attract qualified personnel in spite of a need for services.

OSSE/ECE has undertaken initiatives to improve child care services using data from the previous market surveys. However, there is a need to continually update data on market conditions surrounding early care and education in the District of Columbia. In keeping with current data needs, this study was undertaken to:

- Provide demographic data on the community of active licensed child care providers

in the District of Columbia;

- Determine rates paid by the general public for child care services in the District of Columbia;
- Compare rates paid by the general public with rates paid by the Office of the State Superintendent of Education, Division of Early Childhood Education;
- Identify current compensation and types of benefits received by child care providers; and
- Describe out-of-school time activities offered by licensed child care providers in the District of Columbia.

The Market Rate and Capacity Utilization Study entailed on-line, mail and telephone surveys of licensed child development home providers and licensed child development center providers in the District of Columbia. This report discusses the research methodology used for the study, and presents findings and conclusions on:

- Provider characteristics;
- Child care rates for market rate and subsidized child care providers;
- Child care capacity utilization;
- Compensation, benefits, and workforce characteristics of child care providers in the city;
- Out-of-school time services; and
- Provider difficulties, challenges, and priorities

2. RESEARCH METHODOLOGY

This report presents the findings of the seventh comprehensive market study of licensed child care services in the District of Columbia. The first study, “1998 Market Rate and Capacity Utilization,” served as the benchmark for subsequent reports. Additionally, a review was conducted of current literature on market rate survey techniques, previous child care rate surveys, the cost and quality of child care services, and compensation, benefits, and retention rates for child care providers. Consultations were conducted with researchers, providers, and public officials in the District of Columbia prior to developing the survey instrument.

The Study Population

The study population includes all active licensed child care providers offering child care services in the District of Columbia. The District of Columbia licenses all providers of child care services except: relative and in-home providers; District of Columbia Public Schools and Public Charter Schools; and facilities operated by the federal government on federal property.

The 2010 list of licensed providers was obtained from the Office of the State Superintendent of Education, and included 156 names, addresses, and telephone numbers for family child care homes and 330 names, addresses, and telephone numbers for child care centers by ward. The list was provided in the format of an EXCEL spreadsheet.

Each provider was assigned a unique identification code number. Those providers participating in the previous studies retained the code number originally assigned.

Survey Instrument

The survey instrument used in the 2008 study was modified for this survey. Adjustments to the previous survey instrument were made after a review of other state survey instruments and consultations with OSSE/ECE.

The preliminary survey instruments were refined on the basis of feedback received from OSSE/ECE and a review of other state market rate surveys. Several questions were adapted from the Pennsylvania Early Childhood Task Force’s Early Care and Education Market Rate Survey. A pretest was conducted of the refined instrument with a small sample of both family home and child care center providers. The final survey instrument asks providers a series of questions on: service characteristics; provider/employee

characteristics; full-time and part-time child care enrollment and rates; workforce characteristics; capacity utilization; out-of-school time services; and provider difficulties, challenges, and recommendations. The survey instruments were developed using Survey Monkey as the data collection tool.

The telephone interview with family home providers took an average of 20 minutes to complete. The survey instrument link was e-mailed to centers with available e-mail addresses and a copy of the survey was mailed to other center providers. Follow-up telephone calls were made to both centers receiving e-mail links and centers receiving mailed survey forms, and technical assistance was provided via telephone. The final survey instruments are included in Appendix A of this report.

Publicizing the Survey

Providers were continuously reminded of the upcoming survey at a variety of professional meetings and workshops attended by child care providers.

CARUP mailed letters explaining the survey objectives and process to the 486 child care providers at the addresses provided by the licensing division. For letters returned undelivered, the provider name was cross-checked on the list of providers from the Washington Child Development Council (the District of Columbia's resource and referral agency) and internet telephone directories. A second letter was sent to providers where a corrected address could be obtained.

Data Collection

CARUP staff conducted preliminary training sessions with the survey interviewers. These sessions covered characteristics of the child care community in the District of Columbia, child care regulations and terminology, the purpose of the survey, procedures for conducting the interviews, use of Survey Monkey, and role playing. Interviewers were supervised and monitored during the survey period and staff members were available to provide technical assistance.

Interviews were conducted at various times during the day, evening, and weekend and appointments were made for call backs at times convenient for the provider. A bilingual interviewer was available to provide language assistance in Spanish as needed. CARUP made up to eight attempts to contact all licensed child care providers in the District of Columbia.

Telephone calls were placed to all 156 licensed child development homes (family home providers). The survey instrument link was e-mailed to 178 licensed child development centers (child care center providers) with available e-mail addresses and a copy of the survey instrument was mailed to 152 child care center providers. Follow up telephone calls were made to all center-based providers not responding to the initial mailing. A second copy of the survey instrument was mailed, e-mailed or faxed upon request.

Survey Response Rates

Of the 486 providers on the original list, 8.2 percent were either no longer in business, had disconnected or non-working telephone numbers, or had wrong numbers where valid telephone numbers could not be found. This represents 3.6 percent of licensed child care center providers and 17.9 percent of licensed family home providers. Additionally, there was one duplicate listing for family home providers. These providers were removed from the list of active licensed providers, the target population for this study. Therefore, as shown in Table 1 below, the pool of active licensed providers operating in the District of Columbia was reduced to 446 providers, consisting of 128 family home providers and 318 child care center providers.

TABLE 1
SURVEY RESPONSE RATES

PROVIDER STATUS	FAMILY HOME PROVIDERS No. (%)		CHILD CARE CENTER PROVIDERS No. (%)		TOTAL PROVIDERS No. (%)	
	2008	2010	2008	2010	2008	2010
Licensed Providers*	202	156	338	330	540	486
Additions	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
No Longer in Business	28 (13.9%)	16 (10.3%)	8 (2.4%)	3 (1.0%)	36 (6.7%)	19 (3.9%)
Disconnected/Non-working Telephone	10 (5.0%)	4 (2.7%)	1 (0.3%)	3 (1.0%)	11 (2.0%)	7 (1.4%)
Wrong Number (no new number found)	0 (0.0%)	7 (19.5%)	0 (0.0%)	6 (2.0%)	0 (0.0%)	13 (2.7%)
Duplicate Listings	2 (1.0%)	1 (0.6%)	0 (0.0%)	0	2 (0.4%)	1 (0.2%)
Total Active Licensed Providers	162	128	329	318	491	446
Refusals	4 (2.5%)	10 (7.8%)	18 (5.5%)	23 (7.0%)	22 (4.5%)	33 (7.4%)
Wrong Number (non-published number)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0%)	0 (0.0%)	0 (0.0%)
No Answer/No Response	12 (7.4%)	25 (19.5%)	53 (16.1%)	74 (23.0%)	65 (13.2%)	99 (22.2%)
Completed Interviews	146 (90.1%)	93 (72.7%)	258 (78.4%)	221 (69.5%)	404 (82.3%)	314 (70.4%)

*Source: Office of the State Superintendent of Education 3/08 and 2/10

CARUP completed interviews with 72.7 percent of the 128 active family home providers and 69.5 percent of the 318 active child care center providers contacted. The response rate for the overall survey was 70.4 percent, representing 93 family home providers and 221 child care center providers for a total of 314 interviews. There were decreases in the Year 2010 response rates for both family home providers and child care center providers in comparison to the 2008 response rates. Refusals included the increasing number of corporate-owned child care centers not allowing participation in local surveys and providers who believe that the survey results on rates would not be used to establish new reimbursement rates.

Survey Demographics

Family home providers are licensed for a maximum of up to six children, depending on the ages of the children and space. Family home providers participating in the OSSE/ECE Child Care Subsidy Program were much more likely to participate in the market rate survey. While 50.6 percent of active licensed family home providers are market rate providers and 49.4 percent are OSSE/ECE contract providers, among family home survey respondents, 31.2 percent are market rate providers and 68.8 percent are OSSE/ECE contract providers.

The mean size (licensed capacity) of child care center-based survey respondents is 66. The mean size of child care center-based non-respondents is 69. Among child care center providers, 37.7 percent of licensed active providers and 35.3 percent of survey respondents are market rate providers and 62.2 percent of licensed active providers and 64.7 percent of survey respondents are OSSE/ECE contract providers.

The survey respondents represent providers from all areas of the city. The distribution of survey responses by ward is presented in Table 2. Non-respondents are also distributed throughout all wards of the city (see Appendix B).

TABLE 2
LOCATION OF SURVEY RESPONDENTS BY WARD

WARD	FAMILY HOME PROVIDERS		CHILD CARE CENTER PROVIDERS		TOTAL PROVIDERS	
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
	2008	2010	2008	2010	2008	2010
Ward 1	8 (5.5%)	2 (2.2%)	27 (10.5%)	23 (10.4%)	35 (8.7%)	25 (8.0%)
Ward 2	7 (4.8%)	2 (2.2%)	57 (22.1%)	49 (22.2%)	64 (15.8%)	51 (16.2%)
Ward 3	3 (2.1%)	3 (3.2%)	26 (10.1%)	18 (8.1%)	29 (7.2%)	21 (6.7%)
Ward 4	27 (18.4%)	15 (16.1%)	26 (10.1%)	24 (10.9%)	51 (13.1%)	39 (12.4%)
Ward 5	19 (13.0%)	14 (15.1%)	27 (10.5%)	27 (12.2%)	46 (11.4%)	41 (13.1%)
Ward 6	24 (16.4%)	12 (12.9%)	32 (12.4%)	31 (14.0%)	56 (13.9%)	43 (13.7%)
Ward 7	36 (24.7%)	22 (23.7%)	24 (9.3%)	20 (9.0%)	60 (14.9%)	42 (13.4%)
Ward 8	22 (15.1%)	23 (24.7%)	39 (15.1%)	29 (13.1%)	61 (15.1%)	52 (16.6%)
Total	146 (100%)	93 (100%)	258 (100%)	221 (100%)	404 (100%)	314 (100%)

*Source: Office of the State Superintendent of Education 3/08 and 2/10

Survey Data Analysis

CARUP staff downloaded the raw data as Survey Monkey Excel files. Variable names were entered into the Excel spreadsheet. CARUP staff verified and cleaned the survey data and imported the data into SPSS 16.0 software for data analysis. The case summaries, frequencies, descriptive statistics, cross tabulations, and ANOVA statistics were used to analyze data for this report.

Child care rates reflect prices charged for child care services, not the cost of providing these services. While rate data were collected from the class of all active licensed providers in the District of Columbia, rates were analyzed separately for market rate providers with no OSSE/ECE contracts or provider agreements to provide child care services for eligible children under the Child Care Subsidy Program; OSSE/ECE contract providers with OSSE/ECE contracts or provider agreement to provide child care services for eligible children under the Child Care Subsidy Program; and for total providers including both market rate providers and OSSE/ECE contract providers.

Providers without rates, i.e., offering free child care services to client populations, were not included in the rate analysis. However, information on these providers is included in the descriptive profiles and capacity analysis sections of this study.

CARUP, using SPSS 16.0 software, calculated rates at the 75th percentile. The rate data was weighted by enrollment, thereby reflecting the number of child care slots actually filled at the various rates, rather than the number of providers offering those rates. Child care slots were ranked from highest cost to lowest. The 75th percentile represents the point at which 75 percent of the child slots are below this cost and 25 percent of slots are higher in cost.

Rates for family home provider child care slots were computed separately from rates for child care center provider child care slots. Also, providers were divided into two groups: (1) market rate providers, defined as those without OSSE/ECE subsidy contracts or provider agreements; and (2) providers with OSSE/ECE contracts or provider agreements. Rates were computed for each group and for the total provider group for comparative purposes.

Full-time and part-time rates were computed for eight age groups:

- Infant
- Age 1 year
- Age 2 years
- Age 3 years
- Age 4 years
- Age 5 years
- Ages 6 through 12 years
- Ages 13 through 18 years

Rates were computed separately for school-age children when school is closed and for nontraditional hours of care. Full-time rates when school is closed are weighted by the number of child care slots. Providers were asked to report the number of children with

disabilities; however, they were not asked for specific rates for this population.

Providers were asked to report their regular rates and indicate whether those rates were charged hourly, daily, weekly, monthly, or annually. Providers were also asked the number of hours per day of care, days per week of care, and months per year of care provided for the typical child in each age group. These figures were used to compute comparative rates. A month was equated to 4.33 weeks.

Providers reported part-time rates separately. Part-time hours per day, days per week, and months per year were also ascertained. These figures, reflecting actual care provided, were used to compute comparative rates.

3. FINDINGS

3.1 PROVIDER CHARACTERISTICS

Types of Providers

Approximately 82.8 percent of family home providers classify themselves as “for profit” providers, 2.2 percent are part of a child care system, and 15.1 percent are 23-hour providers. There was a substantial decline in the number of family home providers identifying themselves as a part of a child care system.

While most child care centers (63.2 percent) are nonprofit providers, an increasing number (30.7 percent) of centers self-identify as “for profit” providers and 9.9 percent are part of a child care system. The District of Columbia government no longer operates child development centers through the Department of Parks and Recreation; thus, there was a substantial decline in District Government agency providers (from 10.1 percent in 2008 to 1.4 percent of the child care centers in 2010). Head Start comprises 7.5 percent of center providers, 6.6 percent are Early Head Start providers, 9 percent are Montessori or private schools, and 7.5 percent are faith-based organizations.

The decline in centers identifying as part of a system is largely attributable to the decline in Head Start providers and DC Parks and Recreation providers.

Table 3 identifies the type of provider by category as indicated by the provider.

Days and Hours of Operation

Approximately 90.6 percent of child care providers operate their services Monday through Friday. Twelve percent of Family home providers and 4.5 percent of child care center providers offer regular weekend hours.

The average number of hours of operation per day for both family and center-based child care providers is 11 hours. More than 90.6 percent of family home providers and 87.6 percent of child care center providers operate between 9 and 12 hours per day. Additionally, 17.8 percent of family home providers and 5.5 percent of child care center providers operate more than 12 hours per day. Most providers operate on a 7:00 a.m. to 6:00 p.m. schedule.

TABLE 3
TYPES OF PROVIDERS*

TYPE	% OF FAMILY HOME PROVIDERS		% OF CHILD CARE CENTER PROVIDERS	
	2008	2010	2008	2010
Nonprofit Provider	4.1%	16.1%	59.7%	63.2%
For Profit Provider	95.2%	82.8%	25.2%	30.7%
A Cooperative	1.1%	0.0%	3.1%	1.4%
District Government Agency Provider	4.1%	0.0%	10.1%	1.4%
Federal Government Provider	1.4%	0.0%	1.2%	.5%
Part of a Child Care System	44.5%	2.2%	26.0%	9.9%
23-Hour Provider	13.7%	1.1%	1.6%	.9%
Head Start Provider	6.2%	0.0%	12.4%	7.5%
Early Head Start Provider	0.7%	0.0%	7.3%	6.6%
Employer / Corporate	0.0%	0.0%	3.5%	1.9%
Montessori	0.0%	0.0%	1.6%	2.4%
Child Development Center	1.1%	0.0%	36.8%	29.2%
Private School	N/A	0.0%	7.4%	6.6%
Faith-Based Provider	0.7%	1.1%	9.3%	7.5%

Other	3.4%	0.0%	3.5%	10.4%
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* Providers self-identified their type in the 2008 and 2010 Market Rates and Capacity Utilization Surveys. Approximately 19.4 percent of family home providers and 7.5 percent of centers offer nontraditional hours of care (evening, overnight and / or weekend care). As shown in Table 4, while providers offering nontraditional hours of care are distributed throughout the city, this type of service is more readily available in Wards 7 and 8. No licensed family home providers in Wards 1 and 3 currently offer nontraditional hours of care.

Table 4
PERCENT OF PROVIDERS OFFERING NONTRADITIONAL HOURS
BY WARD

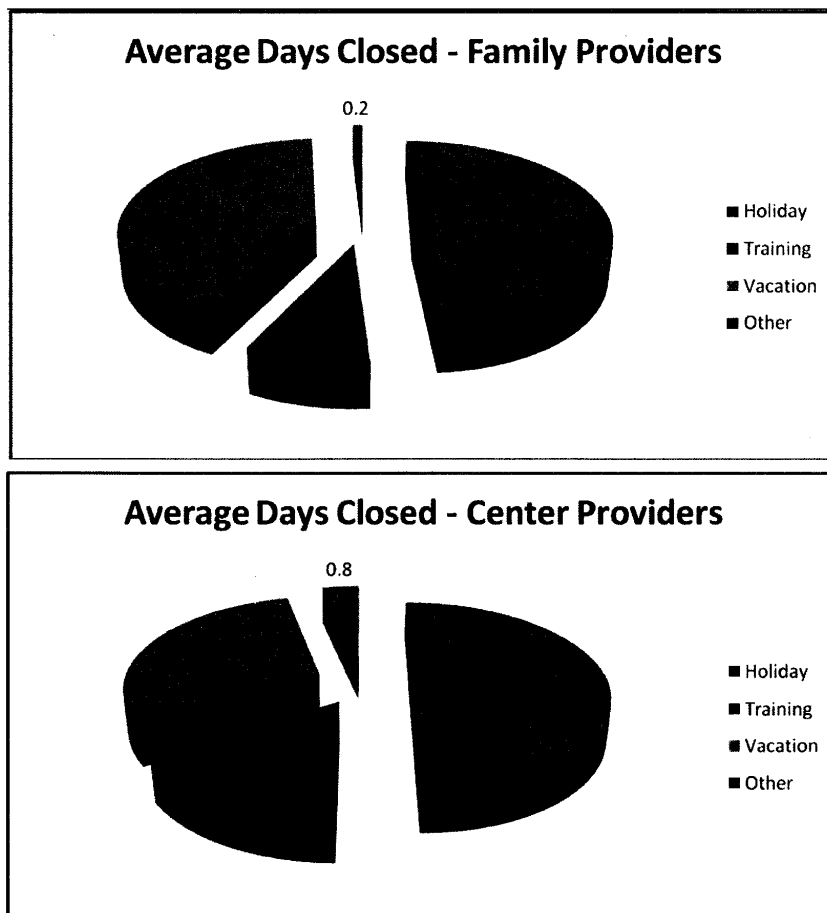
Ward	% of Family Home Providers	% of Child Care Center Providers
Ward 1	0.0%	0.0%
Ward 2	50.0%	7.0%
Ward 3	0.0%	5.9%
Ward 4	6.7%	3.8%
Ward 5	7.1%	8.0%
Ward 6	16.7%	3.1%
Ward 7	27.3%	19.0%
Ward 8	30.4%	16.0%

Source: 2010 Market Rate Survey

Most child development centers (86.7 percent) operate 12 months per year. Nonetheless, 2.9 percent of centers operate 9 months or less per year and 10.5 percent operate 10 to 11 months per year. Most family home providers (96.7 percent) operate 12 months per year.

Family home providers are closed an average of 21.3 days per year and child care centers are closed an average of 22.6 days per year. This represents an average increase of 3 days closed for family homes and 5 days closed for centers. As Figure 1 shows, while center providers are closed more days for holidays and training, family home providers are closed more often for vacation days.

FIGURE 1
AVERAGE DAYS CLOSED BY PROVIDER TYPE (2010)



Source: 2010 Market Rate Survey

Types of Services Offered

As shown in Table 5, child care providers in the District of Columbia offer a wide range

of child care services. Full-time child care services are offered by 97.8 percent of family home providers and 87.7 percent of center-based providers, while part-time services are available from 26.1 percent of family homes and 28.8 percent of centers. Evening, overnight, Saturday, and Sunday care is more limited at child development centers. While Saturday care is available at 8.7 percent of family home providers and 2.4 percent of centers, few child care providers offer regular Saturday hours.

Family home providers are more likely to offer a variety of child care services; however, their capacity is very limited. Services for children with disabilities are available at approximately 20 percent of family homes and child care centers. The percentage of centers offering services for children with disabilities declined substantially from the 2008 levels (51.2 percent).

TABLE 5
TYPES OF SERVICES OFFERED BY PROVIDERS (2010)

TYPES OF SERVICES	% FAMILY HOME PROVIDERS	% CHILD CARE CENTER PROVIDERS
Full-time Care, 35 hours per week or more	97.8%	87.7%
Part-time Care, less than 35 hours per week	26.1%	28.8%
Evening Care	18.5%	5.7%
Overnight Care	10.9%	2.8%
Saturday	8.7%	2.4%
Sunday	6.5%	1.4%
Before School	31.5%	25.0%
After School	31.5%	26.9%
Full Day during School Closing	16.3%	18.4%
Drop-In	8.7%	10.4%
Holiday	2.2%	3.8%
Mildly Ill or Sick Children	5.4%	2.4%
Children with Disabilities	19.6%	20.3%
Emergency or Back-Up Care	18.5%	8.0%

Transportation	3.3%	6.1%
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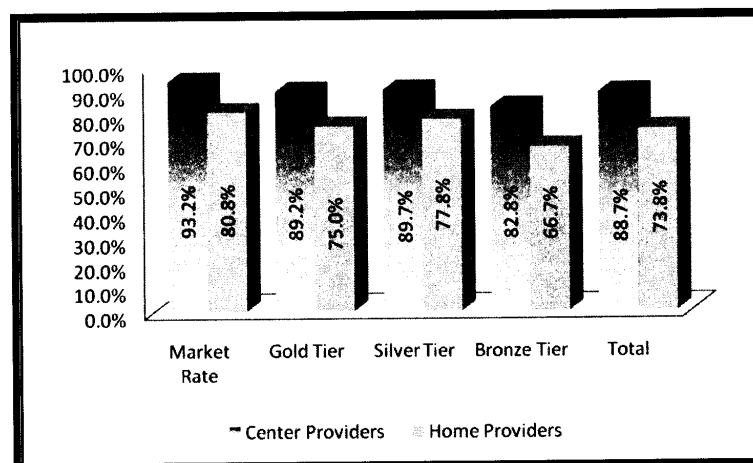
Source: 2010 Market Rate Survey

Access to the Internet

Most child care providers have working computers with access to the internet. Overall, 73.8 percent of family home providers and 88.7 percent of child care center providers have internet access; however, market rate child care providers are more likely than OSSE/ECE contract child care providers to have internet access.

Figure 2 illustrates the percentage of child care providers with working computers with internet access by tier level. Bronze tier providers, among both family home providers and child care center providers, are the least likely to have internet access.

FIGURE 2
CHILD CARE PROVIDERS WITH WORKING COMPUTER
WITH INTERNET ACCESS (2010)



Source: 2010 Market Rate Survey

Number of Employees and Staffing Patterns

Child care center providers responding to the survey employed 2,822 workers.

Approximately 85.4 percent of employees are directly involved with children in the classroom. As indicated in Table 6, the single largest employee group is teachers (42.2 percent) followed by assistant teachers.

TABLE 6
NUMBER OF CHILD CARE CENTER EMPLOYEES BY POSITION (2010)

JOB TYPE	NUMBER OF EMPLOYEES	% OF TOTAL EMPLOYEES
Administrators	304	10.8%
Teachers	109	3.9%
Administrator / Teachers	1197	42.2%
Assistant Teachers	923	32.7%
Classroom Aides	182	6.4%
Other	107	3.8%
Total Employees	2,822	100.0%

Source: 2010 Market Rate Survey

There are significant changes in the staffing patterns of both market rate child care center providers and child care center providers with OSSE/ECE contracts or provider agreements since the 1998 market survey. Overall, the ratio of child to staff declined in all employee categories. Furthermore, the difference in ratios between market rate child care center providers and OSSE/ECE contract child care center providers narrowed.

Staffing patterns at child care centers are shown in Table 7. Both market rate providers and OSSE/ECE contract providers have similar ratios of children to classroom employees, 4.6 to 1 and 4.9 to 1, respectively. In 1998, this ratio was 5.5 to 1 for market rate providers and 7.3 to 1 for OSSE/ECE contract providers. The ratio of children to teacher declined from 11.4 to 1 in 1998 to 6.9 to 1 in 2008, but increased to 9.4 to 1 in 2010 for market rate providers. For OSSE/ECE contract providers, the child to teacher ratio fell from 17.3 to 1 in 1998 to 9.1 to 1 in 2008 and increased to 9.8 to 1 in 2010.

TABLE 7
STAFFING PATTERNS AT CHILD CARE CENTERS (2010)

STAFF	MARKET RATE PROVIDERS N=78	OSSE/ECE CONTRACT PROVIDERS N=143	TOTAL PROVIDERS N=221
Teachers	5.8	5.2	5.4
Administrator / Teachers	.4	.5	.5
Assistant Teachers	4.9	4.2	4.2
Classroom Aides	.6	.8	.8
Administrators	1.4	1.4	1.4
Other	.5	.5	.5
Total Employees	13.6	12.3	12.8
Average Number of Children Enrolled	54.2	51.4	53.3
Child : Staff Ratio	4.0:1	4.2:1	4.2:1
Child : Teacher	9.4:1	9.8:1	9.8:1
Child: Admin. / Teacher	124.4:1	98.0:1	108.1:1
Child : Asst. Teacher	11.0:1	13.7:1	12.8:1
Child : Classroom Aide	86.3:1	54.8:1	64.4:1
Child : Total Classroom Employees	4.6:1	4.9:1	4.9:1

Source: 2010 Market Rate Survey

Education Level

Approximately 64.6 percent of child care center employees and 55.0 percent of family home providers have educational experiences beyond the high school / GED level. Among family home providers, 39.9 percent have college degrees including: 6.5 percent with the Master's degree or higher, 5.4 percent with the Bachelor's degree, and 28 percent with the Associate's degree. Additionally, 54.8 percent have the Child Development Associate (CDA) certification. Many family home providers with the CDA also have college degrees. In 1998, 19 percent of family home providers had college

degrees, and 15.7 percent had the CDA.

Family home providers with OSSE/ECE contracts are more likely to have education beyond high school (75 percent) than are market rate providers (62.1 percent). Gold tier family home providers have the highest levels of education. (See Table 9)

Education credentials for child care center employees are shown in Table 8 and Table 9. Approximately 53.1 percent of administrators, 50.0 percent of administrator/teachers, and 39.6 percent of teachers have a Bachelor's or higher degree. An additional 10 percent of administrators, 34 percent of administrator/teachers and 25.1 percent of teachers have an Associate's degree. While there are significant gains in the percentage of teachers with college degrees, there is a decline in the percentage of administrators with college degrees.

TABLE 8
EDUCATION LEVEL OF CHILD CARE CENTER EMPLOYEES (2010)

POSITION	MASTERS OR HIGHER (%)	BACHELORS (%)	ASSOCIATES (%)	CDA (%)
Administrator <i>n=304</i>	22.7%	30.4%	10.0%	24.0%
Administrator/ Teacher <i>n=109</i>	11.0%	39.0%	34.0%	43.0%
Teacher <i>n=1197</i>	7.9%	31.7%	25.1%	67.0%
Assistant Teacher <i>n=923</i>	.4%	7.0%	13.0%	41.0%
Classroom Aide <i>n=183</i>	0.0%	4.0%	6.0%	21.0%
Other <i>n=107</i>	3.0%	14.0%	2.0%	4.0%
Total <i>n=2,823</i>	6.0%	21.0%	18.0%	47.0%

Source: 2010 Market Rate Survey

There are significant differences in the education credentials of both teachers and total classroom personnel employed by the center groups. Teachers at market rate child care centers are much more likely to have a bachelor's degree or higher (53.1 percent) than are teachers at OSSE/ECE contract child care centers (31.3 percent). Conversely, teachers at OSSE/ECE contract child care centers are more likely to have a CDA than are teachers at market rate child care centers (72.8 percent versus 56.9 percent, respectively). Teachers with college degrees may have the CDA credential also.

TABLE 9
DISTRIBUTION OF TEACHER CREDENTIALS BY TIER LEVEL

POSITION	MARKET RATE (%)	GOLD TIER (%)	SILVER TIER (%)	BRONZE TIER (%)
Administrator/Teacher	n=34	n=15	n=17	n=43
<i>Bachelor's degree+</i>	70.6%	13.3%	52.9%	44.2%
<i>Associates degree</i>	14.7%	60.0%	23.5%	14.0%
<i>CDA</i>	47.1%	33.3%	29.4%	48.8%
Teacher	n=450	n=363	n=139	n=245
<i>Bachelor's degree+</i>	53.1%	32.0%	33.10%	29.4%
<i>Associates degree</i>	28.7%	28.1%	16.5%	18.8%
<i>CDA</i>	56.9%	75.5%	71.2%	69.8%
Total Teachers	n=484	n=378	n=156	n=288
<i>Bachelor's degree+</i>	54.3%	31.2%	35.3%	31.6%
<i>Associates degree</i>	27.7%	29.4%	17.3%	18.1%
<i>CDA</i>	56.2%	73.8%	66.7%	66.7%
Family Home Provider	n=29	n=17	n=10	n=37
<i>Bachelor's degree+</i>	17.2%	17.6%	<1.0%	8.1%
<i>Associates degree</i>	27.6%	41.2%	30.0%	21.6%
<i>CDA</i>	27.6%	82.4%	80.0%	56.8%

Source: 2010 Market Rate Survey

Hours of Training

The average annual clock hours of training for family home providers has continued to decline. The median annual hours of training decreased by more than 40 percent and the percentage of providers reporting zero hours of training nearly doubled in the past two years. Clock hours of training include both on-the-job training and training during work and non-work hours.

As shown in Table 10, the average annual clock hours of training for center-based employees increased in 2010. Average annual training hours range from a low of 6.8 hours for classroom aides to a high of 33.6 hours for teachers with a BA degree or higher. The smallest declines in average training hours occur for teachers with the CDA and assistant teachers. The largest increases in average training hours occur for teachers with a BA or higher degree and administrators.

TABLE 10
AVERAGE ANNUAL HOURS OF TRAINING
BY PROVIDER TYPE AND EMPLOYEES (2008 AND 2010)

EMPLOYEE	MEDIAN ANNUAL HOURS OF TRAINING		MEAN ANNUAL HOURS OF TRAINING		% WITH "0" ANNUAL HOURS OF TRAINING		
	2008	2010	2008	2010	1998	2008	2010
Family Home Provider	32.0	18.0	50.3	33.3	36.7%	11.6%	22.6%
Administrator	8.0	15.0	21.2	29.9	16.5%	43.7%	42.5%
Admin. / Teacher	0.0	0.0	17.2	15.0	na	59.6%	61.3%
Teacher w BA+	0.0	18.0	18.2	33.6	13.9%	51.6%	37.7%
Teacher w CDA	18.0	18.0	31.3	31.6	16.7%	37.3%	29.7%
Assistant Teacher	6.5	17.0	25.7	25.2	7.6%	46.5%	41.5%
Classroom Aide	0.0	0.0	8.1	6.8	6.8%	72.9%	79.2%
Total Child Care Center Provider	90	97.0	122.5	144.3	8.9%	12.0%	9.9%

Source: 1998, 2008, and 2010 Market Rate and Capacity Utilization Surveys

A substantial number of center-based personnel participated in no training activities in both 2008 and 2010. However, 90.1 percent of all centers provided training for some categories of employees in 2010. Center providers reporting zero hours of training range from a high of 79.2 percent of classroom aides to a low of 29.7 percent for teachers with the CDA. While the percentage of family home providers with zero hours of training decreased by more than two-thirds between 1998 and 2008, it doubled between 2008 and 2010. The percentage of center-based employees not engaged in training for professional development declined between 2008 and 2010.

Almost all directors (93.9 percent) are aware of employee training activities. While most employers (86.8 percent) pay at least some of the cost of employee training, both employers and employees make liberal use of free training opportunities offered largely through the District of Columbia government.

Child care center providers were asked about obstacles they face with regard to participation in training activities. The obstacles to employee participation in training are identified by rank order below:

1. No funds for substitutes - 34.0 percent
2. Can't afford to participate - 32.0 percent
3. Training is not accessible - 28.3 percent
4. Staff is not interested - 20.3 percent
5. Training is too elementary - 19.8 percent
6. Nonpaid training time - 19.3 percent

Compensation

Center providers were asked to give salary information for each employee category. Centers were also asked to provide the number of hours worked per week and the number of weeks worked per year for each category of employees. These figures were used to compute adjusted salary figures. For example, two employees with the same annual salary rate may have different hourly rates if their number of hours worked per week (and/or number of weeks worked per year) differs.

Where annual salaries were given, hourly rates were computed by dividing the annual rate by the product of the hours worked per week multiplied by the number of weeks worked per year. Where hourly salaries were given, the annual salaries were computed by multiplying the hourly rate by the number of hours worked per week and the number of weeks worked per year.

The mean beginning salary for a teacher with a Bachelor's degree is \$31,803 per year, or \$16.88 per hour. The median annual salary is \$30,000 (or \$15.00 per hour). The comparable salaries for a teacher with the CDA certification are \$25,272 per year (\$13.44 per hour) for the mean and \$24,960 per year (\$12.55 per hour) for the median. The mean salary shows the average salary earned based on the number of employees in that group. The median salary is that point at which one-half of the employees in that group earn more and one-half earn less. (See Table 11)

Salaries increased for all positions except teachers with a bachelor's degree or higher, whose mean and median salaries declined by 17.2 percent and 3.8 percent, respectively. This drastic decline in salary for this teacher position was largely fueled by a 21.4 percent decrease among market rate providers. Still, market rate provider salaries for teachers with a bachelor's degree or higher are 19 percent more than are salaries paid by OSSE/ECE contract child care center providers. Salaries for this position declined with all child care center provider groups except silver tier providers. (See Table 12)

TABLE 11
2010 AVERAGE BEGINNING SALARIES BY CENTER EMPLOYEE GROUP

POSITION	ANNUAL		HOURLY	
	Mean	Median	Mean	Median
Administrator <i>n=304</i>	\$50,537	\$40,000	\$26.97	\$19.23
Administrator / Teacher <i>n=109</i>	\$37,080	\$35,000	\$18.83	\$16.83
Teacher with Bachelor's or higher <i>n=473</i>	\$31,803	\$30,000	\$16.88	\$15.00
Teacher with CDA <i>n=785</i>	\$25,272	\$24,960	\$13.44	\$12.55
Assistant Teacher <i>n=659</i>	\$20,818	\$19,760	\$10.68	\$10.00
Classroom Aide <i>n=179</i>	\$18,109	\$18,360	\$9.81	\$9.50

Source: 2010 Market Rate Survey

Providers were also asked about the policies for adjusting salaries. Approximately 56.6 percent of providers give merit-based raises, 31.6 percent give cost of living raises, and 24.1 percent give other bases for raises. Other bases cited include availability of funds, education, years on the job, and regional salary levels.

While market rate providers continue to be more likely to adjust salaries based on merit (60.2 percent) than are OSSE/ECE contract providers (54.7 percent), the gap has narrowed since 2008 (62.8 versus 45.3). OSSE/ECE contract providers are more likely than market rate providers to base salary adjustments on the cost of living, availability of funds, or other reasons.

TABLE 12
2010 ANNUAL BEGINNING SALARIES
BY SELECTED POSITION AND TIER LEVEL

POSITION	MARKET RATE (N=78)	GOLD TIER (N=48)	SILVER TIER (N=30)	BRONZE TIER (N=65)
Administrator Only				
Mean Salary	\$71,151	\$46,851	\$40,566	\$37,555
Median Salary	\$40,000	\$39,000	\$38,000	\$36,000
Administrator/Teacher				
Mean Salary	\$39,720	\$40,266	\$37,122	\$34,532
Median Salary	\$37,000	\$35,000	\$30,600	\$35,000
Teacher w/Bachelor's+				
Mean Salary	\$35,674	\$29,930	\$31,195	\$29,310
Median Salary	\$33,280	\$30,000	\$29,210	\$27,040
Teacher w/CDA				
Mean Salary	\$27,561	\$25,076	\$24,711	\$24,118
Median Salary	\$28,225	\$24,490	\$24,000	\$22,440
Assistant Teacher				
Mean Salary	\$24,753	\$19,298	\$18,121	\$17,942
Median Salary	\$24,500	\$19,760	\$17,840	\$17,680

Source: 2010 Market Rate Survey

Benefits

Table 13 reports benefits received by family home providers and employees of child care centers. While most centers (78.8 percent) do not offer benefits for part-time employees, the percentage with part-time employees participating in benefits programs more than doubled since 2008. Still, there continues to be a decline in the percentage of centers offering benefits to all employees.

Benefits offered decreased in all categories since 2008 and the percentage of centers with no benefits increased substantially. While there is an increase in the percentage of family home providers with disability benefits, there are declines in the percentages of those with health, life insurance, retirement and paid leave benefits.

Most other benefits provided include transportation/parking fees, tuition reimbursement, child care discounts, personal leave, and dental and vision insurance.

TABLE 13
TYPES OF PROVIDER BENEFITS

TYPE OF BENEFIT	FAMILY HOME PROVIDERS		CENTER PROVIDERS	
	2008	2010	2008	2010
Health Insurance	89.7 %	83.1%	72.9 %	67.5%
Life Insurance	77.4 %	50.0%	52.3 %	46.7%
Retirement	30.8 %	26.7%	51.9 %	45.3%
Disability	23.3%	27.8%	42.2%	40.1%
Paid Sick Leave	14.4 %	5.6%	83.3%	69.8%
Paid Vacation	21.9 %	4.4%	86.0%	69.3%
Other	0.0%	11.1%	12.8%	11.9%
No Benefits	4.1 %	8.9%	1.6%	7.5%

Source: 2010 Market Rate Survey

Family home providers were asked to identify the source of their benefits. Most providers (60.9 percent) indicated that they are the source of their benefits and 21.3 percent stated that their spouse is the source.

Family home providers paid a mean annual cost of \$1,081 and a median of \$500 for out-of-pocket medical expenses for the last year. Approximately 78.2 percent made no visits to the emergency room for their own care, and 94.5 percent made no emergency room visits for their own child's care. Nearly 3.9 percent made four or more visits to emergency rooms during the past year. Most family home providers (61.5 percent) would continue to offer child care services if health insurance were not available to them.

On average, 72.7 percent of child care center employees participate in the benefit plans offered. An increasing percentage of centers (44.3 percent versus 35.6 percent in 2008) have 100 percent employee participation and 2.9 percent have no employee participation in available benefit plans. Employee benefit programs average 22.5 percent of salaries.

Revenue Received

Rates were computed for each age category, for both full-time and part-time care, and annualized based on the reported hours per day, days per week, and months per year of care provided. Then, the annualized rate was multiplied by the number of enrolled slots for each age category. The per child gross revenue estimates were derived by dividing annual revenue by total enrollment at each center. Revenue estimates are based on enrollment charges and do not include fees, grants or non-cash benefits. Additionally, revenue estimates assume stable enrollment levels for the year.

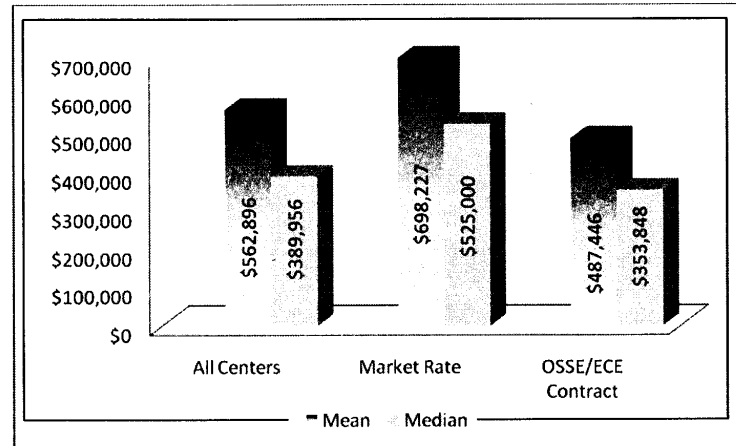
Gross revenue received does not represent annual salary or annual net income received since operating expenses have not been deducted. For family home providers, the gross annual enrollment revenue has a mean average of \$38,728 and a median of \$36,242. Twenty-five percent of family home providers received less than \$25,007 in gross receipts. Market rate providers received an average of \$40,661 and OSSE/ECE contract providers received average gross revenue of \$37,919. While, overall, market rate family home providers' gross receipts are 7.2 percent higher than receipts of OSSE/ECE contract providers, gold tier providers actually have the highest average gross receipts at \$46,530. This difference is largely attributable to higher average enrollment figures (4.4 versus 3.3 for market rate).

Figure 3 illustrates the gross annual enrollment revenue received by center providers, Figure 4 provides revenue figures by tier level, and Figure 5 shows the gross annual enrollment revenue per child. While the difference between gross revenue received by market rate centers and OSSE/ECE contract centers continues to be substantial, the gap has narrowed. In a comparison of market rate centers and gold tier centers, adjusted for enrollment levels, the gap narrows to 3.6 percent.

Gross revenue received by market rate centers is 43.2 percent higher than revenue received by OSSE/ECE contract providers. However, market rate centers have an average enrollment of 57.1 children versus an average of 54.7 children at OSSE/ECE contract centers. When adjusted for enrollment differences, revenues are just 22.5 percent (or \$118,973) higher at market rate centers.

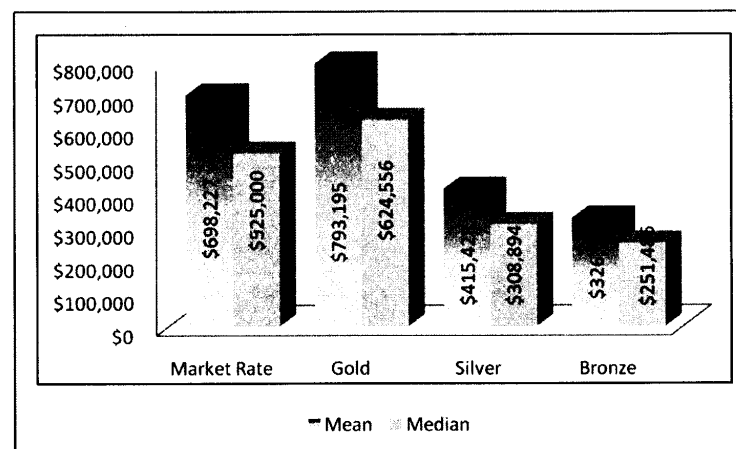
Gold tier centers have substantially higher enrollment levels than either market rate or other tier level centers. Mean enrollment is 73.9 children at gold tier centers, 57.1 children at market rate centers, 45.1 at silver tier centers, and 43.7 at bronze tier centers.

FIGURE 3
GROSS ANNUAL CENTER ENROLLMENT REVENUE
BY CONTRACT STATUS (2010)



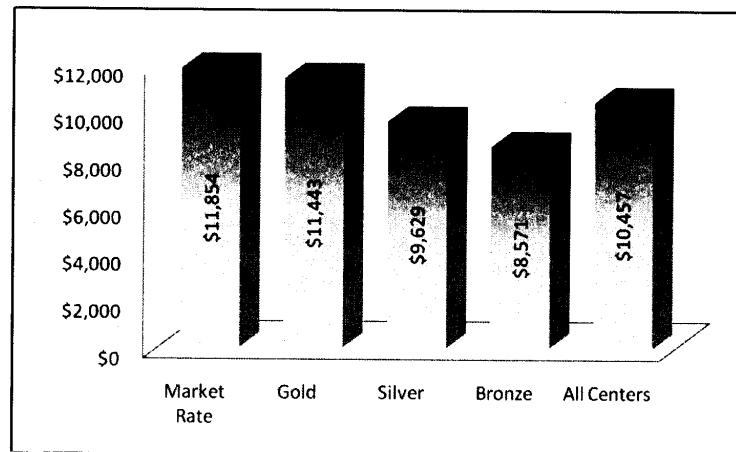
Source: 2010 Market Rate Survey

FIGURE 4
GROSS ANNUAL CENTER ENROLLMENT REVENUE
BY TIER LEVEL (2010)



Source: 2010 Market Rate Survey

FIGURE 5
GROSS ANNUAL CENTER ENROLLMENT REVENUE PER CHILD (2010)



Source: 2010 Market Rate Survey

Provider Revenue Sources

The percent of providers charging other fees is delineated in Table 14. The percent of providers receiving funds from other revenue sources is identified in Table 15.

More than one-third of family home providers and three-fourths child care center providers currently charge registration fees for children enrolling in their programs. While the percentage of family home providers charging registration fees remained the same, center providers charging registration fees increased by 50 percent. Child care center providers are more likely to have fees for meals, transportation, and special activities/programs. Child care center providers are more likely to have fees for meals, transportation, and special activities/programs. Other fees include primarily late fees, late payment fees, and bounced check fees.

Both family home providers (54.8 percent) and child care center providers (73.1 percent) charge fees for picking up children late. Fifty-eight (58) percent of family home providers and 61.4 percent of child care center providers charging fees, charge by the minute. Approximately 15.7 percent of homes and 15.9 percent of centers grant a grace period (typically 15 minutes) before requiring additional payment.

TABLE 14
PERCENT OF PROVIDERS CHARGING ADDITIONAL FEES (2010)

TYPE OF FEE	% FAMILY HOME PROVIDERS	% CHILD CARE CENTER PROVIDERS
Registration	33.3%	76.8%
Supplies	4.1%	17.6%
Activities/Programs	1.1%	22.8%
Meals	0.0%	10.8%
Liability Insurance	0.0%	2.3%
Transportation	0.0%	1.5%
Other Fees	54.8%	73.1%

Source: 2010 Market Rate Survey

While 62.4 percent of family home providers and 76.9 percent of child care center providers receive revenue directly from parent charges, child care center providers continue to report a variety of other revenue sources. Fund raising activities generate revenue for 23.6 percent of these providers, while 11.3 to 27.4 percent receive revenue from private, federal and/or District grants. More than one-third of all family home providers and 45.8 percent of all child care center providers receive revenues from agency reimbursements.

TABLE 15
OTHER REVENUE SOURCES (2010)

REVENUE SOURCE	% FAMILY HOME PROVIDERS	% CHILD CARE CENTER PROVIDERS
Fund Raising	3.2%	23.6%
Agency Reimbursements	36.6%	45.8%
Federal Government Grants	2.2%	17.9%
District Government Grants	11.8%	27.4%
Private Grants	0.0%	11.3%
Other Revenue Source	0.0%	5.2%

Source: 2010 Market Rate Survey

While less than two percent of family home providers reported receiving non-cash benefits in the form of rent, utilities and/or equipment, 7.5 percent receive food contributions. Approximately 3.3 percent of centers receive non-cash rent, 3.3 percent receive non-cash utilities, 6.6 percent receive food contributions, 4.7 percent receive equipment contributions, and 8.4 percent reported receiving other non-cash benefits. Other non-cash benefits include items and/or services donated by parents and/or other organizations. Nearly 80 percent of child care center providers and 98 percent of family home providers receive no non-cash benefits.

The percentage of family home providers receiving food contribution decreased, but the percentage of child care center providers receiving food contributions increased. Non-cash contributions for rent, utilities and equipment decreased for child care center providers.

Professional Accreditation Status

Approximately 38.5 percent of child care center providers and 24.2 percent of family home providers report that they have received accreditation from a professional accreditation organization. However, while 6.6 percent of family home providers cite the National Association for Education of Young Children (NAEYC) as their accrediting organization, NAEYC does not accredit facilities where the operator lives.

An additional 30.7 percent of child care center providers and 24.8 percent of family home providers are currently engaged in some step of the accreditation process. (See Table 16)

The most frequently cited accreditation organization for centers is the National Association for the Education of Young Children (NAEYC) at 31.6 percent and for Family home providers is the National Association for Family Child Care (NAFCC) at 14.3 percent. Other accreditation organizations cited are: the Council on Accreditation (COA); the National After-School Association; the American International Montessori Society (AIMS); the International Christian Accrediting Association; the National Association of Independent Schools (NAIS); the Association of Independents Schools of Greater Washington (AISGW); the Association of Independent Maryland Schools; and the Partnership for Jewish Life and Learning.

During the past decade, there has been a significant increase in the percentage of both family home providers and child care center providers accredited and/or seeking accreditation. Market rate child care center providers are more likely to be accredited by some accrediting organization than are OSSE/ECE child care center providers (42 percent versus 30.1 percent, respectively); however, OSSE/ECE contract child care center providers are a little more likely to be accredited by NAEYC (32.4 percent versus 30.1 percent, respectively). OSSE/ECE contract family home providers are more likely to be accredited than their market rate peers.

TABLE 16
PROFESSIONAL ACCREDITATION STATUS (2008 AND 2010)

STATUS	FAMILY HOME PROVIDERS		CHILD CARE CENTER PROVIDERS	
	2008	2010	2008	2010
Accredited	24.7 %*	24.2%**	45.0 %	38.5%
Have filed application for accreditation	1.4 %	7.6%	13.2 %	6.6%
Preparing to apply for accreditation	7.5 %	17.2%	13.6 %	24.1%

Source: 2008 and 2010 Market Rate Surveys

*Note: An additional 13.7 percent cited NAEYC accreditation; however, NAEYC does not accredit facilities where the operator lives. **Includes 6.6 percent citing NAEYC accreditation.

Providers not currently accredited were asked what they would need to become accredited. The top two areas of assistance needed cited by providers are additional information and a mentor. Other types of assistance needed include staff training, scholarships, and time for applying. Approximately 23.7 percent of family home providers and 10.4 percent of child care center providers do not intend to apply for accreditation. (See Table 17)

TABLE 17
ASSISTANCE NEEDED FOR ACCREDITATION (2010)

AREA OF NEED	FAMILY HOME PROVIDERS	CHILD CARE CENTER PROVIDERS
Additional information	39.8%	27.4%
Mentor	14.0%	20.3%
Assistance with fees	22.6%	21.2%
Don't Intend to Apply	23.7%	10.4%

Source: 2010 Market Rate Survey

Tenure

Table 18 shows the median and mean years of service for child care providers by position for total providers, market rate providers, and OSSE/ECE contract providers. In 2008, staff at OSSE/ECE contract child care centers had higher average years of service than their peers at market rate child care centers; however, in 2010 staff at market rate child care centers have more average years of service.

OSSE/ECE contract family home providers have more average years of service than do their market rate peers.

TABLE 18
AVERAGE TENURE OF CHILD CARE WORKFORCE BY POSITION (2010)

POSITION	TOTAL PROVIDERS	MARKET RATE	OSSE/ECE CONTRACT
Family Home Provider			
Median Years of Service	11.0	9.0	12.0
Mean Years of Service	13.9	12.2	14.6
Administrator Only			
Median Years of Service	5.0	7.5	5.0
Mean Years of Service	8.9	9.5	8.7
Administrator/Teacher			
Median Years of Service	5.0	5.0	5.0
Mean Years of Service	9.3	9.8	9.0
Teacher			
Median Years of Service	5.0	6.8	5.0
Mean Years of Service	6.9	8.4	6.1
Assistant Teacher			
Median Years of Service	4.0	5.0	3.0
Mean Years of Service	5.2	6.6	4.4
Classroom Aide			
Median Years of Service	2.0	5.0	2.0
Mean Years of Service	3.9	6.1	3.3

Source: 2010 Market Rate Survey

3.2 MARKET RATES

Child care rates were computed for seven age groups:

- Infant
- Age 1 year
- Age 2 years
- Age 3 years
- Age 4 years
- Age 5 years
- Ages 6-12 years
- Ages 13-18 years

In order for a slot to be included in the rate analysis there had to be children enrolled in the age category and a rate had to be given by the provider. The 75th percentile is used to calculate rates. (Note: A comparison of the 75th percentile, median, mean, and standard deviation for market rate providers can be found in Appendix C.) Rates are based on the actual number of hours and days that the typical child is in care with each provider.

Market rate child care providers are licensed child development centers and/or licensed child development homes that have no contract or provider agreement with the Division of Early Childhood Education to provide services under the Child Care Subsidy Program.

OSSE/ECE contract child care providers are licensed child development centers and/or licensed child development homes that have a contract or provider agreement with the Division of Early Childhood Education to provide care for eligible children under the Child Care Subsidy Program; however, all children enrolled at these facilities are not necessarily participants in the subsidy program.

Total Providers includes both market rate providers and OSSE/ECE contract providers.

Family Home Provider respondents include:

- 64 OSSE/ECE contract child development homes, with 369 licensed slots
- 29 market rate child development homes, with 149 licensed slots

Child Care Center Providers includes

- 143 OSSE/ECE contract child development centers, with 9,620 licensed slots
- 78 market rate child development centers, with 4,962 licensed slots

Market rate child care providers were 31.1 percent of family home providers and 33.3 percent of child care center providers responding to the survey in 2008. This distribution remained fairly consistent in 2010, with 31.2 percent of family home providers and 35.3 percent of child care center providers responding to the survey being classified as market rate child care providers.

Family Home Provider Rates**Infants**

Child care rates are identified for market rate providers in Table 19, providers with OSSE/ECE contracts/provider agreements in Table 20, and the total pool of family home providers in Table 21. Approximately 36.7 percent of all family child care infant enrollment is with market rate providers. Seventy-one (71) percent of infant enrollment in 1998 and 29.1 percent in 2008 was with market rate providers.

The full-time daily market rate for infants is \$46.00 (Table 19). The market rate declined from \$55.00 per day in 2008. The rate charged by providers with OSSE/ECE contracts or provider agreements is \$40.50 per day (Table 20). The total pool of family home providers has a rate of \$45.00 per day (Table 21).

Hourly rates were computed by dividing the daily rate by the actual hours per day that the typical child is enrolled with the provider. Therefore, the hourly rate may differ for providers with the same daily rate if one provider operates 10 hours per day while the other operates 12 hours per day.

Weekly, monthly, and annual rates are also provided for each age category.

Toddlers

The full-time daily market rate for children age 1-year is \$47.50 (Table 19). The market rate declined from \$50.00 per day in 2008. Approximately 23.3 percent of children in this age group are with market rate providers. Providers with OSSE/ECE contracts or provider agreements have a daily rate of \$36.00 (Table 20). The total pool of Family home providers has a rate of \$37.50 per day (Table 21).

The full-time daily market rate for children age 2-years is \$50.00 (Table 19). Providers with OSSE/ECE contracts or provider agreements have a daily rate of \$34.25 (Table 20). As Table 21 shows, the total pool of family care providers has a rate of \$35.00. More than twenty-eight (28.3) percent of children age 2-years are with market rate providers. In 1998, more than 76 percent of toddlers (ages 1 and 2 years) were enrolled with market

rate providers. The corresponding figures for 2006 and 2008 are 24.4 percent and 26.1 percent, respectively.

Preschool

The full-time market rate for children age 3-years is \$62.50 per day (Table 19). The full-time rate for providers with OSSE/ECE contracts or provider agreements is \$33.00 (Table 20). The rate for the total pool of providers is \$35.00 (Table 21). Approximately 20.8 percent of 3-year-olds are enrolled with market rate providers. In 1998, 77.2 percent of preschoolers in family home care were with market rate providers. The corresponding numbers are 35.4 percent in 2006 and 21.7 percent in 2008, respectively.

The full-time market rate for children age 4-years is \$55.25, while the rate for OSSE/ECE contract providers is \$31.00 and for the total pool of providers is \$31.50 per day. This represents a decline in rates for this age group in all categories. There are few 4-year-olds enrolled full-time in family home provider care. Therefore, the market rate is based on 4 reported slots, while the contract rate is based on 16 reported slots.

School-Age

The full-time market rate for school-age children is \$52.50 per day (Table 19). Providers with OSSE/ECE contracts or provider agreements have a rate of \$25.80 per day (Table 20). The rate for the total pool of providers is \$27.25 per day (Table 21).

The full-time rate for school-age children is based on rates reported for full-time care when school is closed. Most children (86.8 percent) are with OSSE/ECE contract providers. In 2008, 91.7 percent of school-age children were with OSSE/ECE contract providers.

Few children in any of the age categories are enrolled part-time with family home providers.

TABLE 19
FULL-TIME RATES
FOR FAMILY HOME MARKET RATE PROVIDERS (2010)

SERVICE GROUP	HOURLY*	DAY	WEEK	MONTH	YEAR
Infant n=22	\$4.60	\$46.00	\$230.00	\$995.90	\$11,951
Age 1 n=20	\$4.75	\$47.50	\$237.50	\$1,028.38	\$12,341
Age 2 n=32	\$5.00	\$50.00	\$250.00	\$1,082.50	\$12,990
Age 3 n=15	\$7.99	\$62.50	\$312.00	\$1,353.13	\$15,566
Age 4 n=4	\$7.62	\$55.25	\$276.25	\$1,196.16	\$13,347
School-age n=9	-	\$52.50	\$262.50	-	-

Source: 2010 Market Rate Survey

Note: Rates are at the 75th percentile. *Hourly rates are not standardized; they are computed based on the actual number of hours the typical child is in care with each provider.

School-age rates are the full-time rates charged when school is closed.

n= number of enrolled slots

TABLE 20
FULL - TIME RATES
FOR FAMILY HOME OSSE/ECE CONTRACT PROVIDERS (2010)

SERVICE GROUP	HOURLY*	DAY	WEEK	MONTH	YEAR
Infant n=38	\$4.38	\$40.50	\$202.50	\$876.83	\$10,522
Age 1 n=66	\$4.38	\$36.00	\$180.00	\$779.40	\$9,353
Age 2 n=71	\$3.33	\$34.25	\$173.75	\$752.34	\$8,709
Age 3 n=57	\$3.50	\$33.00	\$167.50	\$725.28	\$8,573
Age 4 n=16	\$3.88	\$31.00	\$155.00	\$671.15	\$8,054
School-age n=46	-	\$25.80	\$129.00	-	-

Source: 2010 Market Rate Survey

Note: Rates are at the 75th percentile. *Hourly rates are not standardized; they are computed based on the actual number of hours the typical child is in care with each provider.

n= number of enrolled slots

Table 21
FULL-TIME RATES
FOR TOTAL FAMILY HOME PROVIDERS (2010)

SERVICE GROUP	HOURLY*	DAY	WEEK	MONTH	YEAR
Infant n=60	\$4.50	\$45.00	\$225.00	\$974.25	\$11,691
Age 1 n=86	\$4.41	\$37.50	\$188.75	\$817.29	\$9,807
Age 2 n=113	\$3.88	\$35.00	\$175.00	\$757.75	\$9,093
Age 3 n=72	\$3.88	\$35.00	\$175.00	\$757.75	\$9,093
Age 4 n=20	\$3.88	\$31.50	\$155.00	\$671.15	\$8,054
School-age n=53	-	\$27.25	\$136.25	-	-

Source: 2010 Market Rate Survey

Note: Rates are at the 75th percentile. *Hourly rates are not standardized; they are computed based on the actual number of hours the typical child is in care with each provider.

n= number of enrolled slots

Child Care Center Provider Full-time Rates

Infants

Child care center rates are identified for market rate providers in Table 22, providers with OSSE/ECE contracts/provider agreements in Table 23, and the total pool of child care center providers in Table 24. Approximately 35.4 percent of all enrolled infant slots are with market rate providers; 64.4 percent are with OSSE/ECE contract providers. Fifty-eight (58) percent of infant enrollment in 1998 and 34.5 percent in 2008 was with market rate providers.

The daily full-time market rate for infants is \$75.29 (Table 22). Providers with OSSE/ECE contracts or provider agreements have a daily rate of \$60.00 (Table 23). The OSSE/ECE full-time rates are significantly below the market rates for infant care.

The total pool of center-based providers has a rate of \$70.40 per day (Table 24).

Toddlers

The daily full-time market rate for children age 1-year is \$72.47 (Table 22). Approximately 40.5 percent of 1-year-olds are with market rate providers; 59.5 percent

are with OSSE/ECE contract providers. Providers with OSSE/ECE contracts or provider agreements have a daily rate of \$55.61 (Table 23). The total pool of child care center providers has a rate of \$67.44 per day (Table 24). Just more than twenty-eight (28.2) percent of children age 2-years in full-time care are with market rate providers, while 71.8 percent are with OSSE/ECE contract providers. In 1998, 60 percent of toddlers were enrolled with market rate providers. The corresponding numbers are 32.2 percent in 2008 and 35.7 percent in 2010, respectively.

The full-time daily market rate for the children age 2-years is \$64.20 (Table 22). Providers with OSSE/ECE contracts or provider agreements have a rate of \$51.00 per day (Table 23). The total pool of center-based providers has a daily rate of \$58.66 (Table 24).

Preschool

The full-time market rate for children age 3-years is \$57.78 per day (Table 22) a decrease from \$61.89 in 2008. The rate charged by providers with OSSE/ECE contracts or provider agreements is \$46.19 (Table 23). The rate for the total pool of providers is \$53.49 per day (Table 24). Approximately 59.2 percent of the enrolled slots for 3-year-olds are with OSSE/ECE contract providers, while 40.8 percent are with market rate providers. Forty-nine percent of these slots were with market rate providers in 2008.

The full-time market rate for children age 4-years is \$57.60 per day (Table 22). The rate charged by providers with OSSE/ECE contracts or provider agreements is \$50.00 (Table 23). The rate for the total pool of providers is \$54.04 per day (Table 24). Approximately 59.3 percent of the enrolled slots for 4-year-olds are with OSSE/ECE contract providers, while 40.7 percent are with market rate providers. In 1998, 25 percent of preschool slots were with market rate providers. The corresponding figures are 47.8 percent in 2008 and 40.8 percent in 2010, respectively.

School-Age

Full-time rates for school-age children are computed based on the rate charged for full-time care when school is closed. The full-time daily market rate for school-age children is \$57.30 per day (Table 22). Providers with OSSE/ECE contracts or provider agreements have a rate of \$45.00 per day (Table 23). The rate for the total pool of providers is \$54.00 per day (Table 24). Approximately seventeen percent (17.2) of school-age children in full-time care with child care providers when school is closed are with market rate providers and 82.9 percent are with OSSE/ECE providers. In 1998, the distribution was somewhat different, with 24.4 percent enrolled with market rate providers.

TABLE 22
FULL-TIME RATES
FOR CHILD CARE CENTER MARKET RATE PROVIDERS (2010)

SERVICE GROUP	HOURLY*	DAY	WEEK	MONTH	YEAR
Full-Time					
Infant <i>n</i> = 416	\$8.87	\$75.29	\$376.44	\$1,630	\$19,560
Age 1 <i>n</i> = 524	\$8.49	\$72.47	\$354.50	\$1,535	\$18,420
Age 2 <i>n</i> = 565	\$7.83	\$64.20	\$321.02	\$1,390	\$16,680
Age 3 <i>n</i> = 757	\$7.22	\$57.78	\$288.91	\$1,251	\$15,012
Age 4 <i>n</i> = 602	\$7.01	\$57.60	\$287.99	\$1,247	\$14,964
School-age <i>n</i> = 267	-	\$57.30	\$286.50	-	-

Source: 2010 Market Rate Survey

Note: Rates are at the 75th percentile. *Hourly rates are not standardized. They are computed based on the actual number of hours the typical child is in care with each provider. *n* = number of enrolled slots

TABLE 23
FULL-TIME RATES
FOR CHILD CARE CENTER OSSE/ECE CONTRACT PROVIDERS (2010)

SERVICE GROUP	HOURLY*	DAY	WEEK	MONTH	YEAR
Full-Time					
Infant <i>n</i> = 753	\$6.88	\$60.00	\$300.00	\$1,299	\$15,588
Age 1 <i>n</i> = 784	\$6.87	\$55.61	\$282.00	\$1,221	\$14,653
Age 2 <i>n</i> = 1442	\$5.76	\$51.00	\$255.00	\$1,104	\$13,250
Age 3 <i>n</i> = 1406	\$5.04	\$46.19	\$230.95	\$1,000	\$12,000
Age 4 <i>n</i> = 1055	\$5.43	\$50.00	\$250.00	\$1,082	\$12,925
School-age <i>n</i> = 1605	-	\$45.00	\$225.00	-	-

Source: 2010 Market Rate Survey

Rates are at the 75th percentile. *Hourly rates are not standardized; they are computed based on the actual number of hours the typical child is in care with each provider. *n* = number of enrolled slots

Table 24
FULL-TIME RATES
FOR TOTAL CHILD CARE CENTER PROVIDERS (2010)

SERVICE GROUP	HOURLY*	DAY	WEEK	MONTH	YEAR
Full-Time					
Infant <i>n=1169</i>	\$7.95	\$70.40	\$350.00	\$1,515	\$18,186
Age 1 <i>n=1308</i>	\$7.78	\$67.44	\$337.18	\$1,460	\$17,520
Age 2 <i>n=2007</i>	\$6.36	\$58.66	\$293.30	\$1,270	\$15,172
Age 3 <i>n=2163</i>	\$6.00	\$53.49	\$267.44	\$1,158	\$13,700
Age 4 <i>n=1657</i>	\$6.08	\$54.04	\$270.21	\$1,170	\$14,040
School-age <i>n=1552</i>	-	\$54.00	\$270.00	-	-

Source: 2010 Market Rate Survey

Note: Rates are at the 75th percentile. *Hourly rates are not standardized; they are computed based on the actual number of hours the typical child is in care with each provider. *n*= number of enrolled slots

Table 25 illustrates the comparative differences in daily rates for child care services between market rate child care providers and child care providers with an OSSE/ECE contract or provider agreement to provide services under the Child Care Subsidy Program, as well as differences between child care provider rates for 2008 and 2010.

Table 25
COMPARISON OF DAILY FULL-TIME RATES
FOR CHILD CARE SERVICES

FULL-TIME (35 HRS A WEEK OR MORE)	MARKET RATE PROVIDERS		OSSE/ECE CONTRACT PROVIDERS		TOTAL PROVIDERS	
	2008	2010	2008	2010	2008	2010
Family Home Provider						
Infant	\$55.00	\$46.00	\$38.00	\$40.50	\$40.00	\$45.00
Age 1	\$50.00	\$47.50	\$35.75	\$36.00	\$35.00	\$37.50
Age 2	\$37.00	\$50.00	\$35.00	\$34.25	\$35.00	\$35.00
Age 3	\$36.00	\$62.50	\$30.00	\$33.00	\$35.00	\$35.00
Age 4	\$65.00	\$55.25	\$42.00	\$31.00	\$40.00	\$31.50
School-age	\$32.00	\$52.50	\$35.00	\$25.80	\$35.00	\$27.25
Center Provider						
Infant	\$69.28	\$75.29	\$54.20	\$60.00	\$59.12	\$70.40
Age 1	\$66.05	\$72.47	\$51.60	\$55.61	\$59.00	\$67.44
Age 2	\$62.12	\$64.20	\$51.00	\$51.00	\$54.00	\$58.66
Age 3	\$61.89	\$57.78	\$45.00	\$46.19	\$50.00	\$53.49
Age 4	\$61.89	\$57.60	\$42.00	\$50.00	\$48.00	\$54.04
School-age	\$47.25	\$57.30	\$38.91	\$45.00	\$46.00	\$54.00

Source: 2010 Market Rate Survey
Note: Rates are at the 75th percentile

Child Care Center Part-time Rates

Approximately 19 percent of providers have children enrolled in care part-time. These providers were asked if they have a minimum number of hours required for part-time care. Overall, 23.7 percent of these child care center providers require a minimum number of hours. Among child care center providers with children enrolled part-time, 41 percent of market rate providers and just 8.3 percent of OSSE/ECE contract providers have such a policy.

Child care center providers with children enrolled in part-time care have a variety of policies for part-time child care. Some providers require a minimum number of days, some a minimum number of hours per day and some a minimum number of hours per week or per month. The part-time rates in Table 26 are based on the actual number of days per week and hours per day children are in care with each provider. Table 27 shows the median hours per day and days per week by age group for children in care part-time.

There are few infants (42) in part-time care. The market rate for infants in part-time care is \$127.30 per day or \$14.15 per hour. Providers with OSSE/ECE contracts or provider agreements have a part-time rate of \$41.25 per day or \$8.16 per hour. The rate for the total pool of child care center providers is \$102.39 per day or \$11.38. Infants are in part-time care a median of 9 hours per day and 2 days per week with market rate providers and a median of 6 hours per day and 5 days per week with OSSE/ECE contract providers.

Table 26
PART-TIME RATES
FOR CHILD CARE CENTER PROVIDERS (2010)

SERVICE GROUP	MARKET RATE		OSSE/ECE CONTRACT		TOTAL PROVIDERS	
	Hourly	Daily	Hourly	Daily	Hourly	Daily
Infant <i>n</i> =42	\$14.15	\$127.30	\$8.16	\$41.25	\$11.38	\$102.39
Age 1 <i>n</i> =45	\$10.31	\$92.76	\$7.63	\$38.75	\$7.63	\$39.38
Age 2 <i>n</i> =188	\$17.11	\$53.25	\$11.20	\$44.80	\$11.20	\$51.32
Age 3 <i>n</i> =303	\$12.32	\$36.95	\$6.30	\$25.20	\$12.32	\$36.95
Age 4 <i>n</i> =281	\$11.59	\$46.35	\$6.30	\$25.20	\$11.59	\$46.35

Source: 2010 Market Rate Survey

Note: Rates are at the 75th percentile. *Hourly rates are not standardized; they are computed based on the actual number of hours the typical child is in care with each provider. *n*= number of enrolled slots

Table 27
MEDIAN HOURS PER DAY AND DAYS PER WEEK CHILDREN ARE ENROLLED
PART-TIME IN CHILD CARE CENTERS (2010)

SERVICE GROUP	MARKET RATE		OSSE/ECE CONTRACT		TOTAL PROVIDERS	
	Hours	Days	Hours	Days	Hours	Days
Infant <i>n=42</i>	9	2	6	5	6	5
Age 1 <i>n=45</i>	6	4	6	5	6	5
Age 2 <i>n=188</i>	3	3	6	5	3	3
Age 3 <i>n=303</i>	3	5	4	5	3	5
Age 4 <i>n=281</i>	4	5	6	5	4	5

Source: 2010 Market Rate Survey

The part-time market rate for 1-year-olds is \$92.76 per day or \$10.31 per hour (Table 26). The rate charged by providers with OSSE/ECE contracts is \$38.75 per day or \$7.63 per hour. The part-time rate for 1-year olds for the total pool of providers is \$39.75 per day or \$7.63 per hour. Children age 1-year are in care a median of 6 hours per day and 4 days per week with market rate providers and 6 hours per day and 5 days per week with OSSE/ECE contract providers.

The part-time market rate for 2-year-olds is \$53.25 per day or \$17.11 per hour (Table 26). For providers with OSSE/ECE contracts or provider agreements, the part-time rate is \$44.80 per day or \$11.20 per hour. The part-time rate for the total pool of providers is \$51.32 per day or \$17.11 per hour. Children age 2-years are in care a median of 3 hours per day and 3 days per week with market rate providers and 6 hours per day and 5 days per week with OSSE/ECE contract providers.

The part-time market rate for children age 3-years is \$36.95 per day or \$12.32 per hour (Table 26). Approximately 74.7 percent of part-time slots for preschoolers are with market rate providers. The part-time rate charged by providers with OSSE/ECE contracts is \$25.20 per day or \$6.30 per hour. The part-time rate for the total pool of providers is \$36.95 per day or \$12.32 per hour. Three year-olds are in care a median of 3 hours per day and 4-year-olds are in care on average of 4 hours per day with market rate providers and 4 hours per day and 6 hours per day, respectively, with OSSE/ECE contract providers.

Rates for Child Care Providers Enrolling Children with Disabilities

Child care providers responding to the survey currently enroll 471 children with disabilities. Approximately 8.6 percent of family home providers and 22.2 percent of centers have children with disabilities currently enrolled. The rates charged at these facilities are not specifically for children with disabilities; they are the usual rates charged by providers for all children enrolled.

Rates for Nontraditional Hours of Care

Less than two (2) percent of child care center providers and 7.6 percent of family home providers reported different rates for nontraditional hours of care. Approximately 5.4 percent of family home providers have overnight rates, 3.2 percent have evening rates, 2.2 percent have weekend rates, and 2.2 percent have extended day rates. Their rates, however, were not provided by age category. Child care providers reporting nontraditional rates have varying categories of rates; therefore, an average rate could not be determined.

3.3 CAPACITY UTILIZATION

Retention of Child Care Facilities

The number of licensed child development centers and child development homes both decreased since 2008, by 22.4 percent and 2.4 percent, respectively. However, there was a substantial turnover in both the number and location of these facilities. (See Table 28)

TABLE 28
NET CHANGE IN THE NUMBER OF LICENSED CHILD CARE FACILITIES
BY WARD (2008-2010)

WARD	CLOSED (NO.)		NEW LICENSE (NO.)		NET CHANGE	
	Homes	Centers	Homes	Centers	Homes	Centers
1	6	7	0	5	-6 (-46.2%)	2 (6.5%)
2	4	7	0	12	-4 (-57.1%)	-5 (-6.8%)
3	0	3	0	3	0 (0.0%)	0 (0.0%)
4	7	11	4	5	-3 (-7.7%)	6 (15.8%)
5	13	4	2	6	-11 (-35.5%)	-2 (-5.3%)
6	10	8	5	11	-5 (-15.6%)	-3 (-7.0%)
7	17	5	5	8	-12 (-25.5%)	-3 (-8.6%)
8	7	7	3	10	-4 (-14.3%)	-3 (-6.7%)
Total	64	56	19	48	-45 (-22.4%)	-8 (-2.4%)

Source: 2010 Market Rate Survey

Nearly one-third (31.8 percent) of all family home providers and 16.6 percent of all child care center providers operating in 2008 were no longer licensed in 2010. These losses in service providers were somewhat offset by the addition of 48 newly licensed child development centers and 19 newly licensed child development homes during this two-year period. Forty (15.5 percent) of the centers responding to the 2008 Market Rate and Capacity Utilization Study were no longer licensed in 2010.

While most wards lost child care centers, Wards 1 and 4 experienced a net growth in the number of centers. Approximately 42.8 percent of centers closed were operated by the Department of Parks and Recreation. All wards, except Ward 3 which had no net change, experienced a decline in the number of family home providers.

Capacity Utilization

Survey respondents have a licensed capacity of 15,100 child care slots. Family home providers are licensed for 518 slots and child care center providers are licensed for 14,582. However, not all providers are able to provide services at their full licensed capacity. Providers were asked for the maximum number of children they could currently serve at one time. The ratio between the current enrollment and the current maximum served was computed to determine the capacity utilization for child care services in the District of Columbia.

Both family home providers and child care center providers had decreases in capacity utilization since 2008. The capacity utilization in 2010 is 76.1 percent for family home providers; 82.3 percent for child care center providers; and 82.1 percent for total providers. (See Table 29)

TABLE 29
CAPACITY AND ENROLLMENT BY PROVIDER TYPE (2010)

NO. OF CHILD CARE SLOTS	FAMILY HOME PROVIDERS	CHILD CARE CENTER PROVIDERS	TOTAL PROVIDERS
Licensed Capacity	518	14,582	15,100
Current Maximum	502	14,061	14,563
Current Enrollment	382	11,578	11,960
*Capacity Utilization - 2010	76.1%	82.3%	82.1%
*Capacity Utilization – 2008	78.6%	86.0%	85.6%

Source: 2010 Market Rate Survey

* Ratio of current enrollment to the current maximum

The capacity utilization was also computed for both market rate and OSSE/ECE contract providers. While 87.8 percent of current center capacity is being utilized at market rate centers, just 79.5 percent of center capacity is being utilized at OSSE/ECE contract centers. However, among family home providers, OSSE/ECE contract providers utilize nearly 81.0 percent of capacity while market rate providers utilize 67.1 percent of capacity.

Waiting List

Most family home providers and child care center providers maintain waiting lists for families seeking child care services at their facilities when no slots are available for the requested age group. These waiting lists are not related to the Child Care Subsidy Program. The Division of Early Childhood Education does not have a waiting list for families seeking child care subsidies.

There are currently 10,377 children on provider waiting lists. Family home providers have 234 children on waiting lists, including 211 children 0-3-years of age. Child care center providers have 10,143 children on waiting lists. While children ages 0-3-years are the largest single component of those on the waiting lists, there are significant numbers of children waiting in the preschool/prekindergarten age range (Table 30). Children under 3 years of age hold 7,381 waiting list slots, or 72.8 percent of the total, and children ages 3 and 4 years hold 2,220 of the remaining slots (21.9 percent).

The ratio of the total current wait list slots to total licensed capacity was computed in order to compare the severity of the current shortage with that of the 1998 shortage. As Table 30 shows, there are substantial numbers of children waiting for slots. Names on the list surpass the enrollment levels for the youngest age groups and exceed 10 percent for the other categories. The shortage of available slots increased from 36.9 percent of capacity in 1998 to 77.0 percent in 2008, but has decreased to 68.7 percent of capacity in 2010. While some of the names on the waiting lists may be duplicated on lists at more than one facility, the list has doubled during the past decade.

As shown in Table 31, children are on provider waiting lists in all wards in the District of Columbia and in all age categories except 13 to 18-year-olds. However, three-fourths (73.2 percent) of children on waiting lists are under 3-years of age and 21.6 percent are 3- and 4-year olds. More than half (56.8 percent) of children are waiting for slots at child care facilities located in Wards 1 and 2, and an additional 24.2 percent are waiting for slots in Wards 6 and 8.

TABLE 30
CURRENT ENROLLMENT AND WAITING LIST BY AGE AND PROVIDER GROUP (2010)

AGE GROUP	FAMILY HOME PROVIDERS		CHILD CARE CENTER PROVIDERS		TOTAL PROVIDERS	
	Enrollment	Wait List	Enrollment	Wait List	Enrollment	Wait List
Infant	64	120	1,211	3,599	1,275	3,719
Age 1	89	49	1,353	1,986	1,442	2,035
Age 2	115	42	2,195	1,796	2,310	1,838
Age 3	75	17	2,466	1,467	2,541	1,484
Age 4	24	6	1,938	753	1,962	759
School-age	15	0	2,389	542	2,404	542
Total	382	234	11,552	10,143	11,934	10,377
% Licensed Capacity - 2010	73.7%	45.2%	79.2%	69.6%	79.0%	68.7%

Source: 2010 Market Rate Survey

TABLE 31
DISTRIBUTION OF CHILD CARE WAITING LISTS BY AGE AND WARD (2010)

Ward	Infants	Age 1	Age 2	Age 3	Age 4	Age 5+	Total	%Total
Ward 1	358	257	401	459	143	13	1,631	15.7%
Ward 2	1,377	884	711	504	374	417	4,265	41.1%
Ward 3	328	76	151	99	40	16	710	6.8%
Ward 4	231	57	60	79	72	40	533	5.1%
Ward 5	130	35	74	47	16	0	288	2.9%
Ward 6	698	297	125	154	57	35	1,386	13.4%
Ward 7	170	90	133	34	12	3	442	4.3%
Ward 8	427	339	183	110	43	20	1,122	10.8%
Total	3,719	2,035	1,838	1,484	757	544	10,377	100.0%
%Total	35.8%	19.6%	17.7%	14.3%	7.3%	5.2%	100.0%	

Source: 2010 Market Rate Survey

3.4 OUT-OF-SCHOOL TIME ACTIVITIES

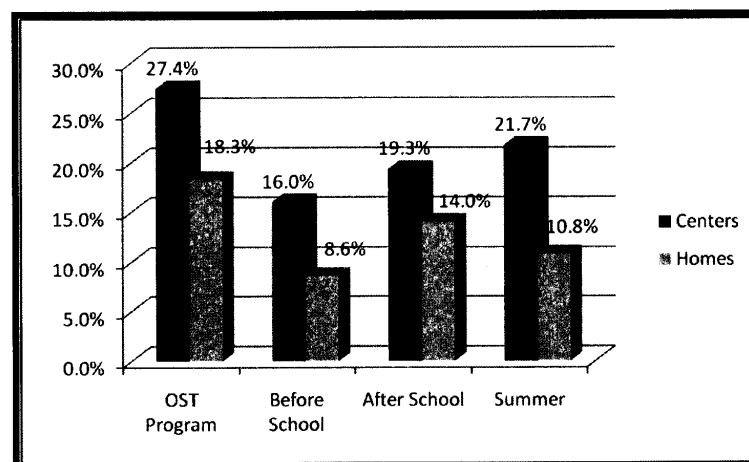
Characteristics of Out-of-School Time (OST) Programs

There has been a significant decline in the percent of child care providers offering special programs for school-age children outside of normal hours. In 2008, approximately 39.1 percent of child development centers and 19.2 percent of family homes offered special programs before school, after school, and/or during the summer for school-age children; however, just 27.4 percent of centers and 18.3 percent of family homes offered OST programs in 2010. While 18.3 percent of family home providers offer OST programs, only 8.6 percent currently have school age children enrolled.

As shown in Figure 6, before school programs are the least likely OST programs to be offered by both center providers and home providers.

FIGURE 6

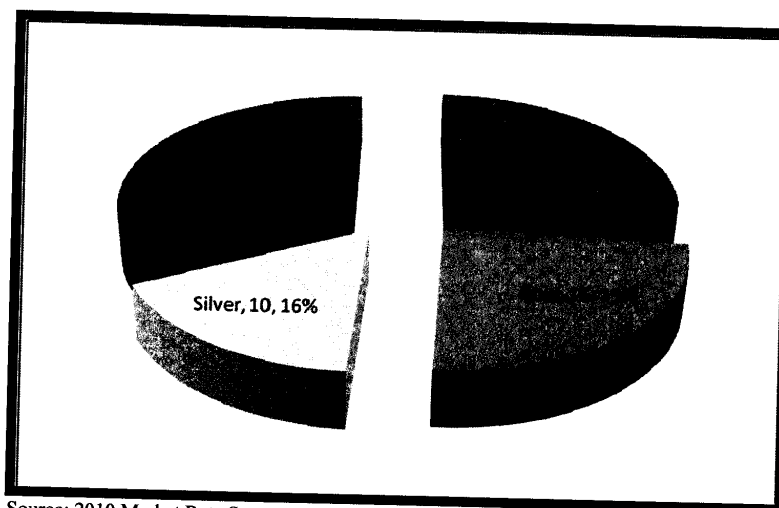
CHILD CARE PROVIDERS OFFERING OUT-OF-SCHOOL TIME SERVICES (2010)



Source: 2010 Market Rate Survey

More than one-fourth of the providers offering OST programs are market rate child care centers. The OSSE/ECE contract child care center providers offering OST services continue to include all tiers of the subsidy program; however, there is a significant increase in the percent of gold centers and a significant decrease in the percent of silver centers offering OST programs. In 2008, gold centers were 18 percent and silver centers were 23 percent of OST programs. Currently, silver tier centers are the least likely to offer these special programs (Figure 7).

FIGURE 7
DISTRIBUTION OF CENTERS OFFERING OUT-OF-SCHOOL-TIME PROGRAMS
BY TIER LEVEL (2010)



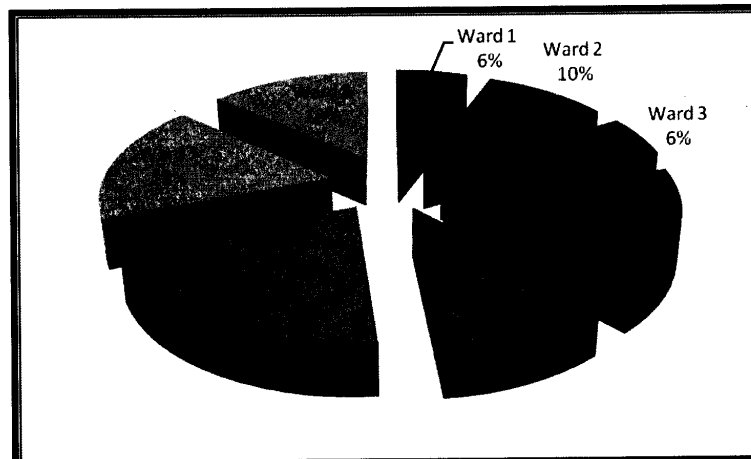
Source: 2010 Market Rate Survey

Location of OST Programs

Family home providers offering OST programs are located in Wards 2, 5, 6, 7, and 8. Center providers are located throughout the District of Columbia. As illustrated in Figure 8, if we look at the distribution of total center providers offering OST programs, the highest percentage of centers are in Ward 6 and the lowest percentage in Wards 1 and 3. However, if we examine the availability of OST programs as a percentage of the centers within a ward, then centers in Ward 7 (60.0 percent), Ward 6 (45.2 percent), and Ward 8 (31.0) are the most likely to offer programs (Table 32).

FIGURE 8

LOCATION OF CENTERS OFFERING OUT-OF-SCHOOL TIME PROGRAMS (2010)



Source: 2010 Market Rate Survey

Providers were asked if they provided before school, after school, and/or summer programs for school-age children. Not all providers offer each of these services. Overall, 55.7 percent of centers offering OST programs have before school services, 67.2 percent have after school services, and 75.4 percent offer summer programs.

Table 32 identifies program offerings by ward. Wards 1, 3 and 7 are the most likely to offer before school programs and Wards 1, 3 and 4 are the most likely to offer after school programs. Wards 2, 5 and 8 are the most likely to offer summer programs for school-age children. Ward 2 centers are the least likely to provide before school services and after school services. Ward 3 centers continue to be the least likely to provide summer programs.

TABLE 32
CENTERS OFFERING OUT-OF-SCHOOL TIME PROGRAMS
BY WARD AND WHEN PROGRAMS ARE OFFERED

Ward	% of Child Care Centers Within Ward Offering OST Program		When OST Programs are Offered					
			% Offering Before School		% Offering After School		% Offering Summer	
	2008	2010	2008	2010	2008	2010	2008	2010
Ward 1	33.3%	17.4%	88.9%	100.0%	100.0%	100.0%	66.7%	75.0%
Ward 2	19.3%	14.3%	63.6%	14.3%	81.8%	28.6%	54.5%	100.0%
Ward 3	46.2%	22.2%	58.3%	75.0%	50.0%	100.0%	33.3%	25.0%
Ward 4	42.3%	16.7%	45.5%	50.0%	63.6%	100.0%	81.8%	50.0%
Ward 5	40.7%	25.9%	36.4%	47.9%	63.6%	57.1%	63.6%	85.7%
Ward 6	34.0%	45.2%	45.5%	50.0%	63.6%	57.1%	63.6%	71.4%
Ward 7	62.5%	60.0%	60.0%	75.0%	66.7%	83.3%	66.7%	66.7%
Ward 8	53.8%	31.0%	76.2%	55.6%	85.7%	55.6%	28.6%	100.0%

Source: 2010 Market Rate Survey

Participation in OST Programs

Survey respondents were asked how many children are enrolled in out-of-school time programs at their facilities. While 2,389 school-age children are enrolled in centers responding to the survey, approximately 72.3 percent (1,727) are enrolled in centers providing special programs for school-age children. Survey respondents in Ward 4 have the lowest percentage (25.6 percent) of school-age children enrolled in centers offering special OST programs and respondents in Ward 7 have the highest percentage (98.2 percent).

Types of Activities

Providers with OST programs offer a wide variety of activities for children. The top ten activities in which most children participate are, in order of rank:

1. Field trips – 82.2%
2. Arts and Crafts – 67.5%
3. Games – 62.4%
4. Homework Assistance – 56.2%
5. Tutoring – 56.1%
6. Academic Enrichment – 53.0%
7. Computer Training – 47.2%
8. Aerobics/Exercise – 44.2%
9. Music – 38.7%
10. Drama – 36.8%

However, the types of activities in which children participate continue to vary by ward. Table 33 shows the activities offered and the percentage of enrolled school-age children participating in these activities by ward.

Arts and crafts are the top ranked activity in Wards 1 and 2 and the second ranked activity in Ward 6. Field trips are among the top ranked activities in all wards except Wards 1 and 4. Games are the second ranked activity in Wards 2, 7 and 8. Homework assistance is the top ranked activity in Ward 1 and the second ranked activity in Wards 3 and 5.

Most child care providers do not charge additional fees for OST activities; however, some do charge a registration fee for these programs.

Table 33

Participation in Out-of-School Time Activities by Activity Type and Ward

Activity	Percent (%) of Enrolled Children Participating in Activity							
	Ward 1 n=246	Ward 2 n=151	Ward 3 n=81	Ward 4 n=53	Ward 5 n=135	Ward 6 n=461	Ward 7 n=219	Ward 8 n=381
Tutoring	45.1%	92.7%	3.7%	100%	55.6%	62.9%	16.0%	68.5%
Arts & Crafts	45.1%	100%	30.9%	34.0%	77.8%	77.7%	54.8%	72.7%
Homework Assistance	45.1%	60.9%	53.1%	22.6%	91.9%	55.5%	51.6%	57.5%
Field Trips	28.9%	100%	76.5%	34.0%	100%	84.4%	99.1%	98.7%
Academic Enrichment	45.1%	80.8%	12.3%	43.4%	83.0%	63.6%	20.1%	52.5%
Music	0.0%	25.2%	24.5%	100%	80.7%	26.7%	60.7%	50.7%
Computer Training	0.0%	70.9%	6.2%	9.4%	38.5%	60.7%	30.6%	78.7%
Dance	0.0%	30.5%	24.5%	81.1%	51.9%	13.2%	47.0%	40.7%
Health/Nutrition	0.0%	67.5%	18.5%	0.0%	63.7%	23.0%	38.8%	42.0%
Drama	0.0%	6.6%	0.0%	81.1%	68.1%	8.7%	79.5%	72.4%
Aerobics/Exercise	16.3%	91.4%	18.5%	34.0%	68.1%	49.0%	43.4%	36.7%
Games	16.3%	94.0%	18.5%	34.0%	100%	60.3%	79.5%	72.4%
Sports	0.0%	61.6%	43.2%	34.0%	53.3%	11.3%	34.2%	42.0%
Bowling	0.0%	74.2%	0.0%	0.0%	60.0%	13.7%	48.4%	32.8%
Gymnastics	0.0%	25.2%	0.0%	0.0%	34.1%	11.3%	28.3%	0.0%
Skating	0.0%	60.9%	0.0%	0.0%	50.4%	13.7%	16.0%	5.5%
Swimming	16.3%	92.7%	0.0%	34.0%	83.7%	0.0%	18.3%	33.9%

Source: 2010 Market Rate Survey

3.5 PROVIDER DIFFICULTIES, CHALLENGES, AND PRIORITIES

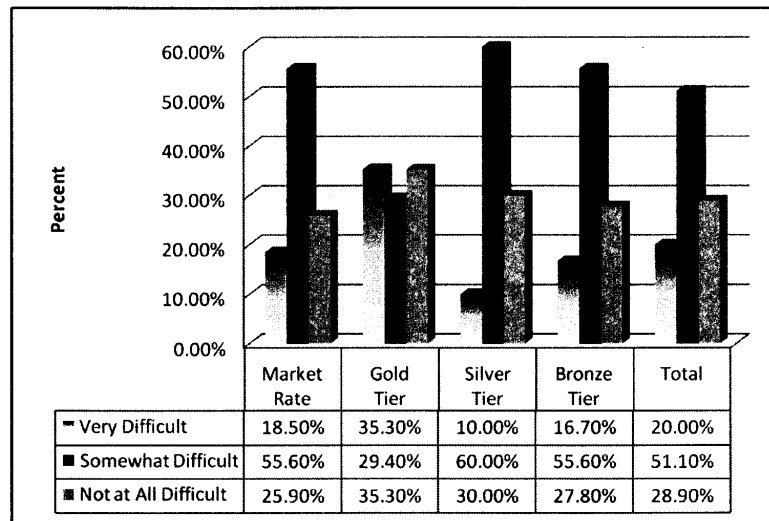
Child care providers were asked about difficulties and challenges they may have in operating their child care programs. They were also asked to identify a maximum of three priorities they would recommend that the District of Columbia government pursue in order to improve child care services in the city.

Difficulty Making Ends Meet

Both family home providers and child care center providers were asked whether they faced difficulties in making ends meet in their child care program. One-fifth of family home providers and 10.4 percent of child care center providers find it very difficult to make ends meet in their programs. As shown in Figure 9 and Figure 10 below, 28.7 percent of family home providers and 29.7 percent of child care center providers find it not at all difficult to make ends meet.

FIGURE 9

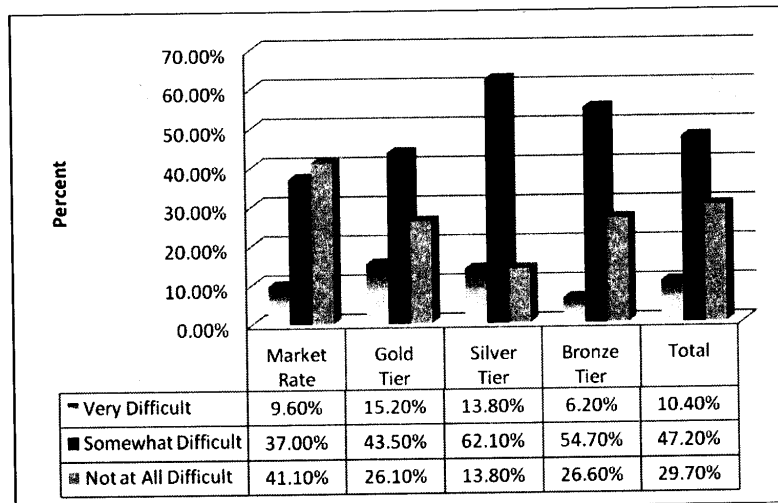
LEVELS OF DIFFICULTY FAMILY HOME PROVIDERS HAVE MAKING ENDS MEET IN THEIR CHILD CARE PROGRAM (2010)



Source: 2010 Market Rate Survey

FIGURE 10

**LEVELS OF DIFFICULTY CHILD CARE CENTER PROVIDERS HAVE MAKING ENDS MEET
IN THEIR CHILD CARE PROGRAM (2010)**



Source: 2010 Market Rate Survey

Note: Several child care center providers expressed no opinion on the level of difficulty; thus, percentages do not total 100%.

Among family home providers, gold tier providers are much more likely to find it very difficult to make ends meet; however, overall, market rate providers face the most difficulty. Bronze tier providers have the highest difficulty levels among the OSSE/ECE contract family home providers.

Market rate child care center providers face lower levels of difficulty than OSSE/ECE contract child care center providers in making ends meet. Silver tier child care center providers find it most difficult to make ends meet.

Challenges in Recruiting and Retaining Staff

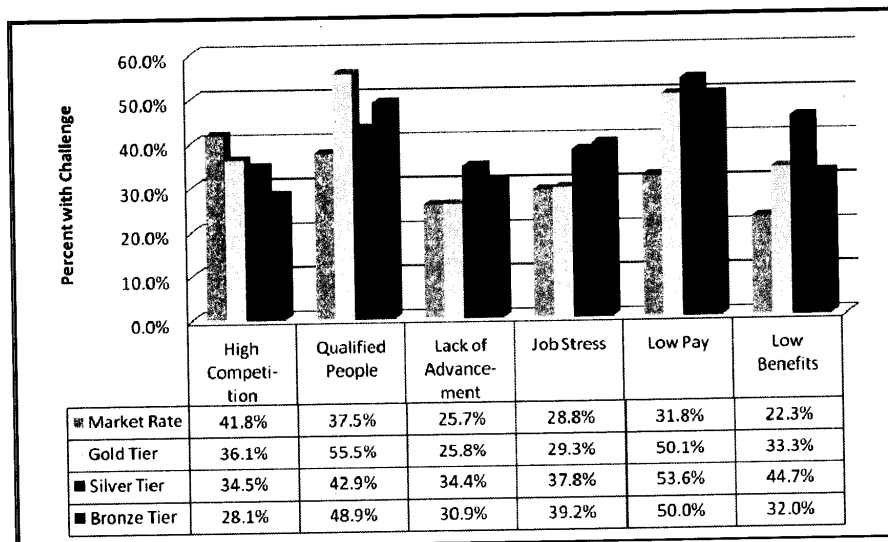
Child care center providers were probed about challenges they face in recruiting and retaining staff. Six areas of potential challenges were presented to providers: High competition, qualified people, lack of advancement opportunities, job stress, low pay, and low benefits. They were asked to rate their degree of challenge in each area on a 5 point scale: No challenge, little challenge, some challenge, more challenge, or big challenge.

Overall, the top three challenges identified are: Finding qualified people; low pay; and

high competition. However, as illustrated in Figure 11, there are differences in challenges identified by tier level. Market rate child care center providers find their biggest challenge in the competitive environment, while gold tier child care center

FIGURE 11

**CHALLENGES FACED BY CHILD CARE CENTER PROVIDERS IN
RECRUITING AND RETAINING STAFF BY TIER LEVEL (2010)**



Source: 2010 Market Rate Survey

providers are most challenged by finding qualified staff. Both silver tier and bronze tier child care center providers find low pay as their biggest challenge. Low benefits are more of a challenge for silver tier providers and job stress is among the top three challenges for bronze tier providers.

Child care center providers were also invited to identify other areas of challenge that they face in recruiting and retaining staff. Other challenges identified include:

- Inability to offer full-time work
- Commuting distances into the District of Columbia
- Finding qualified staff willing and/or able to work with infants and toddlers
- Lack of vacation time
- Inadequate funding for professional development

- Child care rate increases not keeping pace with increases in operating costs

Child Care Provider Recommendations on Needed Actions

Both family home providers and child care center providers were asked to provide a maximum of three priority actions that the DC Government should take related to early childhood services. A total of 154 responses were received from family home providers and 219 responses were received from child care center providers. Priorities were reduced or condensed, coded, and described. Emerging themes were identified and four connecting or interrelated themes were developed.

Themes with the highest number of responses, for both family home providers and child care center providers, are:

1. System changes
2. Increases in child care rates
3. Additional supports
4. Training and/or professional development supports

System Changes

Changes recommended by family home providers address regulatory, process, and policy concerns:

- Increase the number of children family home providers can serve, including an increase in the number of infants and/or toddlers.
- Increase the population of family home providers.
- Improve communications between OSSE and family home providers by enhancing the timeliness, quantity and quality of information disseminated.
- Provide customer service training for staff that interacts with family home providers to foster more positive communication exchanges.
- Reduce bureaucracy and paperwork requirements.
- Reconsider educational and/or training requirements so that family home providers are not required to secure college degrees.

Changes recommended by child care center providers include:

- Reduce/streamline the bureaucracy and paperwork requirements for licensing, vouchers, and new immunization requirements.

- Do not guarantee spaces in elementary schools for pre-K, but increase the number of community-based organizations that participate in Pre-K; young children should be in center-based environments.
- Improve communications between OSSE and child care center providers. Provide customer service training for staff that interacts with centers.
- Establish a reliable substitute teacher organization.
- Increase the number of organizations allowed to give CDA certification training.
- Do not ask centers to utilize DCPS pay scales when staffing under grant programs. It is unfair to other staff not working on grant assisted programs within the same organization and/or building.
- Increase parent education programs and develop enforcement of attendance policies for children under kindergarten age.
- Provide more services for children with special needs.
- Develop policies and/or structures to help providers to stay afloat when provider resources are limited.
- Send checks in a timely manner.
- Establish a DC Twitter to receive provider input on a continuing basis.

Increase in Child Care Rates

Both family home providers and child care center providers recommend increasing rates more often to keep pace with rising operating costs.

Additional Supports

Additional supports include supplemental financial and organizational assistance aimed at strengthening the structural and/or organizational foundation of child care providers. Recommendations from family home providers and child care center providers include:

- Provide wage supplements for teachers.
- Withhold taxes from payments to family home providers.
- Grant paid vacation and sick leave to family home providers, particularly those with 15 years or more of service.

- Establish insurance and retirement benefit pools to reduce costs to individual providers.
- Increase supports for the purchase of supplies and equipment.
- Assist with accreditation activities.
- Increase facility expansion supports.

Training and/or Professional Development Supports

Training and professional supports include financial assistance, enhanced offerings, and more accessibility of training opportunities. Recommendations include:

- Increase funding for college degree programs and tuition reimbursement assistance.
- Provide more free or reduced rate continuing education opportunities.
- Make available more enhanced professional development opportunities.
- Offer more diversified training by OSSE.
- Provide more training opportunities on weekends.
- Create a development program for center directors.
- Establish more training sites, particularly for CDA training.
- Improve communications concerning available training for providers (to be received in a more timely fashion).
- Offer more specialized training sessions on working with children with special health care needs.
- Provide more workshops on curriculum and adopt a play-based curriculum.

4. CONCLUSIONS

Provider Characteristics

The decline in the number of both licensed family home providers and child care center providers has continued. The number of licensed homes and the number of licensed centers both declined since 2008, by 22.8 percent and 2.8 percent, respectively. These numbers, however, belie the degree of change within the community of child care providers in the District of Columbia. Given the large number of exits and entrants during the past two years, coupled with changes in the regulatory environment, the landscape for community-based early care and education programs has changed. A closer examination of characteristics and factors affecting stability in the child care market would facilitate the strategic management and policy formulation processes of both child care providers and public policymakers.

Child care providers continue to offer a wide range of services in the District of Columbia. Family child care providers consistently appear to be more flexible than child care center providers in addressing the demand for nontraditional hours of service (evening, overnight, and weekend).

The District of Columbia continues to ensure that comparable child care choices are available to families participating in the Child Care Subsidy Program. The percentage of child care center slots with providers participating in the subsidy program continues to increase. While in 1998 just 42 percent of enrolled center slots were with providers participating in the subsidy program, that percentage increased to 65.5 percent in 2008 and to 66.2 percent in 2010.

As a percentage of total enrollments, infant and toddler enrollment grew to 41.7 percent at OSSE/ECE contract centers in 2010. In 1998, only 11.3 percent of enrollees at OSSE/ECE contract centers were infants and toddlers compared to 32.8 percent at market rate centers. By 2008, infant and toddler enrollment increased to 39.3 percent of total enrollment at OSSE/ECE contract centers, surpassing the 30.9 percent at market rate centers. In 2010, there is little difference in the distribution of infant and toddler enrollment, with 39.8 percent at market rate centers compared to 41.7 percent at OSSE/ECE contract centers.

Services for children with disabilities appear to be more concentrated among fewer centers. While the number of children with disabilities enrolled with child care center providers increased, there was a decline in the percentage of centers serving this population (from 28.3 percent in 2008 to 24.3 percent in 2010).

Workforce

Center survey respondents have a total of 2,822 employees. Approximately 85.4 percent of all child care employees are directly involved with children in the classroom. The ratio of children to staff has increased at both market rate and OSSE/ECE contract child care centers. However, the disparity in the child to teacher ratio has continued to narrow and is currently near parity.

Child care providers continue to have a wide range of educational experiences and credentials. Although the degree of difference continues to decrease, wide disparities remain in the level of education credentials held by both teachers and total classroom personnel at market rate centers compared to staff at OSSE/ECE contract centers. Teachers at market rate centers are much more likely to have a Bachelor's degree or higher degree than are teachers at OSSE/ECE contract centers; conversely, teachers at contract centers are more likely to have a CDA than are teachers at market rate centers.

Overall, the percentage of teachers and family home providers with college degrees increased. Nearly 40 percent of family home providers and 64.7 percent of teachers have a college degree.

There is a decline in the mean and median hours of training for family home providers and a doubling of the percentage reporting no clock hours of training. On the other hand, there is an increase in the participation of center personnel in training activities. While 90 percent of centers reported training activities for some categories of employees, large percentages of employees participated in no formal training activities in 2010. Teachers were the center employees most likely to be engaged in training activities during the past year.

Average beginning salaries for child care employees range from \$18,109 per year or \$9.81 per hour for classroom aides to \$50,537 per year or \$26.97 per hour for administrators. The average beginning salary for teachers with a bachelor's degree or higher is \$31,803 per year or \$16.88 per hour. Salaries increased for all categories of employees except teachers with a bachelor's degree. Although, the mean salary for teachers with a bachelor's degree decreased at all tier levels except silver, this reduction is largely fueled by significant decreases in salaries paid at market rate centers. Still, teachers at market rate centers earned significantly higher salaries than teachers at OSSE/ECE contract centers.

The financial incentive for employees to increase their level of education is still clear. Teachers with a bachelor's degree earn 25.8 percent more than teachers with the CDA.

Many of the gains in benefit levels for both family home providers and employees at child care centers appear to be evaporating. Providers appear to be scaling back on benefits packages to offset the rising cost of operations. However, when benefits programs are offered, the percentage of participation continues to grow.

Revenue

The average gross enrollment revenue for family child care providers is \$36,242 per year. However, 25 percent of family home providers received less than \$25,007 in gross receipts. Gold tier providers have the highest level of gross revenue, as well as the highest mean enrollment.

The difference in gross enrollment revenue received by market rate center providers continues to be substantially higher, overall, than gross revenue received by providers with an OSSE/ECE contract or provider agreement. Market rate centers receive, on average, gross revenue of \$698,227 compared to \$487,446 for centers participating in the Child Care Subsidy Program. When adjusted for enrollment differences, revenues are just 22.5 percent higher at market rate centers.

Gold tier centers have the highest gross revenue levels. However, these centers have significantly higher enrollment levels than any other group, including market rate centers.

The percentage of child care center providers receiving non-cash benefits in the form of rent, utilities, and/or equipment decreased, while those receiving food contributions increased.

Accreditation

The percentage of center child care providers with national accreditation decreased; but, the percentage preparing to apply for accreditation increased. The large turnover in licensed facilities may explain some of this decline.

Market rate centers are more likely to be accredited; however, OSSE/ECE contract centers continue to be more likely to be accredited by NAEYC. The percentage of family home providers accredited decreased.

Child Care Rates

The percentage of child care center providers participating in the subsidy program dropped from approximately two-thirds of child care providers in the District of Columbia to 61.8 percent. This decline can be largely attributed to the closing and/or change in operators of the Department of Parks and Recreation centers.

Market rates charged for child care services at centers not participating in the subsidy program have increased an average of 4.9 percent since 2008. This includes increases in rates for children under 3-years and decreases in rates for 3- and 4-year olds. Private pay rates at centers participating in the subsidy program increased by 9.3 percent overall, with increases in all rates except those for 2-year olds. Rates increased across all groups for school-age children when school is closed. Rates for total providers increased an average of 13.2 percent

Market rates for family home providers not participating in the subsidy program decreased for infants and 1-year olds, but increased substantially for 2-, 3-, and 4- year olds. For total family home providers, rates increased an average of 9.8 percent for infants and 1-year olds, but did not change for 2- and 3-year old children.

Capacity Utilization and Expansion

There has been a decline in the capacity utilization rate for both family home providers and child care center providers since 2008. Yet, there are large numbers of children names on provider waiting lists. The average number of lists a particular child's name may be listed on is unknown.

More than 41 percent of children on waiting lists are on lists at centers in Ward 2, the downtown business district. Ward 2 centers also have the largest number of nonresident children enrolled. More than 55 percent of the waiting lists are comprised of the names of infants and 1-year olds.

There appears to be a mismatch between the slots needed and/or desired and the current supply.

Out-of-School Time Activities

Out-of-school time (OST) services are available throughout the city. However, there is a decline in the percentage of child care providers with OST offerings. Providers in Ward 6, Ward 7, and Ward 8 are the most likely to offer OST programs.

A wide range of activities remain available; however, there are different patterns of participation in the various wards of the city. Field trips, arts and crafts, and games are the top three activities offered, followed by homework assistance, tutoring, and academic enrichment activities.

Most providers do not charge additional fees for these activities.

Provider Difficulties, Challenges, and Recommendations

Most providers do find some difficulty in making ends meet in their programs. While gold tier family home providers and gold tier child care center providers have the highest gross revenue levels, they are the greatest percentage of providers finding it very difficult to make ends meet. Among family home providers, bronze tier providers have the highest percentage of providers expressing some level of difficulty; however, among child care center providers, silver tier providers have the highest percentage expressing some level of difficulty.

The top three challenges faced by child care center providers in recruiting and retaining staff are finding qualified people, low pay, and high competition. Gold tier providers are experiencing the biggest challenge in finding qualified people. Finding qualified people willing to work with infants and toddlers was emphasized by some providers. Low pay is reported as a bigger challenge for OSSE/ECE contract providers. Salary levels are also substantially lower with contract providers than with market rate providers. Bronze tier providers seem to be the least challenged by a competitive environment.

Both family home providers and child care center providers recommend that OSSE/ECE take some steps to reduce the bureaucracy and to streamline paperwork requirements related to licensing, payments and immunization. Both provider groups also recommend improved communication systems and staff training in customer service.

Providers are asking for supports in organizing and/or funding benefits pools and a reliable substitute teacher organization. The decreasing benefits levels support the urgency expressed here. Also, some of the inability to participate in training would be mitigated by the availability of reliable substitutes.

Family home providers would like to see an increase in the number of children they may serve at one time. They also would like to be compensated for some vacation and/or sick leave time.

Child care center providers would like to see the development program for center directors implemented. They also feel a need for more supports in the area of professional development.

Several providers expressed a concern that community-based programs are a more appropriate setting for young children, particularly 3-year-olds. They would like OSSE/ECEs support and assistance in strengthening their programs. Or in the words of one provider:

“Strengthen the value, respect and support for community-based programs!”

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APPENDICES

- A. LOCATION OF NON-RESPONDENT CHILD CARE CENTERS BY WARD
- B. DAILY 75TH PERCENTILE, MEDIAN, AND MEAN CHILD CARE RATES FOR TOTAL ENROLLED SLOTS
- C. 2010 MARKET RATE SURVEY INSTRUMENTS

Appendix A

LOCATION OF NON-RESPONDENT CHILD CARE PROVIDERS BY WARD 2010

WARD	FAMILY HOME PROVIDERS		CENTER PROVIDERS		TOTAL PROVIDERS	
	No.	%	No.	%	No.	%
Ward 1	1	2.9%	9	9.3%	4	7.6%
Ward 2	1	2.9%	18	18.6%	17	14.4%
Ward 3	1	2.9%	16	16.5%	8	12.9%
Ward 4	13	37.1%	17	17.5%	16	22.7%
Ward 5	5	14.3%	6	6.2%	13	8.3%
Ward 6	5	14.3%	8	8.2%	9	9.8%
Ward 7	5	14.3%	12	12.4%	12	12.9%
Ward 8	4	11.4%	11	11.3%	8	11.4%
Total	35	100.0%	97	100.0%	87	100.0%

Source: 2010 Market Rate Survey

APPENDIX B

Daily 75th Percentile, Median, and Mean Child Care Rates for Total Enrolled Slots

Service Group	75 th Percentile	Median	Mean	Standard Deviation
Family home providers				
Infant Total Slots n=60	\$45.00	\$35.00	\$36.72	\$11.31
OSSE/ECE Contract n=38	\$40.50	\$35.00	\$34.96	\$10.40
Market Rate n=22	\$46.00	\$40.00	\$39.90	\$12.41
Age 1 Total Slots n=86	\$37.75	\$33.00	\$34.97	\$10.22
OSSE/ECE Contract n=66	\$36.00	\$33.00	\$33.69	\$9.10
Market Rate n=20	\$47.50	\$33.00	\$39.82	\$12.89
Age 2 Total Slots n=113	\$35.00	\$30.00	\$34.34	\$10.41
OSSE/ECE Contract n=81	\$34.25	\$30.00	\$31.63	\$6.19
Market Rate n=32	\$50.00	\$35.00	\$41.66	\$15.14
Age 3 Total Slots n=72	\$35.00	\$30.00	\$34.08	\$11.83
OSSE/ECE Contract n=57	\$33.00	\$30.00	\$30.53	\$6.63
Market Rate n=15	\$62.50	\$45.00	\$48.31	\$16.91
Age 4 Total Slots n=20	\$31.00	\$29.00	\$30.21	\$8.57
OSSE/ECE Contract n=16	\$31.00	\$29.00	\$28.67	\$3.13
Market Rate n=4	\$55.25	\$31.00	\$36.00	\$18.38
Full-time when school closed(5+)				
Total Slots n=53	\$27.25	\$22.00	\$23.44	\$9.14
OSSE/ECE Contract n=46	\$25.80	\$22.00	\$22.69	\$6.98
Market Rate n=7	\$52.50	\$20.50	\$29.00	\$18.89
Child Care Centers				
Infant Total Slots n=1169	\$70.40	\$55.00	\$58.11	\$19.73
OSSE/ECE Contract n=753	\$60.00	\$54.41	\$51.79	\$15.17
Market Rate n=416	\$75.29	\$69.20	\$69.33	\$21.82
Age 1 Total Slots n=1308	\$67.44	\$52.15	\$56.59	\$18.93
OSSE/ECE Contract n=784	\$50.80	\$50.80	\$50.42	\$14.07
Market Rate n=524	\$72.47	\$66.00	\$67.84	\$21.34
Age 2 Total Slots n=2007	\$58.66	\$50.00	\$48.88	\$16.63
OSSE/ECE Contract n=1442	\$51.00	\$46.23	\$45.27	\$13.29
Market Rate n=565	\$64.20	\$59.80	\$57.60	\$20.28
Age 3 Total Slots n=2163	\$53.49	\$42.00	\$43.17	\$15.86
OSSE/ECE Contract n=1406	\$46.19	\$40.00	\$39.29	\$12.82
Market Rate n=757	\$57.78	\$51.96	\$50.19	\$18.25
Age 4 Total Slots n=1657	\$54.04	\$42.00	\$43.88	\$19.61
OSSE/ECE Contract n=1055	\$50.00	\$39.83	\$41.23	\$18.70
Market Rate n=602	\$57.60	\$48.91	\$47.75	\$20.27
Full-time when school closed(5+)				
Total Slots n=1552	\$54.00	\$30.00	\$36.87	\$15.55
OSSE/ECE Contract n=1285	\$45.00	\$30.00	\$33.97	\$13.67
Market Rate n=267	\$57.30	\$50.00	\$50.99	\$16.46

Source: 2010 Market Rate Survey

APPENDIX C

Family Provider Survey Instrument

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF

1. What is your current ward location?

- ☐ Ward 1 ☐ Ward 4 ☐ Ward 7
☐ Ward 2 ☐ Ward 5 ☐ Ward 8
☐ Ward 3 ☐ Ward 6 ☐ Don't Know

2. Days of Operation:

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

3. Number of Months of Operation per Year:

4. Which of the following describes the type of child development provider you are? (Check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> (a) Non-Profit Provider (Tax-Exempted) | <input type="checkbox"/> (j) Part of a Child Care System/Network |
| <input type="checkbox"/> (b) For Profit Provider | <input type="checkbox"/> (k) Part of UPO Child Care System/Network |
| <input type="checkbox"/> (c) District Government Agency | <input type="checkbox"/> (l) Part of FCS Child Care System/Network |
| <input type="checkbox"/> (d) Dept. of Defense Provider | <input type="checkbox"/> (m) Part of ARE Child Care System/Network |
| <input type="checkbox"/> (e) Federal, Non-DOD Provider | <input type="checkbox"/> (n) Montessori |
| <input type="checkbox"/> (f) Cooperative Provider | <input type="checkbox"/> (o) Child Development Center |
| <input type="checkbox"/> (g) Head Start Provider | <input type="checkbox"/> (p) Private School |
| <input type="checkbox"/> (h) Early Head Start Provider | <input type="checkbox"/> (q) Employer/Corporate Provider |
| <input type="checkbox"/> (i) Faith-Based Organization | <input type="checkbox"/> (r) 23-Hour Provider |
| <input type="checkbox"/> (s) Other (please specify) | |

5. Number of licensed child care spaces and maximum number of children you can currently serve at any one time.

(a) How many child care spaces are you licensed for?

(b) What is the maximum number of children you can currently serve at any one time?

6. Number of children currently enrolled in your child care program.

(a) How many children do you currently have enrolled in your child care program?

(b) If greater than the licensed capacity, please explain:

7. How many of the enrolled children are DC residents?

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF

8. participation in the Child and Adult Care Food Program (CACFP).

(a) Do you participate in the Child and Adult Care Food Program?

(b) If NO are you aware of the program?

9. Does your child development program offer the following types of service?☐ (a) Full-time Care (35 or more hrs/wk)☐ (i) Before School☐ (b) Part-time Care (Less than 35 hrs/wk)☐ (j) After School (after 3:00 p.m.)☐ (c) Evening Care☐ (k) Full-Day During School Closing☐ (d) Overnight Care☐ (l) Mildly Ill or Sick Children☐ (e) Saturday☐ (m) Children with Disabilities☐ (f) Sunday☐ (n) Emergency or Back-up Care☐ (g) Holiday☐ (o) Transportation☐ (h) Drop-in**10.(a) Indicate the time service begins.**

	HH	MM	AM/PM
(a) Evening Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Before School	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) After School (after 3:00 PM)	<input type="text"/>	<input type="text"/>	<input type="text"/>

10.(b) Indicate the time service ends.

	HH	MM	AM/PM
(a) Evening Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Before School	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) After School (after 3:00 PM)	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. How many days per year is your program closed for the following?

(a) Holidays	<input type="text"/>
(b) Vacation	<input type="text"/>
(c) Staff Training	<input type="text"/>

12.(a) Does your program have a contract or provider agreement with the Child Care Subsidy Program? If yes, at what level is your program? If No Go to Question 13.☐ NO☐ YES, Bronze☐ YES, Silver☐ YES, Gold

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF**12.(b) How many slots are currently being used by the Child Care Subsidy Program?****13. Do you offer other types of fee reductions to help low-income families afford your services?**☐ (a) NO☐ (b) YES, Sliding fee based on family income☐ (c) YES, Scholarships☐ (d) YES, Other (please specify)**14. What is the total number of children enrolled whose charges are paid for fully or in part by subsidies, government funds, or another agency?****15. Do you provide information to parents about government subsidies for child care?**☐ YES☐ NO**16. Has your program recently provided care to a child with a disability?**☐ No☐ Yes, Currently☐ Yes, during the past 3 years

THE FOLLOWING QUESTIONS RELATE TO THE NUMBER OF CHILDREN YOU SERVE AND YOUR RATES. QUESTIONS ABOUT FULL-TIME CARE AND PART-TIME CARE FOR CHILDREN ARE BEING ASKED SEPARATELY. FULL-TIME CARE IS 35 HOURS A WEEK OR MORE; PART-TIME CARE IS LESS THAN 35 HOURS A WEEK.

17. What are the FULL TIME (35 hours or more per week) and PART TIME (less than 35 hours per week) enrollment in your program for each of the following age groups?

	Current Full Time Enrollment	Current Part Time Enrollment
(a) Infants	<input type="text"/>	<input type="text"/>
(b) Age 1	<input type="text"/>	<input type="text"/>
(c) Age 2	<input type="text"/>	<input type="text"/>
(d) Age 3	<input type="text"/>	<input type="text"/>
(e) Age 4	<input type="text"/>	<input type="text"/>
(f) Age 5	<input type="text"/>	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>	<input type="text"/>

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF

18. How many children with disabilities do you currently serve for both Full Time and Part Time? If no children with disabilities, go to Question 19.

	Full Time Enrolled Children with Disabilities	Part Time Enrolled Children with Disabilities
(a) Infants	<input type="text"/>	<input type="text"/>
(b) Age 1	<input type="text"/>	<input type="text"/>
(c) Age 2	<input type="text"/>	<input type="text"/>
(d) Age 3	<input type="text"/>	<input type="text"/>
(e) Age 4	<input type="text"/>	<input type="text"/>
(f) Age 5	<input type="text"/>	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>	<input type="text"/>

19. How are your FULL-TIME rates charged? If No Children enrolled Full-Time, Go to Question 22.

- ☐ (a) Hourly
 ☐ (b) Daily
 ☐ (c) Weekly
 ☐ (d) Monthly
 ☐ (e) Yearly

20. What do you charge for FULL-TIME care for each of the following age groups?

(a) Infants	<input type="text"/>
(b) Age 1	<input type="text"/>
(c) Age 2	<input type="text"/>
(d) Age 3	<input type="text"/>
(e) Age 4	<input type="text"/>
(f) Age 5	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF

21. Please estimate by age group the number of FULL-TIME hours the typical child attends your program: (Please fill in columns by hour, day, AND month for ages that apply only).

	Hours Per Day	Days Per Week	Months Per Year
(a) Infants	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Age 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Age 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Age 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) Age 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Age 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>	<input type="text"/>	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>	<input type="text"/>	<input type="text"/>

22. How are your PART-TIME rates charged? If No Children enrolled Part-Time, go to question 26.

- ☐ (a) Hourly
 ☐ (b) Daily
 ☐ (c) Weekly
 ☐ (d) Monthly
 ☐ (e) Yearly

23. What do you charge for PART-TIME care for each of the following age groups?

(a) Infants	<input type="text"/>
(b) Age 1	<input type="text"/>
(c) Age 2	<input type="text"/>
(d) Age 3	<input type="text"/>
(e) Age 4	<input type="text"/>
(f) Age 5	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF

24. Please estimate the number of hours by day, week, AND month that the typical child attends your PART-TIME program: (Answer for ages that apply only).

	Hours per Day	Days per Week	Months per Year
(a) Infants	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Age 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Age 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Age 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) Age 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Age 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>	<input type="text"/>	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>	<input type="text"/>	<input type="text"/>

25. Do families using PART-TIME care have to pay for a minimum number of hours?

☐ Yes ☐ No

If yes, what is the minimum number of hours?

26.(A) Do you have additional charges for the following services? If NO, go to question 27:

☐ (a) NO ☐ (b) Yes, Summer ☐ (c) Yes, Before/After Services

26.(B) Please indicate the rate (\$__per__).

(a) Summer
 (b) Before/After Services

27.(A) If you offer both traditional hours and nontraditional hours, do you charge different rates for:

☐ (a) No ☐ (d) Yes, Evening Care
☐ (b) Yes, Overnight ☐ (e) Yes, Extended Hours
☐ (c) Yes, Weekend

27.(B) If Yes to Question 27A, please indicate the rate (\$__per__).

(a) Overnight
 (b) Weekend
 (c) Evening Care
 (d) Extended Hours

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF

28. How many school age children (ages 4 years and older) did you serve FULL-TIME (35 hours or more per week) during the last time school was not in session: e.g., school breaks, school vacations, or summers? IF NONE, GO TO QUESTION 30.

29. What do you charge for FULL-TIME care when school is not in session for children ages 4 years and older? (\$__PER__).

30. Does your program have a waiting list? IF NO, GO TO QUESTION 32.

☐ Yes

☐ No

31. How many children are currently on your waiting list for each of the following age groups?

(a) Infants	<input type="text"/>
(b) Age 1	<input type="text"/>
(c) Age 2	<input type="text"/>
(d) Age 3	<input type="text"/>
(e) Age 4	<input type="text"/>
(f) Age 5	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>

32. How much do you charge, if anything, for the following services?

(a) Registration	<input type="text"/>
(b) Supplies	<input type="text"/>
(c) Activities/Programs	<input type="text"/>
(d) Meals	<input type="text"/>
(e) Liability Insurance	<input type="text"/>
(f) Transportation	<input type="text"/>
(g) Late Fees	<input type="text"/>
(h) Other (Identify)	<input type="text"/>

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF

37.(B) If your program is not currently accredited, what assistance would you need to become accredited?

- ☐ (a) Additional Information
 ☐ (c) Mentor
☐ (b) Assistance with Fees
 ☐ (d) Don't intend to apply

38. How many people, including yourself work in your program on a normal day? Please list the individuals by TITLE and indicate whether they are full Time(FT) or Part Time(PT).

- (a)
 (b)
 (c)
 (e)
 (f)

39. How long have you served as a family child development provider?

40. What is your HIGHEST Educational degree? Is the degree in Early Childhood Education or related field?

- | | H.S./GED | Associate | Bachelors | Masters or Higher |
|--|----------------------|----------------------|----------------------|----------------------|
| (a) Owner | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (b) Other | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (c) Total degrees in Early Childhood Education or Related fields | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other. Please Identify Related Fields

41. Do you have the CDA Certification?

- ☐ Yes
 ☐ No

42. What is the average number of clock hours per year you spend in training? Clock hours include training during work hours and training during non work hours. (Include enrollment in college courses, CDA training, etc...)

- | | College Classes | CDA Training | Training with focus on Disability | Other |
|------------|----------------------|----------------------|-----------------------------------|----------------------|
| (a). Owner | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (b). Other | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please Identify Other Training

43. Who pays for training?

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF**44. Do you have a working computer with access to the internet?**☐ Yes☐ No**45. Which of the following benefits, if any, do you currently have? . (If you have no benefits, proceed to Question 47).**☐ (a) Health Insurance☐ (e) Paid Sick Leave☐ (b) Life Insurance☐ (f) Paid Vacation☐ (c) Disability Insurance☐ (g) None☐ (d) Retirement Plan☐ (h) Other Please Identify**46. Who provides your benefits?**☐ (a). Self☐ (b). Spouse☐ Other (please specify)**47. Without access to health insurance, would you continue as a family child care provider?**☐ Yes☐ No☐ Not Sure**48. How much in out-of-pocket health care expenses did you spend in the last year?****49. How often did you use the emergency room in the past year?**

(a) For your own care?

(b) For your child's care?

50. Do you use volunteers in your program? (By volunteers I mean anyone working for at least one hour during the week who is not directly paid by your program.) If Yes, answer (a) and (b).

Do you use volunteers in your program?

(a) What is the TOTAL number of volunteer hours worked in your program by volunteer workers during the average week?

(b) How many of these hours are provided by parents and guardians per week?

51. How difficult is it for you to make ends meet to keep your child care activity going?☐ (a) Very Difficult☐ (b) Somewhat Difficult☐ (c) Not at all difficult

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF**THE FINAL QUESTIONS RELATE TO SCHOOL AGE OUT-OF-SCHOOL-TIME ACTIVITIES.****52. Do you have special programs for school age children outside of normal school hours? If No, please go to Question 56**☐ Yes☐ No**53. If yes to Question 52, what time of day are the programs offered?**☐ (a) Before School☐ (b) After School☐ (c) Summer**54. Indicate the number of school age children who participate in the following of activities. If None, enter zero.**

(a) Tutoring	<input type="text"/>
(b) Homework Assistance	<input type="text"/>
(c) Academic Enrichment	<input type="text"/>
(d) Computer Training	<input type="text"/>
(e) Health/Nutrition	<input type="text"/>
(f) Aerobics/Exercise	<input type="text"/>
(g) Sports	<input type="text"/>
(h) Gymnastics	<input type="text"/>
(i) Swimming	<input type="text"/>
(j) Arts and Crafts	<input type="text"/>
(k) Field Trips	<input type="text"/>
(l) Music	<input type="text"/>
(m) Dance	<input type="text"/>
(n) Drama	<input type="text"/>
(o) Games	<input type="text"/>
(p) Bowling	<input type="text"/>
(q) Skating	<input type="text"/>
(r) Other	<input type="text"/>

55. Please indicate other charges applicable to your program? (Please Specify FEE PER CHILD for each applicable category).

(a) Registration	<input type="text"/>
(b) Supplies	<input type="text"/>
(c) Snacks	<input type="text"/>
(d) Transportation	<input type="text"/>
(e) Insurance	<input type="text"/>
(f) Other	<input type="text"/>

2010 MARKET RATE AND CAPACITY SURVEY: DISTRICT OF

56. If the District Government were to take additional action related to early childhood services, what would you advise them to do? List maximum of 3 priorities.

Priority 1	
Priority 2	
Priority 3	

57. Please provide the facility ID number.

58. What is your current zip code?

Child Care Center Provider Survey Instrument

2010 MARKET RATE AND CAPACITY SURVEY: UDC/CARUP
DISTRICT OF COLUMBIA CHILD DEVELOPMENT CENTER

1. What is your current ward location?

- | | | |
|------------------------------|------------------------------|----------------------------------|
| <input type="radio"/> Ward 1 | <input type="radio"/> Ward 4 | <input type="radio"/> Ward 7 |
| <input type="radio"/> Ward 2 | <input type="radio"/> Ward 5 | <input type="radio"/> Ward 8 |
| <input type="radio"/> Ward 3 | <input type="radio"/> Ward 6 | <input type="radio"/> Don't Know |

2. Days of operation:

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

3. Number of months of operation per year.

4. Which of the following describes the type of child development provider you are? (Check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> (a) Non-Profit Provider (Tax-Exempted) | <input type="checkbox"/> (k) Part of UPO Child Care System/Network |
| <input type="checkbox"/> (b) For Profit Provider | <input type="checkbox"/> (l) Part of FCS Child Care System/Network |
| <input type="checkbox"/> (c) District Government Agency | <input type="checkbox"/> (m) Part of ARE Child Care System/Network |
| <input type="checkbox"/> (d) Dept. of Defense Provider | <input type="checkbox"/> (n) Part of other Child Care System/Network |
| <input type="checkbox"/> (e) Federal, Non-DOD Provider | <input type="checkbox"/> (o) Montessori |
| <input type="checkbox"/> (f) Cooperative Provider | <input type="checkbox"/> (p) Child Development Center |
| <input type="checkbox"/> (g) Head Start Provider | <input type="checkbox"/> (q) Private School |
| <input type="checkbox"/> (h) Early Head Start Provider | <input type="checkbox"/> (r) Employer/Corporate Provider |
| <input type="checkbox"/> (i) Pre-kindergarten Incentive Programs | <input type="checkbox"/> (s) 23-Hour Provider |
| <input type="checkbox"/> (j) Faith-Based Organization | <input type="checkbox"/> (t) Charter School |
| <input type="checkbox"/> (u) Other (please specify) | |

5. Number of licensed child care spaces and maximum number of children you can currently serve at any one time.

(a) How many child care spaces are you licensed for?

(b) What is the maximum number of children you can currently serve at any one time?

6. Number of children currently enrolled in your child care program.

(a) How many children do you currently have enrolled in your child care program?

(b) If greater than the licensed capacity, please explain:

2010 MARKET RATE AND CAPACITY SURVEY: UDC/CARUP

7. How many of the enrolled children are DC residents?

8. Participation in Child and Adult Care Food Program(CACFP).

(a) Do you participate in the Child and Adult Care Food Program?

(b) If "No," are you aware of the program?

9. Does your child development program offer the following types of service?

☐ (a) Full-time Care (35 or more hrs/wk)

☐ (i) Before School, if yes see 7(b)

☐ (b) Part-time Care (Less than 35 hrs/wk)

☐ (j) After School (after 3:00 p.m.), if yes see 7(c)

☐ (c) Evening Care, if yes see 7(a)

☐ (k) Full-Day During School Closing

☐ (d) Overnight Care

☐ (l) Mildly Ill or Sick Children

☐ (e) Saturday

☐ (m) Children with Disabilities

☐ (f) Sunday

☐ (n) Emergency or Back-up Care

☐ (g) Holiday

☐ (o) Transportation

☐ (h) Drop-in

10.(a) Indicate the time service begins.

	HH	MM	AM/PM
(a) Evening Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Before School	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) After School (after 3:00PM)	<input type="text"/>	<input type="text"/>	<input type="text"/>

10.(b) Indicate the time service ends.

	HH	MM	AM/PM
(a) Evening Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Before School	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) After school (after 3:00PM)	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. How many days per year is your program closed for the following?

(a) Holidays	<input type="text"/>
(b) Vacation	<input type="text"/>
(c) Staff Training	<input type="text"/>
(d) Other	<input type="text"/>

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12.(a) Does your program have a contract or provider agreement with the Child Care Subsidy Program? If yes, at what level is your program.

- ☐ (a) NO ☐ (b) YES, Bronze ☐ (c) YES, Silver ☐ (d) YES, Gold

12.(b). How many slots are currently being used by the Child Care Subsidy Program?

13. Do you offer other types of fee reductions to help low-income families afford your services? Check all that apply.

- ☐ (a) NO
☐ (b) YES, Sliding fee based on family income
☐ (c) YES, Scholarships
☐ (d) YES, Other (please specify)

14. What is the total number of children enrolled whose charges are paid for fully or in part by subsidies, government funds, or another agency?

15. Do you provide information to parents about government subsidies for child care?

- ☐ YES ☐ NO

16. Has your program recently provided care to a child with a disability?

- ☐ No ☐ Yes, Currently ☐ Yes, during the past 3 years

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THE FOLLOWING QUESTIONS RELATE TO THE NUMBER OF CHILDREN YOU SERVE AND YOUR RATES. QUESTIONS ABOUT FULL-TIME CARE AND PART-TIME CARE FOR CHILDREN ARE BEING ASKED SEPARATELY. FULL-TIME CARE IS 35 HOURS A WEEK OR MORE; PART-TIME CARE IS LESS THAN 35 HOURS A WEEK.

17. What are the FULL TIME (35 hours or more per week) and PART TIME (less than 35 hours per week) enrollment in your program for each of the following age groups?

	Current Full Time Enrollment	Current Part Time Enrollment
(a) Infants	<input type="text"/>	<input type="text"/>
(b) Age 1	<input type="text"/>	<input type="text"/>
(c) Age 2	<input type="text"/>	<input type="text"/>
(d) Age 3	<input type="text"/>	<input type="text"/>
(e) Age 4	<input type="text"/>	<input type="text"/>
(f) Age 5	<input type="text"/>	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>	<input type="text"/>

18. How many children with disabilities do you currently serve for both Full Time and Part Time? If no children with disabilities, go to Question 19.

	Full Time Enrolled Children with Disabilities	Part Time Enrolled Children with Disabilities
(a) Infants	<input type="text"/>	<input type="text"/>
(b) Age 1	<input type="text"/>	<input type="text"/>
(c) Age 2	<input type="text"/>	<input type="text"/>
(d) Age 3	<input type="text"/>	<input type="text"/>
(e) Age 4	<input type="text"/>	<input type="text"/>
(f) Age 5	<input type="text"/>	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>	<input type="text"/>

19. How are your FULL-TIME rates charged? If No Children FULL-TIME, Go to question 22.

- ☐ (a) Hourly
 ☐ (b) Daily
 ☐ (c) Weekly
 ☐ (d) Monthly
 ☐ (e) Yearly

2010 MARKET RATE AND CAPACITY SURVEY: UDC/CARUP**20. What do you charge for FULL-TIME care for each of the following age groups?**

(a) Infants	<input type="text"/>
(b) Age 1	<input type="text"/>
(c) Age 2	<input type="text"/>
(d) Age 3	<input type="text"/>
(e) Age 4	<input type="text"/>
(f) Age 5	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>

21. Please estimate by age group the number of FULL-TIME hours the typical child attends your program(Please fill in columns by hour, day, AND month for ages that apply only):

	Hours Per Day	Days Per Week	Months Per Year
(a) Infants	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Age 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Age 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Age 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) Age 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Age 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>	<input type="text"/>	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>	<input type="text"/>	<input type="text"/>

22. How are your PART-TIME rates charged? If No Children Enrolled PART-TIME, Go to Question 26.

☐ (a) Hourly
 ☐ (b) Daily
 ☐ (c) Weekly
 ☐ (d) Monthly
 ☐ (e) Yearly

23. What do you charge for PART-TIME care for each of the following age groups?

(a) Infants	<input type="text"/>
(b) Age 1	<input type="text"/>
(c) Age 2	<input type="text"/>
(d) Age 3	<input type="text"/>
(e) Age 4	<input type="text"/>
(f) Age 5	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>

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24. Please estimate the number of hours by day, week, AND month that the typical child attends your PART-TIME program: (Answer for ages that apply only).

	Hours per Day	Days per Week	Months per Year
(a) Infants	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Age 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Age 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Age 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) Age 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Age 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>	<input type="text"/>	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>	<input type="text"/>	<input type="text"/>

25. Do families using PART-TIME care have to pay for a minimum number of hours?

☐ Yes

☐ No

If yes, what is the minimum number of hours

26.(A) Do you have additional charges for the following services? If NO, go to Question

27:

☐ (a) No

☐ (b) Yes, Summer

☐ (c) yes, Before/After Services

26.(B) Please indicate the rate (\$__per__).

(a) Summer

(b) Before/After Services

27.(A) If you offer both traditional hours and nontraditional hours, do you charge different rates for: If No, Go to question 28.

☐ (a) NO

☐ (d) Yes, Evening Care

☐ (b) Yes, Overnight

☐ (e) Yes, Extended Hours

☐ (c) Yes, Weekend

27.(B) If Yes to Question 27A, Please indicate the rate (\$__per__).

(a) Overnight

(b) Weekend

(c) Evening Care

(d) Extended Hours

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28. How many school age children (ages 4 years and older) did you serve FULL-TIME (35 hours or more per week) during the last time school was not in session: e.g., school breaks, school vacations, or summers? IF NONE, GO TO QUESTION 30.

29. What do you charge for FULL-TIME care when school is not in session for children ages 4 years and older? (Specify \$__per __).

30. Does your program have a waiting list? IF NO, GO TO QUESTION 32.

☐ Yes

☐ No

31. How many children are currently on your waiting list for each of the following age groups?

(a) Infants	<input type="text"/>
(b) Age 1	<input type="text"/>
(c) Age 2	<input type="text"/>
(d) Age 3	<input type="text"/>
(e) Age 4	<input type="text"/>
(f) Age 5	<input type="text"/>
(g) Ages 6 through 12	<input type="text"/>
(h) Ages 13 through 18	<input type="text"/>

32. How much do you charge, if anything, for the following services?

(a) Registration	<input type="text"/>
(b) Supplies	<input type="text"/>
(c) Activities/Programs	<input type="text"/>
(d) Meals	<input type="text"/>
(e) Liability Insurance	<input type="text"/>
(f) Transportation	<input type="text"/>
(g) Late Fees	<input type="text"/>
(h) Other (Identify)	<input type="text"/>

2010 MARKET RATE AND CAPACITY SURVEY: UDC/CARUP**33. From which of the following sources do you receive revenue?**

- ☐ (a) Federal Government grants
- ☐ (b) District Government Grants
- ☐ (c) Private Grants (foundations, businesses, etc.)
- ☐ (d) Fund Raising Activities
- ☐ (e) Agency Reimbursements (incl. CACFP, subsidies, etc.)
- ☐ (f) Parent Charges
- ☐ (g) Other (please specify)

34. Do you receive non-cash contributions on a regular basis for any of the following?

- ☐ (a) Equipment ☐ (b) Rent ☐ (c) Food ☐ (d) Utilities ☐ (e) None

35. Please identify any other contributions which support your program.

THE NEXT GROUP OF QUESTIONS RELATE TO PROGRAM AND STAFF.**36. Is your program professionally accredited? If yes, identify accrediting body and skip to Question 38.**

- ☐ (a) Not accredited, go to question 37
- ☐ (b) National Association for Education of Young Children (NAEYC)
- ☐ (c) Council on Accreditation (COA)
- ☐ (d) National Association for Family Child Care (NAFCC)
- ☐ (e) National AfterSchool Association (NAA)
- ☐ (e) Other (please specify)

37.(A) If your program is not currently accredited, identify current status:

- (a) Have filed with
- (b) Am preparing to apply with
- Other, please identify below

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37.(B) If your program is not currently accredited, what assistance would you need to become accredited?

- ☐ (a) Mentor
 ☐ (c) Additional Information
☐ (b) Assistance with Fees
 ☐ (d) Don't intend to apply

38. Using the following categories, how many people, including yourself work in your program on a normal day? Please place each employee in one category only.

	Full - Time	Part - Time
(a) Administrator Only	<input type="text"/>	<input type="text"/>
(b) Administrator/Teacher	<input type="text"/>	<input type="text"/>
(c) Teacher	<input type="text"/>	<input type="text"/>
(d) Assistant Teacher	<input type="text"/>	<input type="text"/>
(e) Classroom Aide	<input type="text"/>	<input type="text"/>
(f) Other	<input type="text"/>	<input type="text"/>

Please specify below

39. How long has the typical employee served in their current position?

(a) Administrator Only	<input type="text"/>
(b) Administrator/Teacher	<input type="text"/>
(c) Teacher	<input type="text"/>
(d) Assistant Teacher	<input type="text"/>
(e) Classroom Aide	<input type="text"/>
(f) Other	<input type="text"/>

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40. On a scale of 1 (no challenge) to 5 (a big challenge), rate how the following issues affect recruiting and retaining staff at all levels.

	No Challenge	Little Challenge	Some Challenge	More Challenge	Big Challenge	N/A
(a) High competition with other employers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Lack of availability of qualified people who meet acceptable standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Site location is undesirable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Hours are too long or inconvenient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Lack of advancement opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) The stress of the job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Low pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Inadequate benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Other challenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify below

41. Identify the number of employees in each category who are CDA-certified.

(a) Administrator Only	<input type="text"/>
(b) Administrator/Teacher	<input type="text"/>
(c) Teacher	<input type="text"/>
(d) Assistant Teacher	<input type="text"/>
(e) Classroom Aide	<input type="text"/>
(f) Other	<input type="text"/>

42. Identify the number of employees in each category by the HIGHEST degree.

	H.S./GED	Associate	Bachelors	Masters or Higher
(a) Administrator Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Administrator/Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Assistant Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) Classroom Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Total Degrees in Early Childhood Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(h) Total Degrees in Related Fields	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Identify Related Fields

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43. What is the average number of clock hours spent this past year in staff training for each category of employee? Clock hours include training during work hours and training during non-work hours. (Include staff enrolled in college courses, CDA training, etc.)

	College Classes	CDA Training	Training with focus on Disability	Other
(a) Administrator Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Administrator/Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Teacher w/Bachelors Degree or higher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Teacher with CDA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) Assistant Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Classroom Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please identify Other types of training on the space provided below

44. Who pays for training?

☐ (a) Employer

☐ (b) Employee

☐ (c) Other (please specify)

45. Is the Director generally aware of employees' outside training?

☐ Yes

☐ No

46. Does your facility have a working computer with access to the internet?

☐ Yes

☐ No

47. How often do the following concerns affect the ability of you and your staff to obtain training?

	Always an Issue	Sometimes an Issue	Never an Issue
(a) Cannot afford training costs (e.g. registration fees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Staff are not paid for the time they spending training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Staff are not interested in training beyond the required 6 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Training opportunities are not accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Training is too elementary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Lack of funding for substitutes to replace those attending training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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48. Which of the following benefits, if any, are provided to full-time employees in your program?

- | | |
|---|--|
| <input type="checkbox"/> (a) Health Insurance | <input type="checkbox"/> (e) Paid Sick Leave |
| <input type="checkbox"/> (b) Life Insurance | <input type="checkbox"/> (f) Paid Vacation |
| <input type="checkbox"/> (c) Disability Insurance | <input type="checkbox"/> (g) None |
| <input type="checkbox"/> (d) Retirement Plan | |
| <input type="checkbox"/> (h) Other, Please Identify | |

49. Are Benefits offered to part-time employees?

- ☐ Yes ☐ No

50. Approximately what percentage of salaries is your benefit package?

51. What percentage of employees participate in benefits offered?

52. How are salaries calculated for each category of employee?

- | | |
|---------------------------|----------------------|
| (a) Administrator Only | <input type="text"/> |
| (b) Administrator/Teacher | <input type="text"/> |
| (c) Teacher | <input type="text"/> |
| (d) Assistant Teacher | <input type="text"/> |
| (e) Classroom Aide | <input type="text"/> |
| (f) Other | <input type="text"/> |
| Other (please specify) | <input type="text"/> |

53.(A) What is the beginning salary paid for each category of employee?

- | | |
|--|----------------------|
| (a) Administrator Only | <input type="text"/> |
| (b) Administrator/Teacher | <input type="text"/> |
| (c) Teacher with Bachelor's Degree or Higher | <input type="text"/> |
| (d) Teacher with CDA | <input type="text"/> |
| (e) Assistant Teacher | <input type="text"/> |
| (f) Classroom Aide | <input type="text"/> |
| (g) Other | <input type="text"/> |

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53.(B) What is the salary paid an employee with 5 years experience?

- | | |
|--|----------------------|
| (a) Administrator Only | <input type="text"/> |
| (b) Administrator/Teacher | <input type="text"/> |
| (c) Teacher with Bachelor's Degree or Higher | <input type="text"/> |
| (d) Teacher with CDA | <input type="text"/> |
| (e) Assistant Teacher | <input type="text"/> |
| (f) Classroom Aide | <input type="text"/> |
| (g) Other | <input type="text"/> |

54. On what basis are salaries adjusted?

- ☐ (a) Merit ☐ (b) Cost of Living
- ☐ (c) Other (Identify)
-

55. How many hours per week and weeks per year does the typical employee work?

- | | Hours per week | Weeks per year |
|------------------------------------|----------------------|----------------------|
| (a) Administrator Only | <input type="text"/> | <input type="text"/> |
| (b) Administrator/Teacher | <input type="text"/> | <input type="text"/> |
| (c) Teacher with Bachelor's Higher | <input type="text"/> | <input type="text"/> |
| (d) Teacher with CDA | <input type="text"/> | <input type="text"/> |
| (e) Assistant Teacher | <input type="text"/> | <input type="text"/> |
| (f) Classroom Aide | <input type="text"/> | <input type="text"/> |
| (g) Other | <input type="text"/> | <input type="text"/> |

Please identify below

56. How difficult is it for you to make ends meet to keep your child care activity going?

- ☐ (a) Very Difficult ☐ (b) Somewhat Difficult ☐ (c) Not at all difficult

THE FINAL QUESTIONS RELATE TO SCHOOL AGE OUT-OF-SCHOOL-TIME ACTIVITIES

57. Do you have special programs for school age children outside of normal school hours? If No, Go to Question 61.

- ☐ Yes ☐ No

58. If yes to Question 57, what time of day are the programs offered?

- ☐ (a) Before School ☐ (b) After School ☐ (c) Summer

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**59. Indicate the number of school age children who participate in the following activities.
If NONE, enter zero.**

(a) Tutoring	<input type="text"/>
(b) Homework Assistance	<input type="text"/>
(c) Academic Enrichment	<input type="text"/>
(d) Computer Training	<input type="text"/>
(e) Health/Nutrition	<input type="text"/>
(f) Aerobics/Exercise	<input type="text"/>
(g) Sports	<input type="text"/>
(h) Gymnastics	<input type="text"/>
(i) Swimming	<input type="text"/>
(j) Arts and Crafts	<input type="text"/>
(k) Field Trips	<input type="text"/>
(l) Music	<input type="text"/>
(m) Dance	<input type="text"/>
(n) Drama	<input type="text"/>
(o) Games	<input type="text"/>
(p) Bowling	<input type="text"/>
(q) Skating	<input type="text"/>
(r) Other	<input type="text"/>

60. Please indicate other charges applicable to your program? (\$__per__).

(a) Registration	<input type="text"/>
(b) Supplies	<input type="text"/>
(c) Snacks	<input type="text"/>
(d) Transportation	<input type="text"/>
(e) Insurance	<input type="text"/>
(f) Other	<input type="text"/>

61. If the District Government were to take additional action related to early childhood services, what would you advise them to do? List maximum of 3 priorities.

Priority 1	<input type="text"/>
Priority 2	<input type="text"/>
Priority 3	<input type="text"/>

63. What is your zip code?