



**CHILD CARE AND DEVELOPMENT FUND PLAN**  
**FOR**  
**FFY 2006-2007**

This Plan describes the CCDF program to be conducted by the State for the period 10/1/05 – 9/30/07. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

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

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Public reporting burden for this collection of information is estimated to average 162.57 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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**(Form ACF 118 Approved OMB Number: 0970-0114 expires 05-31-2006)**

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**PART 1**  
**ADMINISTRATION**

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

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

Name of Lead Agency: Maine Department of Health and Human Services  
Address of Lead Agency: 11 State House Station, 221 State Street,  
Augusta, Maine 04333  
Name and Title of the  
Lead Agency's Chief Executive Officer: John Nicholas, Commissioner  
Phone Number: 207-287-2736  
Fax Number: 207-287-3005  
E-Mail Address: John.Nicholas@maine.gov  
Web Address for Lead Agency (if any): <http://www.maine.gov/dhhs>

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

Name of the State Child Care Contact (CCDF): Carolyn Drugge  
Title of State Child Care Contact: Director, Office of Child Care and Head Start  
Address: 11 State House Station, Marquardt Building, Augusta, Maine 04333  
Phone Number: 207-287-5014  
Fax Number: 207-287-5031  
E-Mail Address: Carolyn.drugge@maine.gov  
Phone Number for child care subsidy program information (for the public) (if any):  
Web Address for child care subsidy program information (for the public) (if  
any):<http://www.maine.gov/dhhs/occhs>

**1.3 Estimated Funding**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2005 through September 30, 2006. (§98.13(a))

CCDF: \$15,321,898  
Federal TANF Transfer to CCDF: \$7,784,613  
Direct Federal TANF Spending on Child Care: \$8,000,000  
State CCDF Maintenance of Effort Funds: \$1,749,818  
State Matching Funds: \$2,889,142  
Total Funds Available: \$35,747,471

#### **1.4 Estimated Administration Cost**

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$550,000\_ ( 3%). (658E(c)(3), §§98.13(a), 98.52)

#### **1.5 Administration of the Program**

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

- Yes. Skip questions 1.6 and 1.7. Go to Section 1.8.
- No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies: (658D(b)(1)(A), §98.11)

The Department of Health and Human Services contracts with community-based, organizations to provide child care services, administer the state voucher program, provide resource and referral services, coordinate child care provider training activities, or otherwise support the quality of child care in the state. Contracts and awards to these agencies are governed by the policies as promulgated in the Department of Human Services' Purchase of Services Policy Manual (**Attachment A**). This manual includes provisions on financial and administrative management, service policies, and income eligibility determination. Furthermore, as required by state law, contract agencies meet certain performance indicators as outlined in **Attachment B**.

Agreement administrators monitor all contracts for financial compliance. This monitoring includes quarterly reporting as well as an annual site visit to review financial records and client records, if applicable. Program staff will monitor for specific performance requirements including the performance indicators as outlined in the contracts or agreements.

All services are scheduled for renewal through a competitive bid process every seven years. A calendar is developed noting the dates a request for proposal (RFP) will be available for specific programs. In addition, any new funds are awarded on a competitive basis as required by state law.

The Director of the Office of Child Care and Head Start and other staff meet periodically with grantees, various associations, councils, and advisory groups to evaluate the delivery of services. The Director and staff will solicit recommendations from these groups on how to improve services and implement modifications and/or improvements as deemed necessary

## 1.6 Determining Eligibility

For child care services funded under §98.50 (e.g., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

- Determine individual eligibility of non-TANF families?  
 Yes.  
 No. If no, identify the name and type of agency that determines eligibility of non-TANF families for child care:  
Eligibility for non-TANF families is determined by the 11 Voucher Management Agencies around the state and the 50 contracted child care agencies around the state. These agencies are non-governmental community agencies and/or child care providers **Please see Attachments C and D.**
  
- Determine individual eligibility of TANF families?  
 Yes.  
 No. If no, identify the name and type of agency that determines eligibility of TANF families for child care:  
  
The State and Regional TANF Offices, which are part of the Maine Department of Health and Human Services, determine eligibility of TANF families.
  
- Assist parents in locating child care?  
 Yes.  
 No. If no, identify the name and type of agency that assists parents:  
  
Resource and referral services are provided through contract with the 8 Child Care Resource and Referral Service agencies. (Maine Resource Development Centers). These agencies are selected through a Request for Proposal process. **Please see Attachment E.**
  
- Make payments to providers and/or parents?  
 Yes.  
 No. If no, identify the name and type of agency that makes payments:  
  
The Department of Health and Human Services provides direct payments to providers for clients receiving TANF as well as to the 50 contracted agencies providing direct child care services. The Voucher Management Agencies make payments to providers as outlined in the Purchase of Social Services Policy Manual, Section V, Sub-Section I.

**1.7 Non-Governmental Entities**

Is any entity named in response to section 1.6 a non-governmental entity? (658D(b), §§98.10(a), 98.11(a))

Yes, and the following entities named in 1.6 are non-governmental:

The 11 Voucher Management Agencies and the 50 contracted agencies providing direct child care are non-governmental agencies.

No.

**1.8 Use of Private Donated Funds**

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

Yes, The name and type of entity designated to receive private donated funds is:  
Name:  
Address:  
Contact:  
Type:

No.

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

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

Yes, and:

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

( %) Estimated % of the MOE requirement that will be met with pre-K expenditures.

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

No.

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

Yes, and

( %) Estimated % of the Matching Fund requirement that will be met with pre-K expenditures.

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

No.

1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

## 1.10 Improper Payments

1.10.1 How does the Lead Agency define improper payments?

The Improper Payment Information Act (IPIA) of 2002 definition is used: “ any payment that should not have been made or that was made in an incorrect amount under statutory contractual administrative or other legally applicable requirement. Incorrect amounts are overpayments and under payments (including inappropriate denials of payments or service.”

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

Yes, and these strategies are:

Financial forms for settling out contracts are included in the contract package. Agreement administrators review reports and final payments are adjusted to pay only for services delivered.

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

Yes.

No.

1.10.3 Has your State developed strategies to identify errors in the determination of client eligibility?

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

The child care subsidy software that collects case level information on clients. also compiles the parent fee. The software is being transferred to a web-based system for both contracted “slots” programs and vouchers. Reports that identify errors will be built into the new software as well as “red flags” to point out possible inconsistencies in the data that may indicate improper payments.

The Data Capacity Research Partnership is working on systems for data sharing Protocols for data sharing that will allow verification of accuracy of the information provided by parents and/or providers during eligibility determination will be developed during the next year.

The lead agency’s program evaluators will review all or a statistically valid sample of the eligibility files held by voucher management agencies and contracted slots programs. The files include documentation to support eligibility decisions. Documentation required includes pay stubs to document income for the most recent four consecutive pay periods and other income related documentation. When an improper payment is discovered, funds are deducted from the next payment due the contracted child care slot provider or the voucher management agency. All audit findings will be investigated.

Voucher management agencies (VMAs) and contracted slots agency program staff attend lead agency sponsored training on determining eligibility correctly. The VMA eligibility specialists meet with DHHS quarterly to discuss eligibility issues and other voucher management issues. A web-based training program combined with a conference call will supplement the local training provided when new people are hired to do eligibility determination.

A system is in place to track all audit findings and the investigations of these findings. A system to identify the total amount of improper payments for the program will be developed this year. The source of the improper payment, the proportion of improper payments from regulated vs. unregulated providers, and proportion of payments that are overpayments and the proportion that are underpayments will be tracked. A record of the types of errors made during eligibility determination will be analyzed to determine the policies and procedures that need clarification and where further training is needed.

A review of existing child care subsidy policies and their definitions will be done during the next two years. Payment procedures will also be reviewed including the possibility of moving to an electronic transfer system.

**PART 2**  
**DEVELOPING THE CHILD CARE PROGRAM**

**2.1 Consultation and Coordination**

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

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

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

	<b>Consultation</b>	<b>Coordination</b>
• Representatives of local government	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
• Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
• State/Tribal agency (agencies) responsible for		
○ Public health	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
○ Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
○ Public education	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
○ TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
○ State pre-kindergarten programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Head Start programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Programs that promote inclusion for children	<input type="checkbox"/>	<input checked="" type="checkbox"/>

STATE PLAN FOR CCDF SERVICES  
FOR THE PERIOD 10/1/05 – 9/30/07

	<b>Consultation</b>	<b>Coordination</b>
with special needs		
<ul style="list-style-type: none"> <li>• Other Representatives of Federal Programs State Early Childhood Comprehensive Systems Grant - HRSA:</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*\* Required.*

For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts, if any. Descriptions must be provided for any consultation or coordination required by statute or regulation.

**Consultation**

- **Local government** The Maine Municipal Association featured the draft State Plan for CCDF Services on their web site.
- A copy of the draft State Plan was sent to **tribal child care programs**. Follow-up phone calls were made to discuss results. Two tribal child care programs are funded with Maine state CCDF funds.
- The Maine Child Care Advisory Council provides input at their monthly meetings. The Maine Child Care Advisory Council is a legislatively created council whose members include representatives of: the Bureau of Family Independence, Children’s Mental Health Services, the Office of Child Care and Head Start and child care licensing of the Department of Health and Human Services; and one representative of the Department of Education. There is one member of the Maine Senate and two from the House of Representatives. Additional members include: two parent representatives; representatives from the Maine Child Care Directors’ Association, Maine Family Child Care Association, Maine Resource Development Centers, Maine Head Start Directors Association, and the Maine Afterschool Alliance. There is also representative from the Early Care and Education Career Development Program, the Center for Community Inclusion and a local early intervention program. The Child Care Advisory Council served in an advisory capacity on the use of quality funds and in the development of a survey to collect broader input on the use of the quality money. Members distributed the survey to their respective groups. The surveys were returned to the Office of Child Care and Head Start.
- The Office of Child Care and Head Start has developed a plan with the Maine State Planning Office to include questions and data on early care and education supply and demand in the notebooks given to each **local government** that is in the process of developing a comprehensive plan. This will insure that towns consider early care and education as part of the infrastructure needed for economic development.

- The Early Childhood Task Force, chaired by the First Lady, is the steering committee for the **State Early Childhood Comprehensive Systems Grant**. Copies of the draft State Plan were made available to members of the Task Force at a monthly meeting along with an invitation for feedback. The Systems Grant Coordinator reviewed the State Plan and provided input.

### **Coordination**

#### **Public Health**

- A Senior Planner on the Land Use Team, Maine **State Planning** Office did a research project and made recommendations on water quality testing for family, friend and neighbor caregivers who receive vouchers and have private wells. The state **public health** agency is planning to collaborate on funding to support the cost of the water testing for these providers.
- The Office of Child Care and Head Start was the recipient of the Healthy Child Care America grant when the grants were available. The Office continues to coordinate with a New England group that originated with the Healthy Child Care America funding to provide training for child care health consultants on a regional basis. Training will be offered in all New England states in the fall in collaboration with the State Early Childhood Comprehensive Systems Grant.
- The Immunization Division in the Bureau of Health provides technical assistance as licensing rules are developed and provides print materials to child care resource and referral agencies to distribute to parents.
- The Bureau of Medical Services provides information about the Maine *Dirigo* Health programs to child care providers through presentations at the Child Care Health and Safety Conference and through articles in the Office of Child Care and Head Start newsletter, *Together*.
- The Maine Emergency Management Agency and the Bureau of Health provided technical assistance in the development of the Emergency Management Guide – Y.I.K.E.S. – *Your Inventory for Keeping Everyone Safe* developed and distributed by the Office of Child Care and Head Start. The guide is also available at <http://www.maine.gov/dhhs/occhs/publications>  
**Attachment F.**

#### **Public Education**

- The Office of Child Care and Head Start coordinated with the Department of Education on the following activities: (a) Revision of the Early Childhood Learning Guidelines (Attachment G)(b) Application to USDOE Early Childhood Educators Training Grant (c) Pre-K program development Task Force (d) Development of a credential for teachers of children Birth to Five

(f) Piloting the Early Childhood Learning Guidelines. ( **Attachment H - Evaluation of Early Childhood Learning Guidelines Pilots**)

- Coordination with the early intervention program, Child Development Services is done through work on provider credentials and training. The state child care administrator also serves on the federally mandated Maine Council for the Education of Children with Disabilities which has been reviewing the collaboration between early intervention and early care and education.
- The Office of Child Care and Head Start, the Department of Education, Bureau of Health and United Way Success by Six worked together on the School Readiness Indicators project to develop readiness indicators in five areas including early care and education.

**Programs that promote inclusion for children with special needs.**

- The Office of Child Care and Head Start has a cooperative agreement with the Center for Community Inclusion at the University of Maine to provide technical assistance and flexible funding to providers caring for children with special needs. Five specialists are available by phone, email or to visit child care programs to assess the needs and provide information that meets the needs of the situation. Funds are available on a limited basis to pay for additional staff or equipment to enable a child with special needs to remain in child care. This project is also funded by TANF and is coordinated with both special education at the Department of Education and children's mental health services at the Department of Health and Human Services.

**TANF**

- The Office of Child Care and Head Start and TANF/ASPIRE both administer child care programs within the Department of Health and Human Services. The agencies collaborate on support for the Child Care Plus Me project to support inclusion of children with special needs. The ASPIRE program uses the same data collection fields and the same child care subsidy rules found in the Department of Human Services' Purchase of Services Policy Manual (Attachment A). Funds are transferred from TANF to CCDF to support child care subsidies including the TANF transitional clients.

**Child and Adult Care Food Program**

- Coordination with the Child and Adult Care Food Program resulted in the development of a program that makes the CACFP available to legal unlicensed or family, friend and neighbor care providers.

**Head Start Programs**

- Maine has a comprehensive system of Head Start and child care collaboration. Full-day, full-year Head Start programs that meet the needs of working parents are available in most counties. The State Child Care Administrator also serves as the State Head Start Collaboration Director. Training systems are designed

to meet the needs of both child care providers and Head Start staff. In addition to state funding for Head Start, Maine also funds Head Start programs through the Fund for Healthy Maine (tobacco settlement funds) to provide full-day, full-year early care and education.

### **Youth development programs**

- The AfterSchool Network supported by the Office of Child Care and Head Start provides an opportunity for the many after school programs in the state, including the 21<sup>st</sup> Century Community Learning Centers, to meet and coordinate activities. The Network is working on a collaborative plan for improving the quality of these programs including training and assessment.

### **Parents and providers**

- Five focus groups with parents and providers were held around the state by the Child Care Research Partnership to determine interest in the implementation of an expanded Quality Rating System.

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

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

Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2004-2005 State Plan.

A number of initiatives have moved coordination across early childhood programs since 2004. These include:

- Pilot implementation of the Early Childhood Learning Guidelines in Head Start programs, child care centers, family child care homes, nursery schools, and public school pre-K programs. The pilot provided training to all types of programs and a coordinated approach to implementation across settings.

- Joint application by DHHS and DOE to the USDOE for an early childhood training grant
- Development of a definition of an early care and education systems by the Child Care Advisory Council
- Development of a proposal for Birth to Five teaching credential to the State Board of Education by a group made up of representatives of child care, public pre-K, higher education programs (both regular education and special education), and early intervention programs. The Child Care Advisory Council coordinated this work.
- Inter-agency representation on a pre-K task force to develop standards and guidelines for expansion of public school pre-K programs.
- State Early Childhood Comprehensive Systems Grant - an Early Childhood Task Force that is looking at “across-systems” collaboration.
- Head Start Collaboration Grant - supporting a Task Force to look at blending funding across Head Start, child care and pre-K programs.
- Training offered across child care, Head Start, early intervention and pre-K programs.
- Revision of the Early Childhood Learning Guidelines was supported by both the Department of Education and the Department of Health and Human Services.
- Re-organization of the Maine Department of Health and Human Services by combining the Departments of Human Services and Behavioral and Developmental Services. A Division of Early Childhood is proposed within the new Department. This division will include child care, Head Start, home visiting and the State Early Childhood Comprehensive Systems Grant. The division head will be responsible for coordination within the division and across other divisions within the Office of Child and Family Services such as child welfare and children’s behavioral health.

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

The three entities responsible for coordination are the Children’s Cabinet, the Child Care Advisory Council and the Early Childhood Task Force. Four programs where some coordination is happening are child care (CCDF and TANF), Head Start, early intervention, and public school pre-K in the following activities:

- Early Childhood Learning Guidelines
- Training
- Collaborative Head Start and pre-K programs in some communities
- Collaborative Pre-K and child care program in one community
- Collaboration between child care, early intervention and Head Start to serve children with special needs
- Full-day, full-year Head Start programs supported by child care funding

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

**Expected results of coordination:**

Implementation of the early learning guidelines across programs

Training on the use of the early learning guidelines in all program expanded to all areas of the state.

Specific training on literacy and numeracy available in all areas of the state funded collaboratively by the Department of Education and the Department of Health and Human Services and private funding, as available.

Increased awareness of the importance of the learning that happens before kindergarten as a result of the implementation of the early learning guidelines.

Improved instruction based on the training on the use of the early learning guidelines , and

Improved learning outcomes for children.

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

The plan is a draft so changes will be made as input is gathered from all parts of the system. The goal of the plan to increase and support continued coordination among child care (CCDF and TANF), Head Start, home visiting, public pre-k, nursery schools, and early intervention will not change. Recommendations for a Quality Rating System that is implemented across programs will need support by all agencies involved.

## **2.2 Public Hearing Process**

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

Date(s) of statewide notice of public hearing: May 18, 2005

Manner of notifying the public about the statewide hearing: A notice of the three public hearings was published in three daily newspapers – Kennebec Journal, Bangor Daily News, and Portland Press Herald; and on the Office of Child Care and Head Start web site <http://www.maine.gov/dhhs/occhs/publications>

Date(s) of public hearing(s): June 8, 9, and 15, 2005 –

Hearing site(s): The hearings were held from 6:30 to 8:00 p.m. in the following

locations: June 8 - Bangor/Brewer YWCA, 17 Second Street – Bangor

June 9 - East End Children's' Workshop, 215 Congress Street, Portland

June 15 - Augusta City Hall, 16 Cony Street, Augusta

How the content of the plan was made available to the public in advance of the public hearing(s): Copies were mailed to the members of the Child Care Advisory Council; to contracted programs such as the Resource Development Centers. The notice of public hearings included a number to call to receive a copy of the draft state plan.

### **2.3 Public-Private Partnerships**

Describe (1) the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, and (2) the results or expected results of these activities. (658D(b)(1), §98.16(d))

#### 1. Activities

- The Maine Small Business Development Centers provide business counseling to prospective or current child care providers on developing a business plan and finding funding.
- The Resource Development Centers meet with businesses in their area to inform businesses of the importance of employee benefits that include child care and to provide information on tax credits.
- Local television stations are airing a public service announcement on infant-toddler care developed as result of Maine's inclusion in the National Infant and Toddler Initiative.
- The Maine Humanities Council, in partnership with the Office of Child Care and Head Start and RSVP (Retired Seniors Volunteers Program), offers a literacy initiative called the Born to Read Program. This program provides books and trained readers to child care providers around the state.
- The Mid Coast United Way Success by Six program is supporting work on a Quality Rating System for early care and education programs. They are also partners with the Maine Office of Child Care and Head Start, the Department of Education and the Bureau of Health in the Readiness Indicators Project funded by Packard, Kauffman and Ford Foundations.

#### 2. Results

- Public-private partnerships increase awareness of the importance of quality early care and education.
- Public-private partnerships increase funding available for child care quality initiatives. As quality is improved, the outcomes for children improve.

**PART 3**  
**CHILD CARE SERVICES OFFERED**

**3.1 Description of Child Care Services**

3.1.1 Certificate Payment System

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

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

1. Maine provides child care subsidy vouchers through a system of 11 Voucher Management Agencies. (**Attachment C**). Vouchers are approved payments to caregivers on behalf of parents of children attending child care. A voucher can be used to pay for child care services from:
  - a. licensed child care centers;
  - b. certified family child care homes;
  - c. in-home caregivers;
  - d. legal, unlicensed family friend and neighbor caregivers;
  - e. non-residential recreational programs for children 6-12, inclusive, years of age that are operated by community-based program that meets staff-to-child ratios and performs criminal history, motor vehicle, and child abuse/neglect background checks as required of the Department regulated children's child care facilities;
  - f. child care provided by a relative; and
  - g. sectarian child care which is licensed as a children's child care facility or a certified child care home.

The parent selects the caregiver. The VMA executes a three-party agreement that sets forth payment terms and other responsibilities of the Voucher Management Agency, the caregiver and the parent. The parent is assessed a fee based on a sliding fee scale set by the Department. The fee scale is adjusted for family size and family income. The assessed fee is paid directly to the caregiver by the parent.

The Voucher Management Agency pays the balance of the caregiver's rate (up to assessed market rate or private fee, whichever is lower) directly to the caregiver, or to the parent and the caregiver for unregulated care. This is known as the voucher payment.

2. A parent who has been approved for a voucher can select a provider (types listed above in #1). The voucher management agency certifies that the selected provider meets the requirements and issues the three-party agreement noted above. The voucher application form is **Attachment K** and certificate is **Attachment L**
3. Maine provides child care subsidies through voucher and contracted child care slots.  
    \$\$15,717,537 for vouchers serves 6272 children  
    \$ 10,394,550 for child care slots serves 2889 children

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

- Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))
- No

The Department of Health and Human Services contracts with 50 agencies statewide to provide direct child care services. The agencies provide child care services to eligible families. Services include full-time or part-time care, full-day, full-year services around Head Start, and family child care networks for children ages 6 weeks to 12 years of age in licensed child care centers or family child care homes. It is the expectation of the Department that all contracted child care agencies will inform parents applying for child care subsidy of the voucher option.

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

- Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))
- No

The providers must be a minimum of 16 years old and pass a state criminal check, a child protective check and a motor vehicle, and may not be a member of the voucher client's immediate family. ( if the provider is a minor, the state criminal record check and child protective check are done on the provider's parents). The

cost of in-home care cannot exceed the approved market rate for family child caregivers without authorization of the Department of Health and Human Services.

3.1.4 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

Yes

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

### **3.2 Payment Rates for the Provision of Child Care**

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

These rates are provided as Attachment M.

The attached payment rates were or will be effective as of    October 2004   .

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

The month and year when the local market rate survey(s) was completed: April 2004    (§98.43(b)(2)) The Maine Department of Human Services contracted with Mills Consulting Group to complete a Market Rate and Workforce Study. A total of 2550 surveys were mailed to all licensed child care centers and family child care homes.

- A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as Attachment N.
- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

Maine sets the maximum allowable payment at the 75<sup>th</sup> percentile of the market rates observed in the survey. Rates are set for unregulated providers at 90% of the family child care rates. Rates were adjusted to insure that infant and toddler care were paid at a higher rate than preschool care to adjust for the lower staff:child ratio.

- Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))

Rates for children served in non-traditional hours will be calculated by applying an adjustment factor of 1.35 to the hours of care provided after 6 pm and before 6 am Monday through Friday and anytime on Saturday and Sunday.

- If the payment rates do not reflect individual rates for the full range of providers - center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.

The market rate survey included responses from all types of providers except those that are license-exempt in the state or providers caring for fewer than three children. Rates for these providers are based on 90 percent of child care home rates for the appropriate county and age category.

Maine's rates include centers, family homes and legal, unlicensed care. In-home care is paid at the family child care rate. (See Purchase of Service Policy Manual Section V, Sub-section I, 8.04) For child care provided within the client's home (in-home care), the client, as the employer, shall be responsible for compliance with Federal and State minimum wage laws, tax laws, and regulations pertaining to domestic service workers.

Centers are facilities caring for groups of children in a non-residential setting. A family child care home is a licensed provider in caring for up to 12 children in her/his own home. An in-home provider cares for the children of only one family in that family's home. The state does not distinguish between group and family child care homes, therefore rates for only three categories are shown.

- At what percentile of the current Market Rate Survey is the State rate ceiling set? If it varies across categories of care, please describe.

The state rate ceiling is set at the 75<sup>th</sup> percentile except for legal, unregulated care, which is paid at 90 percent of child care home rates for the appropriate county and age category.

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

Yes. If yes, describe:

No

Maine has a tiered reimbursement system. Child care programs that have been awarded a "Quality Certificate" by the Office of Child Care and Head Start receive a 10% quality stipend. Programs that have made substantial progress toward accreditation (waiting for a visit) may receive a 5% quality stipend for one year.

**3.3 Eligibility Criteria for Child Care**

3.3.1 Complete column (a) and (b) in the matrix below. Complete Column (c) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			(c) Income Level, lower than 85% SMI, if used to limit eligibility	
			(d) \$/month	(e) % of SMI [Divide (d) by (a), multiply by 100]
1		\$2,195.14		
2		\$2,870.56		
3		\$3,545.99		
4		\$4,221.42		
5		\$4,896.84		

If the Lead Agency does not use the SMI from the most current year, indicate the year used:

If applicable, the date on which the eligibility limits detailed in column (b) became or will become effective: October 1, 2005

3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as *Attachment* \_\_\_\_\_. (§§98.16(g)(5), 98.20(b))

Please see Attachment A, Section VI, A – Income Eligibility

3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

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

No

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

Yes, and the additional eligibility criteria are:

Open child protective cases referred by the Department of Health and Human Services or a federally recognized tribe

Post-child protective clients authorized by the Department of Health and Human Services' child protective caseworker or federally recognized Tribal caseworker to continue services for a three-month period.

(Terms must be defined in Appendix 2)

No

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

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

Yes, and the upper age is 19.

No

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

Yes, and the upper age is \_\_\_\_.

No

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

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

No

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

Yes

No

### **3.4 Priorities for Serving Children and Families**

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

Maine gives priority among eligible families to:

- a) Very Low Income – family with a gross family income, adjusted to family size, that does not exceed 100% of the Federal Poverty Guidelines.
  - b) Children with Special Needs – Children with a specific diagnosis/disability which, without intervention, may impede or impair the attainment of developmental milestones; and/or children who evidence a developmental delay in one or more of the following skill areas: cognitive, fine motor, gross motor, receptive and/or receptive expressive language, social/emotional or self-care; and/or children considered to be a risk for health or developmental problems as a result of established biological risk factors, and/or as a result of identified environmental risk factors. Parents will provide documentation of identification of special need from Child Development Services, or a public health agency, school, welfare, office or community social service.
- 3.4.2 Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

The Maine Department of Human Services guarantees child care assistance to TANF families if the family meets their employment and training plan and for families that have left TANF because of increased earnings. For families currently receiving TANF scholarships, child care is paid for directly from the State of Maine's TANF block grant. For families leaving TANF, child care subsidies are funded through a combination of CCDF and a TANF transfer to CCDF.

Families transitioning from TANF will receive a referral from their caseworker to one of the state's eleven voucher management agencies. The Voucher Management Agencies will assist each family in completing necessary applications and provide payment to the family's provider of choice.

- 3.4.3 Does the Lead Agency maintain a waiting list?
- Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?

Attachment A Section V, Subsection I, page 38

The Voucher Management Agency shall maintain waiting lists if service is not available at the time of application or referral for service. Waiting lists shall be updated no less frequently than every six months. When voucher applicants are contacted by the Voucher Management Agency for the purpose of updating waiting lists and the applicant fails to respond within 30 days, the applicant's name may be removed from the waiting list.

The contracted child care "slots" agencies also keep a waiting list using the same process as described above for voucher management agencies.

TANF transitional clients shall be served as referred and shall not be placed on a waiting list for TANF Transitional child care as long as funding is available for this target group.

Special needs and very low income families shall be given equal priority over all other clients. Among these two priority groups, clients are selected for services on a first-come, first-serve basis by county;

When there are no special needs or very low income clients on the waiting list, all other client groups shall be accepted for service on a first-come, first-serve basis.

- No. If no, does the Lead Agency serve all eligible families that apply?  
 Yes  
 No

Are there other ways that the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies? If so, describe.

### **3.5 Sliding Fee Scale for Child Care Services**

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

The attached fee scale was or will be effective as of October 2004.

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

- Yes, and the following describes any additional factors that will be used:  
 No

As shown in Attachment O, the fee for a family receiving subsidized child care is determined based on the weekly gross income of a family adjusted by size of the

family. In addition, if a family has more than one child in care, the fee for the 2<sup>nd</sup> child enrolled is reduced by 50 percent, the fee for the third child is reduced by 75 percent, and no additional fee is assessed for any more children.

In addition, families may not be assessed fees that exceed 10% of a family's gross income for all of their children in child care.

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

Yes

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

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$15,652. \_.

The Lead Agency must elect ONE of these options:

ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

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

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

On a case by case basis a Department or Tribal caseworker may waive or reduce a parents assessed fee for Child Protective clients, post-protective clients, or children in the custody of federal recognized tribes.

3.5.4 Does the Lead Agency have a policy that prohibits a child care provider from charging families any unsubsidized portion of the provider's normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

Yes. Please describe: Parents can not be charged a rate higher than private fees.

No. If a caregiver has a policy of requiring a one-time deposit, registration fee or application fee for all clients, the parent is responsible for an amount up to the assessed parent fee, and the Voucher Management Agency/Provider shall pay the difference up to the Market Rate. The deposit or fee is paid in addition to the agreed upon weekly rate.

Special activity fees are the responsibility of the parent. If the parent elects not to pay, then the caregiver shall be responsible for providing alternative child care for children who do not participate in the activity.

Transportation fees, late pickup fees and other fees of this nature shall be the responsibility of the parent.

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

The fee scale recognizes the financial constraints of families with more than one child. For these families the fee is reduced for the subsequent children as described above. The fee scale also adjusts the portion a family is responsible for gradually as income increases. Finally, a family will never pay more than 10% of their gross family income regardless of the number of children.

## **PART 4**

### **PROCESSES WITH PARENTS**

#### **4.1 Application Process / Parental Choice**

4.1.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

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

Information regarding potential child care subsidies is available through the child care resource and referral agencies, the Department's Regional Offices, Head Start Agencies, and other community-based service organizations in the state.

Applications (**Attachment I**) are made available for child care services through the eleven Voucher Management Agencies state-wide and contracted child care agencies. Applicants may apply in person or through the mail. Assistance in completing the application is provided by contracted child care agencies or the state's voucher management agencies.

The contracted child care agencies and voucher management agencies will determine eligibility. Eligibility determination is only completed if all supporting documentation is received within 30 days of the completed application. If eligible, parents will enter into an agreement with the child care provider as well as sign a fee agreement.

Families must notify the agency of any changes in income once receiving a child care subsidy. The voucher management agencies and contracted child care centers also re-certify a family every six months. A family remains eligible as long as income is at or below 85% of the state median income and the parent(s) are employed or in training. At this time, Maine does not extend eligibility for the child care subsidy if the parent is also receiving Head Start or pre-K services.

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

Our Subsidies to Eligible Parents brochure defines for parents that they may choose from all licensed child care providers as well as legal-unlicensed providers who have passed background checks.

#### **4.2 Records of Parental Complaints**

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

The Department's Division of Licensing maintains a record of substantiated parental complaints. Any parent seeking child care may request whether a substantiated complaint has been made against a provider.

A description of parent's rights and responsibilities related to child care is available at the following address <http://www.maine.gov/dhhs/occhs/rights.htm> on the Office of Child Care and Head Start web site.

#### **4.3 Unlimited Access to Children in Child Care Settings**

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

As required in the state licensing rules for family child care homes and child care centers, all providers are required to allow parents unlimited access to children. In addition, parents must be able to reach all child care facilities by telephone when children are present.

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

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

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

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: \_ Maine Department of Human Services, Bureau of Family Independence. **See Attachment Q**

- "appropriate child care":  
Appropriate child care is child care furnished by a child care provider who has passed background checks as required by State law and regulation
- "reasonable distance":  
Reasonable distance is defined as not exceeding by ½ hour the normal commute time from the participant's dwelling to work or an approved activity.
- "unsuitability of informal child care":  
Unsuitable child care is defined as a potential child care provider that has a substantiated complaint(s) involving abuse or neglect, or a background check with the State Bureau of Investigation and/or the Department of Motor Vehicles that indicates convictions that would justify the denial of the application to receive child care payments.
- "affordable child care arrangements":  
Affordable child care is defined by the child care market rate that are determined every 2 years by the Office of Child Care and Head Start of the Maine Department of Human Services.

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

**5.1 Quality Earmarks and Set-Asides**

5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities. For the infant and toddler earmark, the State must note in its description of the activities what is the maximum age of a child who may be served with such earmarked funds.

**Infants and toddlers:** Maximum age of toddlers served by earmarks – 36 months

1. Infant Toddler Summer Institutes and Grants

For the past four summers an intensive summer institute has been available to caregivers of infants and toddlers. Caregivers in both family child care and center-based child care participated in the college course offered by the University of Maine at Farmington for three credits. The caregivers also received equipment grants of \$1,000 to enhance quality for infants and toddlers in their care. Providers who are planning to increase the number of infants and toddlers in their care are given priority for the Institute.

To date, 125 providers have participants have completed the institute for credit and received grants. This incentive has resulted in approximately 250 additional slots for infants and toddlers.

The Summer Institute will be offered in Summer 2005. An advanced level course is also planned. The Institutes will increase the knowledge of providers about infant and toddler care and will serve as an incentive to increase the number of spaces available for infant and toddler care in Maine.

2. Maine Roads to Quality Infant and Toddler Curriculum

As part of Maine Roads to Quality 180 hour Core Knowledge Training, a 30-hour curriculum on infant and toddler care has been developed and offered. This entry-level training is tailored to meet the needs of Maine caregivers in family child care and child care centers.

To date, the training has been offered 23 times throughout the state and 436 caregivers have participated. Evaluation of the training has indicated increased knowledge of infant and toddler care and application of information in practice.

3. Technical Assistance to Early Head Start/Infant and Toddler Child Care

A collaboration between child care and Head Start has resulted in a position aimed at providing technical assistance to Early Head Start and Infant and Toddler Child Care programs in Maine. This part-time position has provided support for the newly funded Early Head Start programs, made follow-up visits to Infant/Toddler Summer Institute participants to help identify needs for advanced training and given technical assistance on-site to newly established programs providing Infant/Toddler care.

4. Maine is part of the Zero to Three National Infant Toddler Initiative. Some of the activities that the Infant- Toddler Task Force has completed:
  - a. Public Service Announcement on the importance of quality infant and toddler care is being aired on Maine television stations. A cover letter from the Governor encouraged stations to air the announcement.
  - b. Infant and Toddler learning guidelines have been drafted. A training and implementation plan will be developed this summer
  - c. A course on pre-literacy for providers working with infants and toddlers has been developed. The Infant and Toddler Environmental Rating Scale is being used as a pre and post indicator of quality interactions.

**Resource and referral services:**

The department provides funding to the eight Child Care Resource Development Centers around the state to provide child care referrals, consumer education and to build the capacity of the child care system in Maine. A list of the agencies is included in Appendix C.

All of the agencies are using the NACCRAware software to make referrals and to track activities of the Resource Development Center.

The intended outcome is to help parents find affordable and accessible child care and to increase the availability of child care in Maine.

To fulfill the requirements of performance based contracting, the Department surveys parents who have received referral services to determine satisfaction with service and usefulness of the referrals, and to learn if parents increased their knowledge about the criteria of quality child care and the availability of child care subsidies.

The resource and referral agencies are required to become Quality Assured through NACCRRRA. A plan to meet the criteria of the Quality Assurance program is submitted to the Department annually.

**School-age child care:**

An AfterSchool Network has been established through a cooperative agreement with the University of Maine at Farmington. The Network will be the catalyst for

expanding and improving the quality of after-school programs in Maine. The Network will provide consultation on evaluation; seek to acquire start-up funding through grant writing; and promote the expansion and continuation of after-school programs statewide. Network members will develop a training plan to improve the availability of after school program staff training. A youth development credential and/or a School Age CDA (Child Development Associate ) will be explored

The Network will serve as a vehicle for bringing together policymakers, educators, child care providers, youth development workers, program developers, advocates, parents and others interested in improving outcomes for children through after-school programs that provide both school-age care to support working families and educational after-school programs that improve academic achievement. The Network will provide a means for joint planning, sharing of resources and best practices, building bridges to and between federal, state, and local after school initiatives, and forging partnerships necessary for comprehensive statewide after school policies.

The Network is applying for grant funding to expand its work through the Mott Foundation and other sources.

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

\$ 4,095,315\_ ( 17.2 %)

5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

	Yes	No
• Comprehensive consumer education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Improving salaries and other compensation for child care	<input checked="" type="checkbox"/>	<input type="checkbox"/>

providers

- Activities in support of early language, literacy, pre-reading, and early math concepts development
- Activities to promote inclusive child care
- Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children
- Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))

5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

Comprehensive consumer education

Comprehensive consumer education is provided through Maine’s child care resource development centers (RDCs). The eight RDCs provide written material and consultation to parents through referral staff. The RDCs also provide referral services to both private and subsidized clients. In addition, the Departments Regional Offices provide information to parents seeking child care.

The Office of Child Care and Head Start and the Maine Child Care Resource Development Centers (MRDC) worked together to develop a packet on consistent information on child care for parents who requested referrals or information.

The packet includes:

- Fact Sheets on the following topics:
  - The Cost of Child Care
  - Double Child Care Tax Credit
  - Look for Quality Care for Infants
  - What Is Quality Child Care?
- Revised Steps to Choosing Child Care booklet
- Information on health and safety from the Maine Department of Human Services including information on Maine Care health insurance program

A poster, *On the Road to Quality Child Care*, describes the services of the Child Care Resource Development Centers, was printed and distributed to community agencies and sites.

A survey to measure parent’s evaluation of the consumer education provided by the Resource Development Centers and the resulting increase in parent’s ability to select quality child care will be distributed and collated by the Department.

Grants or loads to providers to assist in meeting State and local standards

The Department pays for lead testing to determine if programs are meeting state standards on lead paint.

Grants are available to help programs meet accreditation requirements if the program is a member of an accreditation cohort organized by the Accreditation Facilitation Project through the University of Southern Maine. An evaluation of the project measures its effectiveness in helping programs reach accreditation.

Monitoring and Compliance with licensing and regulatory requirements.

CCDF funds will be used to maintain and increase monitoring of compliance with licensing requirements. In addition, staff of the Division of Licensing and the Office of Child Care and Head Start will complete the revision of the rules for family child care homes. Expected results of monitoring will be a decrease in the number of licensed facilities that are out-of-compliance with licensing rules

Professional development, including training, education and technical assistance.

CCDF quality funds are used to fund the state's child care and early education career development center, Maine Roads to Quality (MRTQ). MRTQ is responsible for the development of an 180 core knowledge training program, maintaining registries for providers and approved trainers, administering a scholarship program, and administering an accreditation facilitation project.

In addition, CCDF funds are allocated to the child care resource development centers to deliver the approved MRTQ training.

The expected results of increased training will be an improvement in the quality of child care programs. Two recent studies: *The Cost and Quality of Full-Day, Full-Year Preschool Programs in Maine* and *the Cost and Quality of Family Child Care in Maine*, both found a positive correlation between the quality of care and the training level of providers.

Improving Salaries and Compensation

The Department provides program improvement funds to the contracted child care agencies to provide quality improvements, as the agency deems necessary. In addition, the Department provides a 10% differential reimbursement to quality child care providers (described below). If a contracted child care agency receives this 10% differential, 75% of those funds must be used to increase salaries.

A quality child care provider must meet one of the following criteria:

- Current accreditation by one of the following agencies: National Association for the Education of Young Children (NAEYC), National

Association of Family Child Care (NAFCC), or the National School Age Care Association (NSACA).

- Meet Head Start Performance Standards for Programs of Excellence and Quality.
- Be a family child care provider with either a:  
Child Development Association Credential (CDA); or a Associates, Bachelor, Masters, or Ph.D in Early Childhood Education, child development, or related degree. Providers with related degrees will need at least 12 credits in Early Childhood Education. Providers with degrees will also need to complete a 3-credit course or 45 hours of Core Knowledge Training every 3 years.

The turnover rate of child care providers has been linked to compensation. Contracted child care providers are required to report their staff turnover rate to the Department. The bi-annual Market Rate and Workforce Study also measures trends in child care staff turnover rates in Maine

#### Activities that promote inclusive child care

The Office of Child Care and Head Start has a cooperative agreement with the Center for Community Inclusion at the University of Maine to provide technical assistance and flexible funding to providers caring for children with special needs. Five specialists are available by phone, email or to visit child care programs to assess the needs and provide information that meets the needs of the situation. Funds are available on a limited basis to pay for additional staff or equipment to enable a child with special needs to remain in child care. This project is also funded by TANF and is coordinated with both special education at the Department of Education and children's mental health services at the Department of Health and Human Services.

Data is collected on the number of children who are asked to leave child care because of behavioral issues. Data is also collected on the number and types of technical assistance provided, the types and locations of providers, the number of repeat calls from the same providers, and type of special need. The expected outcome of the program is to improve the skills of providers to meet the needs of all the children in their care.

#### Other Quality Activities

The expansion of Maine's Quality Rating System to more than three levels with easily understood indicators will be done during the next two years. The Quality Rating System will be developed by the Department of Health and Human Services with input from providers and parents. The program will be administered by the Department and will incorporate our current system. A feasibility study will be done to determine the quality supports necessary to make the system available to all providers who volunteer to be rated.

The expected outcome will be better informed parents who will select quality child care when it is available.

5.1.5. Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

- Yes, the following entities named in this part are non-governmental:  
Name: University of Maine – Child Care Plus ME  
University of Southern Maine – Maine Roads to Quality  
Child Care Resource Development Centers (See Attachment E)  
Contracted Child Care Agencies (See Attachment D)

Type:

- No.

## **5.2 Good Start, Grow Smart Planning and Development**

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

5.2.1 **Status of Voluntary Guidelines for Early Learning.** Indicate which of the following best describes the current status of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and early math concepts for three to five year-olds.

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

Describe the progress made by the State in developing voluntary guidelines for early learning since the date of submission of the 2004-2005 State Plan.

Since the submission of the 2004-2005 State Plan the following activities indicate progress in the development of the Early Learning Guidelines:

- o Draft Guidelines were developed and printed.
- o A training curriculum on the implementation of the Guidelines was developed and pilot tested
- o A group of providers from Head Start, child care centers, family child care homes, nursery schools, and public pre-K programs were invited to pilot in early learning guidelines in three areas of the state. The evaluation of the pilots is attached as Attachment H. The providers made recommendations for changes in the guidelines and the training.

- The subject area specialists from the Department of Education and the Early Learning Guidelines Task Force revised the Guidelines.
- A letter of support for the Guidelines by the Commission of the Maine Department of Health and Human Services was signed.
- The guidelines will be printed and distributed in August, 2005.
- Another pilot of the training to implement the Learning Guidelines is in the process with a variety of providers. An evaluation of this expanded pilot will inform the revision of the training for all providers.
- A crosswalk of the Learning Guidelines to professional development training being offered by the Associates degree programs at the Community Colleges, the Bachelors degree level programs at the University, the Core Knowledge Training offered by the Early Care Development Career Development Center (Maine Roads to Quality) through the Resource Development Centers, Head Start training. Early intervention training and training for pre-K teachers was evaluated to determine missing components of training and to develop a training plan to support the implementation of the Early Learning Guidelines.
- A guide for parent's will be developed to inform them of the Early Learning Guidelines and to provide activities to support early learning.

If developed, are the guidelines aligned with K-12 content standards?

Yes. If yes, describe.

A "crosswalk" noting how the indicators will provide the basis for later learning as they align with K-12 content standards is included in the appendix of the Early Learning Guidelines.

No.

Please attach a copy of the guidelines. See **Attachment P**. If the guidelines are available on the web, provide the appropriate Web site address:  
<http://www.maine.gov/dhhs.occhs/publications>

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

Yes  
 No

Do the guidelines address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

Yes. If yes, describe. Domains in the Maine Early Childhood Learning Guidelines are as follows:

Approaches to Learning  
Personal and Social Development

Creative Arts  
Early Language and Literacy  
Health and Physical Education  
Mathematics  
Science  
Social Studies

No

Have guidelines been developed for children in age groups not specifically included in *Good Start, Grow Smart* (children other than those aged three to five)?

Yes. If yes, describe. Maine is in the process of developing infant and toddler guidelines through our Infant and Toddler Initiative

No

**5.2.3 Implementation of Voluntary Guidelines for Early Learning.** Describe the process the State used or expects to use in **implementing** its early learning guidelines. How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation? Materials developed to support implementation of the guidelines are included as **Attachment \_\_Q\_\_**

**5.2.4 Assessment of Voluntary Guidelines for Early Learning.** As applicable, describe the State's plan for **assessing** the effectiveness and/or implementation of the guidelines. Written reports of these efforts are included as **Attachment \_\_H\_\_**

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

**Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.

**Developing.** A plan is being drafted. The draft is included as Attachment \_\_\_\_\_

**Developed.** A plan has been written but has not yet been implemented. The plan is included as Attachment \_\_\_\_\_

**Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment \_\_\_\_\_

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- Other (describe):** Maine has had a professional development system in place since 2000. This system includes training, provider registry, trainer registry, and accreditation facilitation project. The 180 hours of core knowledge training is articulated to the Community Colleges for 9 credits with the submission of an acceptable portfolio. The training is developed by Maine Roads to Quality and delivered by the Child Care Resource Development Centers statewide.

Describe the progress made by the State in a plan for professional development since the date of submission of the 2004-2005 State Plan.

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

For each Yes response, reference the page(s) in the plan and briefly describe the Lead Agency's efforts.

The Early Childhood Learning Guidelines have been cross referenced to the Core Knowledge training and to college courses in Maine. See 5.2.1. above. At all of these levels, courses are being revised to incorporate preparation for the implementation of the Early Childhood Learning Guidelines.

Articulation - The 180 hours of core knowledge training is articulated to the Community Colleges for 9 credits with the submission of an acceptable portfolio.

The Community Colleges have articulation agreements with the University B.S. degree programs.

The Career Development System – Maine Roads to Quality – has a trainer registry that lists trainers who have been approved to teach the Core Knowledge Training. Master’s degree level trainers teach all of the Core Knowledge training supported by the Lead Agency.

The Core Knowledge training includes only curriculum that has been approved by the Professional Development System – Maine Roads to Quality

A data base to track practitioners’ training has been in place for four years. Data is collected at Maine Roads to Training and is automatically transferred to the Provider Registry so providers have an accurate record of their training for licensing requirements and other uses.

Training effectiveness is evaluated by provider evaluation of the training delivered and it’s usefulness in their work. A system to evaluate the impact of training on program improvement and child outcomes is being discussed.

Work has been done on a Birth to Five teaching credential for teachers with B.S. degrees in Early Childhood. It has been presented to the State Board of Education. Infant-toddler and school age credentials are under discussion.

Specialized strategies to reach family, friend, and neighbor care include newsletters sent directly to all providers who receive vouchers. More work is needed in this area,

For each No response, indicate whether the Lead Agency intends to incorporate these components.

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

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

A number of literacy training programs are available that offer not only training in teaching literacy but also provider books for classroom use. One example is the *Mother Goose Cares About Math and Science* curriculum. This project funded by the National Science Foundation and approved by the National Academy of Science and the National Council of Teachers of Math will provide training to 100 providers in Maine. In addition these providers will each receive \$300 worth of books and class equipment to implement the curriculum in their classroom. Next year it is expected that a similar project will be implemented on literacy in social science.

The Maine Humanities Council has developed and supports a curriculum, *Many Eyes Many Voices*, which teaches diversity through literature. This curriculum is taught through out Maine through the Resource Development Centers.

A special emphasis to include early language, literacy, pre-reading and early math concepts in the 180 core knowledge training as curriculum are being revised with a focus on competency-based training.

Specialized training will also be developed to help teachers incorporate these areas of the Early Childhood Learning Results in their classrooms.

Summer Institutes by noted authorities in literacy and pre-reading are being planned for late Summer, 2005.

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

- Yes. Describe, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.
- No. If no, is there any plan to offer incentives to encourage provider training and education?

Scholarships are available for support of college levels courses as well as CDA work. A Provider Recognition Event is held each November to recognize providers who have completed the 180 hours of Core Knowledge Training and other milestones in training. The articulation agreements help providers move forward with their education.

What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

A plan to measure the effectiveness of the state's professional development is being developed by the Child Care Research Partnership.

**PART 6**  
**HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS**

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

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

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

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

- Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.  
 No. Describe which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

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

- Yes, and the changes are as follows:  
Ongoing staff training requirement was increased to 30 hours per year.

*Effective September 15, 2006, Child Care Centers will maintain the following minimum adult to child ratios:*

<i>Age</i>	<i>Staff to Child Ratio</i>	<i>Maximum Group Size</i>
<b><i>6 weeks –1 year</i></b>	<b><i>1:4</i></b>	<b><i>8</i></b>
<b><i>1 year – 2 ½ years</i></b>	<b><i>1:4</i></b>	<b><i>12 or</i></b>
	<b><i>1:5</i></b>	<b><i>10</i></b>
<b><i>2 ½ years-3 ½ years</i></b>	<b><i>1:7</i></b>	<b><i>21</i></b>
<b><i>3 years-Not yet school age 5 years</i></b>	<b><i>1:8</i></b>	<b><i>24 or</i></b>
	<b><i>1:10</i></b>	<b><i>20</i></b>
<b><i>School age 5 years- 15 years</i></b>	<b><i>1:13</i></b>	<b><i>N/A</i></b>

No

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

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

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

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

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

No. Describe which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

Maine does not operate group home care.

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

Yes, and the changes are as follows:

No

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

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

- Building and physical premises safety
- Health and safety training

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

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

- Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.  
 No. Describe which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

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

- Yes, and the changes are as follows:  
  
 No

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

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

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

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

- Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.  
 No. Describe which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

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

- Yes, and the changes are as follows:  
 No

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

- The prevention and control of infectious disease (including age-appropriate immunizations) The Voucher Management Agency shall distribute Department approved materials that inform unregulated caregivers, relative caregivers and in-home caregivers of health and safety issues, including the control of communicable disease, immunization requirements, physical premises safety and training opportunities in health and safety, first aid, CPR and early care and education. See Checklist - **Attachment R**
- Building and physical premises safety
- Health and safety training

## **6.5 Exemptions to Health and Safety Requirements**

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

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

## **6.6 Enforcement of Health and Safety Requirements**

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

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
  - Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits:  
All providers must have a visit at (1) re-licensure, (2) if there has been a complaint and (3) any necessary follow-up visits
  - No
  
- Are child care providers subject to background checks?
  - Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted): ): Providers, household members, staff and volunteers
  - No
  
- Does the State require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
  - Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable): All providers and staff are mandated reporters of child abuse. If injury does not merit investigation for abuse or neglect, the child care providers must maintain a record of the incident and notify the appropriate families.

No

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

### **6.7 Exemptions from Immunization Requirements**

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

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

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

**PART 7**  
**HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES**

*(Only the Territories complete Part 7.)*

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

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

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

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

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

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

**7.3 Health and Safety Requirements for Family Providers in the Territories**

(658E(c)(2)(F), §98.41(a), §98.16(j))

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

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

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

(658E(c)(2)(F), §98.41(a), §98.16(j))

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

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

### **7.5 Exemptions to Territorial Health and Safety Requirements**

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

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

### **7.6 Enforcement of Territorial Health and Safety Requirements**

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

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

- Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits:
- No

Are child care providers subject to background checks?

- Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):
- No

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

- Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable):
- No

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

**7.7 Exemptions from Territorial Immunization Requirements**

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

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

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

**APPENDIX 1**  
**PROGRAM ASSURANCES AND CERTIFICATIONS**

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

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-554)

The Lead Agency also certifies that:

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

## APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

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

- *attending* (a job training or educational program; include minimum hours if applicable) - Attending a job training or educational program – enrolled at least half time in any recognized school, training program, or institution of higher education
- *in loco parentis* - An adult acting in place of a parent, such as a grandparent, foster parent, a state caseworker, and/or a legal guardian
- *job training and educational program* - Job training program means vocational training, field training, on-the-job training, and other recognized job readiness training program focused upon the acquisition of knowledge and skills that prepare the participant for employment.
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) - Children who are physically or mentally incapable of caring for themselves
- *protective services* - Specialized casework services to neglected, abused, or exploited children and their families
- *residing with* - The child is living with the applicant who is maintaining a home for the child. Maintaining a home means that the applicant is providing the main domicile for the child.
- *special needs child* – Children with specific diagnosis/disability which without intervention may impede or impair the attainment of developmental milestones.
- *very low income* - At or below 100% of the federal poverty level.
- *working* (include minimum hours if applicable) - Gainful employment that produces earned income from wages, salaries, commissions, fees, tips or self-employment in ones' own business, professional enterprise, partnership or farm
- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

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TANF transitional – Low income families who were TANF recipients in one of the three months preceding the month they were determined to be ineligible. Increased hours of work, increased earning, or loss of earned income disregards must have caused or contributed to the closure. TANF transitional clients must be referred in writing by the Bureau of Family Independence.

Family Violence Transitional – Low income survivors of domestic violence who are left homeless due to a violent situation and are residing in family violence transitional housing. Transitional housing clients must be referred by a Department funded family violence agency.