



CHILD CARE AND DEVELOPMENT FUND PLAN

FOR: Vermont

FFY 2010-2011

This Plan describes the CCDF program to be conducted by the State/Territory for the period 10/1/09 – 9/30/11. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

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

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

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

[Form ACF 118 Approved OMB Number: 0970-0114 expires 04/30/2012]

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AMENDMENTS LOG

CHILD CARE AND DEVELOPMENT FUND PLAN FOR: VERMONT
FOR THE PERIOD: 10/1/09 – 9/30/11

Lead Agencies must submit plan amendments within 60 days of the effective date of an amendment (§98.18 (b)).

Instructions for Amendments:

- 1) Lead Agency completes the first 3 columns of the Amendment Log and sends a photocopy of the Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional Office contact. Lead Agency also should indicate the Effective Date of the amended section in the footer at the bottom of the amended page(s). A copy of the Log, showing the latest amendment pending in ACF, is retained as part of the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain "old" plan pages that are superseded by amendments in a separate appendix to its Plan. This is especially important as auditors will review CCDF Plans and examine effective date of changes.

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF
3.1.1	1/3/2010	3/3/2010	5/24/2010
3.1.2	1/3/2010	3/3/2010	5/24/2010
3.2.1	1/3/2010	3/3/2010	5/24/2010
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3.2.4	1/3/2010	3/3/2010	5/24/2010
3.2.5	1/3/2010	3/3/2010	5/24/2010
3.2.6	1/3/2010	3/3/2010	5/24/2010
3.2.8	1/3/2010	3/3/2010	5/24/2010
3.3.2	1/3/2010	3/3/2010	5/24/2010
3.5.1	1/3/2010	3/3/2010	5/24/2010

AMENDMENTS LOG (continued)

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SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF
Attachment 3.5.1	1/3/2010	3/3/2010	5/24/2010
Section 3.5.3	1/3/2010	3/3/2010	5/24/2010
Section 3.5.5	1/3/2010	3/3/2010	5/24/2010

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/Territory Chief Executive Officer)

Name of Lead Agency:

Agency of Human Services, Department for Children and Families

Address of Lead Agency:

103 South Main Street, 5 North Turret, Waterbury, Vermont 05671-2401

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

Stephen R. Dale, Commissioner

Phone Number: 802-241-2100

Fax Number: 802-241-2980

E-Mail Address: steve.dale@ahs.state.vt.us

Web Address for Lead Agency (if any):

www.state.vt.us/dcf

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

Name of the State Child Care Contact (CCDF): Reeva Sullivan Murphy

Title of State Child Care Contact:

Deputy Commissioner

Child Development Division

Address:

103 South Main Street, A Building, Waterbury, VT 05671-5500

Phone Number: 802-241-4690

Fax Number: 802-241-1220

E-Mail Address: reeva.murphy@ahs.state.vt.us

Phone Number for child care subsidy program information (for the public) (if any):
1-800-649-2642

Web Address for child care subsidy program information (for the public) (if any):
www.brightfuturesinfo.org

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, 2009 through September 30, 2010. (§98.13(a))

CCDF: \$9,733,696
Federal TANF Transfer to CCDF: \$9,224,074
Direct Federal TANF Spending on Child Care: \$2,674,852
State CCDF Maintenance of Effort Funds: \$2,666,323
State Matching Funds: \$2,880,087
Total Funds Available: \$27,152,032

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): \$1,091,893 (5.0 %). (658E(c) (3), §§98.13(a), 98.52)

1.5 Administration of the Program

1.5.1 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 Targeted Funds and Set-Aside?

- Yes.
- No. If no, use **Table 1.5.1** below to **identify** the name and type of agency that delivers services and activities. If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.

Table 1.5.1: Administration of the Program

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families	Economic Services - Reach Up Child Care Resource & Referral)	<input type="checkbox"/> Yes X No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) Non-TANF families	Child Care Resource & Referral	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Assists parents in locating care	Child Care Resource & Referral	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Makes the provider payment	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Quality activities	CDD Child Care Resource & Referral	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Northern Lights Career Development Center	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Learning Partners, Inc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

1.5.2. Describe how the Lead Agency maintains overall internal control for ensuring that the CCDF program is administered according to the rules established for the program (§98.11).

The Child Development Division within the Department for Children and Families grants funds to community based, private, non-profit organizations to assure the management of eligibility determination for the child care financial assistance program, and for the provision of child care referral and resource development services including professional development statewide. The work specifications for each service component are outlined in the grant award to each agency.

All the community agencies are connected to the Central Office by PC's and have direct access to the centralized data system. The Division implemented an integrated web-based data system known as the Bright Futures Information System (BFIS) in March, 2005. Staff in the community agencies have direct access to this system through an internal portal. Each grantee has a designated technical advisor/grant monitor who is an employee of the Child Development

Division. Each grantee has an on-site visit from their technical support person at least monthly and the support staff is available for assistance to the grantee by phone daily. Routine file audits to assure compliance with regulations and quality assurance are part of the on-site meetings with the grant monitors for each grantee.

All community agency staff that involved in the provision of the services covered by the grant are required to participate in training conducted by the Child Development Division (CDD). This involves an orientation training that includes confidentiality requirements as well as periodic meetings and conference calls, designed to update staff on policies and to do shared problem solving around particular issues/concerns.

The CDD also grants funds to community organizations other than the Community Child Care Support Agencies for the provision of some quality services including professional development and expansion of afterschool and infant/toddler services. These grants have designated grant managers who oversee the grant and each grant has specific reporting requirements as part of the quality assurance and monitoring provisions.

1.5.3. Describe how the Lead Agency ensures adequate personnel, resources, systems, internal controls, and other components necessary for meeting CCDF reporting requirements (658K, §98.67, §§98.70 & 98.71, §§98.100 to 102), including the Lead Agency's plans for addressing any reporting deficiencies, if applicable. At a minimum, the description should address efforts for the following reporting requirements:

The agency has no reporting deficiencies at present.

Vermont's Bright Futures Information System (BFIS) is a highly effective web-based technology tool capable of generating detailed information about the CC Financial Assistance (Subsidy) Program. Data about subsidized families and children, participating providers, services delivered and payments is generated on a weekly basis and managed by department staff through monthly data reports. The Child Development Division convenes a small working group of Division and Department of Children and Families staff to identify and analyze critical indicators in the CC Financial Assistance Program.

a) Fiscal Reporting

The Child Development Division works closely with the Business Office of the Department of Children and Families to monitor caseloads and expenditures in the CC Financial Assistance (Subsidy) Program and to provide accurate and timely fiscal reports that meet federal requirements. Staff meet at least monthly to review and compare actual expenditures in comparison with what is budgeted and to discuss issues relate4d to fiscal management and reporting.

b) Data Reporting

Federal data reports are automatically generated through BFIS to be forwarded to the Child Care Bureau each month. These are checked by a BFIS specialist in the Department of Children and Families (DCF) Technology Unit and approved by

the Child Development Division (CDD) Operations Manager before they are sent. The Child Development Division works closely with the DCF Technology Unit to ensure the accuracy of the data reported.

C) Error Rate Reporting

The CDD Financial Assistance Unit continues to utilize information from the Improper Payments Initiative final report to improve monitoring in the CC Financial Assistance Program. Systemic safeguards are built into the BFIS to prevent overpayments. Periodic reports are generated from the BFIS which the Financial Assistance Unit Director reviews for quality control. The CDD is preparing for another round of Error Rate Reporting by strengthening the Quality Control capacity of the Financial Assistance Unit. The CDD works with staff from the Agency of Human Services Audit Unit to prevent fraudulent activity and detect and respond to any fraud that occurs.

1.6 Funds Used to Match CCDF

1.6.1 Will the Lead Agency use public funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds: State General Funds

No.

1.6.2 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)?

Yes. If yes, are those funds: **(check one below)**

Donated directly to the State?

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

a) How many entities are designated to receive private donated funds?

b) **Provide** information below for each entity:

Name: _____

Address: _____

Contact: _____

Type: _____

No.

1.6.3 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 (**respond to 1.6.5**), and:

a) 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).

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

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

No.

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

Yes (**respond to 1.6.5**), and

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

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

No.

1.6.5 If the Lead Agency indicated “yes” to 1.6.3 or 1.6.4, **describe** Lead Agency efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

1.6.6 Will the Lead Agency use any other funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds:

No.

1.7 Improper Payments

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

- Yes, and these strategies are:
- Safeguards built into the data management system that identify and prevent double data entry and payments.
 - Electronic collection of attendance.
 - Sharing/comparing information with the Child and Adult Food Program when issues of possible fraudulent reporting of attendance is suspected.
 - Procedures for recovering overpayment including progressive repayment plans that are mutually agreed to by the provider and CDD.
 - Regulations to allow for suspension from the child care financial assistance program, revocation of license and possible legal action against providers who are substantiated for purposeful, fraudulent practices.
 - Utilizing the AHS Audit Unit when possible fraudulent practices are suspected.
- No. If no, are there plans underway to determine and implement such strategies?

Is your State planning to implement strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)

- Yes, and these planned strategies are:
- Regulations to allow for permanently disallowing benefits to families who are substantiated for receiving benefits based on purposeful misrepresentation of their eligibility.
- No.

PART 2 DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)).

Indicate the entities with which the Lead Agency has a) **consulted** and b) **coordinated** (as defined below), by checking the appropriate box (es) in Table 2.1.1.

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

Coordination involves the coordination of child care and early childhood development 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 (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

Table 2.1.1 Consultation and Coordination

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

PLAN FOR CCDF SERVICES IN: **[VERMONT]**
FOR THE PERIOD 10/1/09 – 9/30/11

Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	N/A	N/A *
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (See guidance): <ul style="list-style-type: none"> ▪ Advocacy Organizations ▪ Business / Private Sector Entities ▪ Child Care Resource and Referral Agencies ▪ Community Organizations ▪ Economic Development Entities ▪ Emergency Preparedness Officials or Experts ▪ Foundations / Trusts ▪ Head Start Associations ▪ Local School Districts ▪ Non-Profits / Charitable Organizations / United Way ▪ Parent Organizations ▪ Representatives of Federal Programs, such as Child and Adult Care Food Program (Food and Nutrition Service, Department of Agriculture), Head Start Programs and/or Collaboration Offices (Office of Head Start, Department of Health and Human Services), and Healthy Child Care America (Department of Health and Human Services) ▪ Representatives of other State Programs and Offices, such as higher education programs and institutions, infant / toddler programs, juvenile justice programs, the Office of the Governor, school-age programs, child support enforcement agencies, TANF, child welfare 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

* **Required.**

For each box checked in Table 2.1.1, (a) identify the agency(ies) providing the service and **(b) describe** the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

Consultation in Developing the CCDF Plan:

Preparation of the 2010-2011 CCDF State Plan coincide with an effort to realign resources in the CC Financial Assistance Program and restructure program policies and practices to:

- Increase access, affordability, and quality of child care;
- Better align Vermont's rates and eligibility requirements with federal recommendations;
- Reinforce incentives to achieve quality in child care programs; and
- Increase work incentives and supports for families.

As part of that effort, since January 2009, the Department of Children and Families (DCF) and the Child Development Division worked staff from within the department representing child welfare and TANF, from within our parent Agency of Human Services representing juvenile justice and other programs, with the Departments of Education and Health, with representatives of local governments engaged in regional Building Bright Futures Councils, with Head Start and other community providers and partners and with a full array of stakeholders to examine current policies and practices and explore strategies for change. Information was widely disseminated and published on the CDD website with a survey to collect comments. The Commissioner of the DCF held a series of 12 public meetings throughout the state to engage in discussion about the current program and gather input and ideas for positive change. CDD staff met with small work groups of state government staffers and community partners to review comments and feedback, analyze data, and revise the original proposals.

A plan for restructuring in the program was developed and revised based on public comment and discussions. The revised plan will be presented to the legislature for approval in fall 2009 and changes will be implemented in January 2010. As soon as a plan is approved by the legislature, January revisions will be submitted as amendments to this plan.

Early Childhood Mental Health Services:

The CDD now manages the early childhood mental health program formally known as the CUPS (Children's Upstream Services) program which provides direct and consultative early childhood and family mental health services. These services are provided in addition to the establishment of supportive child care centers for children with extremely challenging behaviors or emotional difficulties. All services support children in integrated, community based programs. The expected results are to minimize the need for special education services later in the children's educational process and to stabilize child care placements for children experiencing significant stress or disruption in their lives. CDD works with the Department of Mental Health to jointly support these services. Core competencies for early childhood and family mental health specialists have recently been completed.

Vermont Center for the Book and the Vermont Council on the Humanities and the Stern Center for Language and Learning, Very Special Arts of VT:

Collaborative projects and relationships with these agencies are in place to assure support to early childhood providers related to the development of literacy skills as part of the overall child development curriculum that includes typical activities such as song, play and art to enrich and support literacy learning.

The Vermont Association for the Education of Young Children and the Vermont Child Care Providers' Association:

The CDD has formal agreements/grants with these agencies to advance accreditation and overall quality with home and center-based providers throughout the state. This effort is having a significant impact on the overall quality of care in the state.

Vermont Community Loan Fund:

The CDD is working with the Vermont Community Loan Fund to build quality capacity through financial assistance for the construction and renovation of high quality child care facilities. This includes the establishment of a child care facilities fund that is supported through the sale of specialty license plates. This fund is, *The Building Bright Spaces for Bright Futures Fund*.

The Vermont School Age Care Network (VSACN)

The CDD works with the Vermont School Age Care Network (VSACN) to promote accreditation of school age programs and to work to coordinate afterschool programs with services offered through the 21st Century grants. The goal is to ensure a higher quality of afterschool care and increased capacity, thereby resulting in better access to and choice of services for families in order to promote the safety and well being of school age children.

Learning Partners, Inc.:

The CDD contracts with this organization to administer Vermont's quality recognition and improvement system known as the STep Ahead Recognition System (STARS). The goal is to improve the quality of care through providing a clear framework of quality indicators as well as guidance in meeting the higher standards defined in this framework.

A variety of strategies to encourage participation are also part of Vermont's quality recognition and improvement system. The CDD works in partnership with private partners such as IBM and additional partners such as Building Bright Futures Councils to provide incentives to providers participating in STARS.

Vermont Department of Health

CDD and the Vermont Department of Health are partners in the implementation of the Healthy Child Care Vermont project. CDD staff provide oversight and coordination of the program, while a VDH public health nurse fills the role of child care health consultant in each of the 12 regions of the state. They work with regulated child care programs to assist them in meeting health and safety standards. The project has resulted in timely assistance to community child care programs to address immediate issues as they arise and ensure child care staff are well-trained to address the health and safety needs of children in care.

The ECCS grant is managed by a Coordinator who is on staff at CDD. This work is integrated into Building Bright Futures (BBF) the state's effort to create an integrated system of early care, health and education for all children in Vermont under the age of six. The BBF State Council is charged with improving the quality of services for families and young children by establishing a formal system for planning, coordinating, integrating and developing early childhood programs, policies, information and resources at the State and regional levels. The Council creates a mechanism to examine the current delivery of services, explore possible improvements and involve both public and private sectors in the planning and development of a seamless system of services for young children.

Employment services

CDD is in a partnership with the Vermont Department of Labor and the Vermont Child Care Industry and Careers Council (VCCICC) to ensure the child care workforce is appropriately prepared for careers in child care. The main focus of this partnership is the Vermont Child Care Apprenticeship Program and support to the Vermont Technical Centers working with high school students interested in careers in child care. The Commissioners of Labor and Department for Children and Families have met together to consider strategies and resources that enhance the mutual interest having an appropriately trained and employed early childhood/afterschool workforce.

Public education

The Vermont Department of Education is the lead agency for the 21st Century Funds for afterschool services and the Child and Adult Food Program. The CDD partners with these programs to assure a continuum of appropriate afterschool care options in communities statewide and to improve the nutritional status of children in care. CDD is also working with DOE on the establishment of regulations and the provision of technical assistance to school districts and private providers related to the Pre-K legislation which will promote partnerships between local school districts and community based private providers that meet quality standards such as national accreditation and high (4 or 5) star levels in Vermont's QRIS system called STARS.

TANF

The Department for Children and Families, Economic Services Division (ESD), is the agency that administers the TANF program in Vermont. The CDD and ESD became two divisions within the Department for Children and Families as a result of a reorganization of

the Agency of Human Services that became effective 7/1/04. CDD works closely with ESD at the state and community level to assure TANF families have access to child care in order to support their employment and educational endeavors. These activities include coordinating access to the child care financial assistance and targeted projects to identify, recruit and train child care providers to increase access to care especially during non-traditional work hours. The long term desired results are self-sufficiency for TANF families and improved developmental outcomes for their children.

Representatives of Local Government

Vermont does not have a system of County Government. However, over the past few years 12 regional Early Childhood Councils, known as Building Bright Futures Councils were developed to assist in coordinated delivery of services from the Agency of Human Services. These councils made up of direct service providers, consumers, community members and some local officials including school board and zoning board members advised the CDD on a variety of services. These councils do not have the funding to continue with regional directors although concerned partners are exploring the role of the still existing statewide Building Bright Futures Council as well as exploring the feasibility of applying for Head Start stimulus funded support for councils. The CDD will continue to work with partners to move forward in ways that ensure coordinated service delivery throughout the state.

State Pre-K programs

The Vermont Department of Education has statutory authority for the Early Education Initiative which is a state funded pre-K program. The CDD works closely with this initiative to maximize funding to serve the greatest number of at-risk children. The collaboration is intended to increase options for full day/full year services for children requiring that level of service and to improve the overall quality of early childhood services in the state. DOE is also an active, appointed member to the Statewide Building Bright Futures Council as well as in the STARS Oversight Committee that has worked to establish program standards applicable to Public Preschools as well as other regulated preschool programs. This helps ensure public education is involved in the planning for a comprehensive early childhood system of services.

The 2007 Legislature passed pre-k legislation that defines how public education funding can be used to serve 3 and 4 year old children in pre-k programs. The legislation will impact early childhood programs offered through school districts and the private sector. The Agency of Human Services and the Department of Education have had joint responsibility for writing the rules for this legislation as well as for the STARS rules which will be fully in effect for this plan.

Head Start programs

The CDD has formal agreements with the Head Start agencies in Vermont for the provision of full day/full year services for eligible children. The purpose of these agreements is to

extend the full range of Head Start services to additional at-risk children, to maximize funding, to increase the professional development of the workforce and to improve the overall quality of the early childhood system.

The Head Start State Collaboration Project became part of the Child Development Division of the Department for Children and Families in July 2004. This change further enhances the State's ability to strengthen the infrastructure of the early childhood system including the development of common standards for regulated care, defining core competencies for providers and connecting them to the career lattice, the development of early learning guidelines, the development of interagency agreements and the development of a strategic plan for the unification of the early childhood system. Assuring that children thrive, are ready for school, have ongoing success and their families are supported in their parenting roles are all desired results of this work. The Head Start Collaboration Office has been instrumental in working toward the implementation of the Strategic Plan for Vermont's early childhood system development work known as Building Bright Futures mentioned above in "representatives of local government".

Programs that promote inclusion for children with disabilities

The Family, Infant and Toddler Program (Part C of IDEA), the Early Childhood Mental Health Services and health services for children who are at-risk, are now administered by the Child Development Division of DCF. This change has enhanced our ability to integrate child care and the early intervention system. CDD continues to work closely with the Essential Early Education (EEE) program (Part B-619 of IDEA) which is at the Department of Education. The collaborative work is designed to minimize segregated services for children with disabilities and to assure children with special needs have the support they need to be successful in integrated, inclusive, community-based early care and education environments. The overarching name for this CDD work is "Children's Integrated Services" or "CIS". CIS will develop and improve as well as become integrated into related Department for Children and Families efforts to effectively engage families and to provide departmental services in an efficient, coordinated, consumer centered model. The literacy partners mentioned above also provide a clear venue to support all children in literacy learning.

Emergency Preparedness

CDD is working with the Vermont Department of Health, the Department of Public Safety and others to ensure planning for child care and other children's services is reflected the Statewide Continuation of Operations Plan. The Division has a designated representative to the AHS Emergency Planning Committee. CDD managers are working together to review the COOP plan and revising our policies and procedures as well as our Emergency Planning Guide for child care providers and other resources specifically targeted for providers.

2.1.2 Emergency Preparedness and Response Plan for Child Care and Early Childhood Programs. Lead Agencies are encouraged to develop an emergency preparedness and response plan for child care and other early childhood programs operating in the State/Territory. The plan should include provisions for continuity of services and child care assistance payments to families and providers in the event of an emergency or disaster. Indicate which of the following best describes the current status of your efforts in this area. **Check only ONE.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.
- Developing.** A plan is being drafted. Include the plan as Attachment 2.1.2, if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as Attachment 2.1.2, if available.
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 2.1.2.
- Other. Describe:**

- a) **Describe** the progress made by the State/Territory in planning for an emergency or disaster event with regards to the operation of child care and early childhood education programs.

The CDD and state agency and community partners are continuing to explore and develop the most effective strategies to inform providers regarding information about licensing standards in an emergency and identifying and promoting preventive strategies which are most helpful. The state plans to deliver high quality emergency preparedness training that may include use of the CDD website to contribute to preparation of child care providers through a well selected emergency preparedness check list.

- b) **Describe** provisions the Lead Agency has in place for the continuation of core child care functions during and after a disaster or emergency.

The CDD has completed a Continuity of Operations Plan (COOP) which addresses maintaining the core functions of child care during an emergency. (attached).

CDD essential functions pertaining to the continuation of child care services include:

- Determining which payment functions and payment notifications are not critical and suspend them through the duration of the emergency
- Suspend some routine licensing/registration activities
- Waive or modify some labor and industry requirements for center based early childhood and school age programs

- Reassign CDD staff to subsidy determination functions and authorize community agencies who provide direct care to children under a reserved spaces agreement to determine eligibility for the subsidy program directly for new families
- Make subsidy payments to providers based on their previous month's payment, if it is not possible to obtain current enrollment and attendance verification, with the ability to recoup any over payments after the crisis has resolved
- Waive paper verification of income and suspend routine re-determinations for families in the program

c) **Describe** efforts the Lead Agency has undertaken to provide resources and information to families and child care providers about ways to plan and prepare for an emergency or disaster situation.

All licensed and registered child care programs in Vermont are required to have an emergency preparedness plan as part of their licensing requirements. The CCR&R's are best equipped to communicate with local child care providers in their respective areas and should work with the CDD licensers and providers to assure that all plans are active and up to date.

The CDD has conducted discussions with resource development /training specialists regarding training for providers on health and safety issues in an emergency. Efforts have been made to ensure that these specialists are aware of resources such as NACCRRRA and Head Start emergency preparedness curricula. However, there is a variety of training available and CDD will work with the CCR&R agencies to assess the quality and consistency of the training provided.

d) **Describe** how the Lead Agency is coordinating with other State/Territory agencies, private, and/or non-profit charitable organizations to ensure that child care and early childhood programs are included in planning, response, and recovery efforts.

The CDD has been working with the Vermont Department of Health (VDH) to include child care providers in their GIS mapping program. This program includes contact information and the name and location of all health care facilities and schools in all areas of the state. CDD has provided VDH with the data base of all child care providers, so that information can be available during an emergency.

The CCR&R agencies, through their grants with the CDD, are expected to coordinate and communicate with local emergency planners and the CDD. Each district in the state has a Regional Planning Commission, which maintains a Local Emergency Planning Committee (LEPC). The CCR&R agencies should be in contact with the LEPC in their district and assure that child care providers are included in the local emergency plan.

2.1.3 Plan for Early Childhood Program Coordination. Lead Agencies are encouraged to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of your efforts in this area. **Note: Check only ONE.**

- Planning.** Are there steps under way to develop a plan?
- Yes, and **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.
- No.
- Developing.** A plan is being drafted. Include the draft as **Attachment 2.1.3** if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as **Attachment 2.1.3** if available.
- Implementing.** A plan has been written and is now in the process of being implemented. Include the plan as **Attachment 2.1.3**.
- Other (describe):**
Vermont created a plan under the auspices of the ECCS work which was published in September 2006. (This is attached) Major portions of that plan have been implemented or are works in progress. The state-wide Building Bright Futures Council, which will be re-convened and named in summer 2009 by Executive Order of the Governor as the State Early Childhood Council required in the reauthorization of Head Start, is now working to evaluate and update this plan and continue to move early childhood program coordination forward in Vermont.

a) Describe the progress made by the State/Territory in planning for coordination across early childhood programs since the date of submission of the 2008-2009 State Plan.

Since submission of the 2008-2009 State Plan, Vermont has experienced gains and losses related to coordination across early childhood programs. Vermont has been systematically building the components of a unified early childhood system that is consistent with the goals of Good Start, Grow Smart, for over a decade. This work began in 1992 with the establishment of the Early Childhood Workgroup. This group has been the entity that has overseen the development of the professional development system (The Northern Lights Career Development System) that includes the formal development of identified core areas of knowledge and competencies for early childhood and afterschool professionals as well as for program directors and early childhood and family mental health workers, the development and roll out of the Vermont Early Learning Standards (VELS) and Vermont's quality rating and improvement system (STARS). Both of these areas have seen growth in statewide engagement and participation.

Related to the establishment of the Early Childhood Workgroup, and facilitated by MCH ECCS resources, Vermont developed a state strategic plan for a comprehensive system of integrated early childhood services. One component of this is the establishment of a formal public/private partnership called Building Bright Futures. Resources to support regional staff and an intensive region-by-region strategic planning effort were supported by state funds that have become more limited in current times of economic stress. Regional program managers were eliminated in the SFY2009 budget but the state remains committed to moving the systems work forward. A new state-wide Executive Director will be hired this year and the state-wide Building Bright Futures Council will be reconvened by Executive Order in summer of 2009. This group will be working to update and continue to implement a state-wide strategic plan and secure additional funding and resources for regional implementation. Action to develop and enhance a comprehensive system of early care, health and education services for children and families in Vermont continues to move forward with coordinated leadership from the Departments of Children and Families, Education and Health with administrative support and resources located in the Child Development Division.

b) Indicate whether there is an entity that is, or will be, 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 Building Bright Futures Council is the public-private partnership is responsible for ensuring coordination occurs on state and local levels.

Funding streams coordinated in this effort include CCDF, IDEA Parts B and C, Head Start and Early Head Start, state Pre-Kindergarten funds, MCH Title V, and Medicaid.

Primary prevention and system initiatives including Parent Child Centers, Healthy Child Care Vermont, the Early Childhood Comprehensive Systems grant and the Head Start Collaboration Office are also part of the CDD or managed through grants overseen by the Child Development Division. Bringing these services and initiatives together under one division has created the opportunity to

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

- Coordinated inter-program, inter-agency funding and policy to assure a fully integrated continuum of high quality services for all children, from primary prevention for typically developing children through treatment for those children needing more targeted, therapeutic services;
- Engagement and collaboration of state agencies, regional business and philanthropy and community partners in realizing a unified early childhood, health and education system for children under six year old and their families;

- Information and access for children and families seeking services;
- Support for all children and families in accord with their expressed and identified needs;
- Maximize existing resources and identify new funding streams;
- Align resources with desired outcomes a consistent and measurable manner.

These efforts will incorporate the critical work of Northern Lights Career Development Center, Vermont's Early Childhood Professional Development System in preparing and credentialing professionals who work with young children. Specific plans include updating Vermont's Early Learning Standards for preschool and developing Infant Toddler Guidelines.

The outcomes at the heart of the regional and statewide work of Building Bright Futures include:

- young children thrive;
- children are ready for and succeed in school;
- children live in safe and supportive families; and
- families live in safe and supportive communities.

The Children's Integrated Services (CIS) Unit in the Child Development Division and partners such as the Parent Child Centers will continue to document outreach and improved coordination of services to children and families. The goal is to identify and appropriately and efficiently ensure needed and/or helpful services are made available in a clear and timely fashion. At times, services will include family support child care or protective services child care in the context of the other needs of the child and family.

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

See comments above

The CDD will continue to support the implementation of CIS throughout the state and the work of the Building Bright Futures state and regional councils.

2.2 Public Hearing Process

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

- a) Date(s) of notice of public hearing: 5/21/2009 (For the State Plan)
Email communication to the public regarding the child care financial assistance program was sent feedback from this work is being reviewed into July.
The public was notified of the proposed STARS Rules in advance.

- b) Manner of notifying the public about the public hearing: Email groups, face to face meetings, newspaper, State website and opportunity to respond on the website electronically
- c) Date(s) of public hearing(s): 6/11/2009
- d) Hearing site(s): Interactive TV and Additional public meetings on the Child Care Financial Assistance Program were held at these locations on
- e) How the content of the plan was made available to the public in advance of the public hearing(s): Plan available on CDD website 5/21/2009 and hard copies available upon request and shared at various meetings
- f) **Attach** a brief summary of the public comment process as **Attachment 2.2**.

2.3 Public-Private Partnerships

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

Yes. If yes, **describe** these activities or planned activities, including the results or expected results.

There are a few organizations/structures in Vermont that specifically address the development of partnerships with the private sector and the Child Development Division works in partnership and in support of all of them: They include the Building Bright Futures Initiative and State Council, Vermont's QRIS system "STARS", the Vermont Association of Child Care Resource and Referral Agencies (VACCRRRA), the Vermont Child Care Industry and Careers Council (VCCICC) and the Vermont Association for the Education of Young Children (VAEYC).

The Building Bright Futures initiative was specifically designed as a public/private partnership to include all parties in the development of a comprehensive early care, health and education system. Business representatives are appointed by the Governor to the State Building Bright Futures Council. The long term approach will include the establishment of a separate instrumentality or organization outside of state government to engage the private sector in the establishment of policies and outcomes for the early childhood system as well as in fundraising endeavors. The State Building Bright Futures Council has a role in advocating for resources for the early childhood system and works closely with several foundations. They also partner with the CDD in support of the STARS program. They have been instrumental in raising private funding from foundations to support the incentives to providers in STARS.

Vermont's QRIS system STARS lends itself to the potential for a variety of private funding supports. A marketing and outreach plan to inform businesses of STARS and quality child care is in its early stages. Currently, individual programs achieving star levels have the opportunity to have an article appear in the local paper about their program. Further outreach will include business sponsorship of stars programs or public awareness adds regarding quality and STARS and a variety of other possibilities.

The Windham Child Care Association, in conjunction with several other agencies and the Child Development Division, completed an economic impact study of the Vermont's Child Care Industry in 2002. The study has been presented to a variety of businesses and legislative and community leaders. It continues to influence development of partnerships with the business community including designating the child care as a required component in the State regional economic development plan.

At times CCR&R agencies seek private funding and contributions in order to expand their capacity to accomplishment of their mission or conduct related special activities.

The Vermont Child Care Industry and Careers Council, Inc. brings together resources from within the public sector including the U.S. and Vermont Departments of Labor, public education (specifically the secondary education schools) and private foundation and independent business resources. They do this in their work to deliver college courses for child care providers and to manage the Vermont registered child care apprenticeship program. Both of which are integral to the child care infrastructure.

The Vermont Association for the Education of Young Children reaches out to private sources and public sources to support their annual professional development conference and special events. Funds also support VAEYC staff to participate in statewide professional development activities which is also critical to a well rounded infrastructure.

No.

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:

- a) a description of the form(s) of the certificate (§98.16(k)):

All families enrolled in the child care financial assistance (subsidy) program receive a certificate explaining their eligibility. The certificate lists the child's name, authorized provider, number of authorized hours, the provider's rate and the parent's share of costs which is determined as a percent of the rate paid by CDD based on the families' income and size. If a child is enrolled with more than one provider, a certificate for each provider is issued. If a parent has not selected a child care provider at the time eligibility is determined, they receive an authorization form with the above information minus the provider information

- b) a description of how the certificate 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))

All families are allowed to select any regulated provider in good standing to care for their children. If they do not have a provider at the time eligibility is determined, the eligibility specialist and child care referral specialists will assist the family in locating a suitable provider. Parents may change providers as they desire. They are strongly encouraged to give their provider at least a week notice before dis-enrolling their child or children

- c) if the Lead Agency is also providing child care services through grants and contracts, **estimate** the proportion of §98.50 services available through certificates versus grants/contracts (this may be expressed in terms of dollars, number of slots, or percentages of services), and **explain** how the Lead Agency ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b)).

Effective 1/3/2010, all subsidized CC services in VT are supported through individual vouchers. Contracted slots are no longer utilized.

- d) **Attach** a copy of your eligibility worker's manual, policy handbook, administrative rules or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1. Copies are available on request as of 5/21/2009 and will be submitted with plan.**

Note: If these materials are available on the web, the Lead Agency may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

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

Yes, and **describe** the type(s) of child care services available through the grant or contract, 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))

X No.

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

Yes.

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

3.1.4 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. 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)):

All in-home care providers must meet the minimum health and safety standards established by Vermont's requirements for Legally Exempt Child Care.

No

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.

3.2.1 Provide a copy of your payment rates as **Attachment 3.2.1**. (revised)

Attachment 3.2.1. reflects rates that are in effect and will be effective as of January 3, 2010.

3.2.2 Are the attached payment rates provided in Attachment 3.2.1 used in all parts of the State/Territory?

Yes.

No, and other payment rates and their effective date(s) are provided as **Attachment 3.2.2.**

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

a) The month and year when the local market rate survey(s) was completed (§98.43(b)(2)): October 2008.

b) A copy of the **Market Rate Survey instrument** and a summary of the results of the survey are provided as **Attachment 3.2.3.** At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

3.2.4 Does the Lead Agency use its current Market Rate Survey (a survey completed no earlier than 10/1/07) to set payment rates?

Yes.

No.

3.2.5 At what percentile of the current Market Rate Survey is the State payment rate ceiling set?

Rates for providers achieving 4 STARS in the Vermont's STep Ahead Quality Rating and Improvement System (STARS) are equivalent to the 75th percentile of the 2008 Market Rate Survey. Base rates were raised approximately 12% over previous rates (new base rates are at the 42nd percentile of 2008 Market Rate Survey results). 4 STAR rates were calibrated to the 75th percentile and other quality factors were adjusted in relationship to this standard.

Note: If you do not use your current Market Rate Survey to set your rate ceilings or your percentile(s) varies across categories of care (e.g., type of setting, region,

or age of children), **describe** and provide the range of variation in relation to your current survey.

3.2.6 Describe the relationship between the attached payment rates and the market rates observed in the current survey, including at a minimum how payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey: (§98.43(b))

The increase in rates implemented on January 3, 2010 reduces the gap between the established state rates and 2008 Market Rates in Vermont. Increases were focused on providers demonstrating the provision of quality services to support and encourage quality enhancements for providers and the use of providers committed to quality standards by subsidized families.

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

- Yes. If, yes, **describe**.
- No.

3.2.8 Does the State have any type of tiered reimbursement or differential rates?

- Yes. If yes, **describe**:

Vermont pays higher rates for providers who participate in the Step Ahead Recognition System (STARS) which includes programs that are nationally accredited. For providers participating in STARS, the established base rate is multiplied by a quality factor in accord with the number of STARS a program has achieved. Quality factors are as follows:

1 STAR	5%
2 STARS	10%
3 STARS	20%
4 STARS	30%
5 STARS	40%

Programs that are nationally accredited must be in STARS in order to use the existing tiered payment system embedded in the Bright Futures Information System. There is a streamlined application for STARS for nationally accredited programs.

- No.

3.2.9 Describe how the Lead Agency ensures that payment rates do not exceed the amount paid by the general public for the same service.

Vermont requires all providers who receive funding from the CDD to complete a Financial Provider Agreement. The provider agreement establishes the provider information, rates and responsibilities' and is attachment 3.2.2. (§98.43(a))

3.3 Eligibility Criteria for Child Care

3.3.1 Age Eligibility

a) 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? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

Yes. If yes, **define** physical and mental incapacity in Appendix 2, and **provide** the upper age limit 18

No.

b) 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: 18

No.

3.3.2 Income Eligibility

Complete columns (a) and (b) in Table 3.3.2 below based upon initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Table 3.3.2 Income Eligibility

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (d) by (a), multiply by 100]
1	3,847	3,270	3,050	79.3
2	3,847	3,270	3,050	79.3
3	4,752	4,039	3,050	64.2
4	5,657	4,808	3,674	64.9
5	6,562	5,578	4,298	65.5

Note: Table 3.3.2 should reflect maximum eligibility upon initial entry into the CCDF program.

Effective January 3, 2010, Vermont adjusted the income eligibility limit from 82.5 % of the 2000 Vermont State Median Income to 200% of 2009 Federal Poverty Levels. The revised Sliding Fee Scale is included as Attachment 3.5.1.

a) Does the Lead Agency have “tiered eligibility” (i.e., a separate income limit for remaining eligible for the CCDF program)?

Yes. If yes, **provide** the requested information from Table 3.3.2 and **describe**. **Note:** This information can be included in a separate table, or by placing a “/” between the entry and exit levels in the above table.

No.

b) If the Lead Agency does not use the SMI from the most current year, **indicate** the year used: 2009

c) These eligibility limits in column (c) became or will become effective on:
 January 3, 2010

d) How does the Lead Agency define “income” for the purposes of eligibility? **Provide** the Lead Agencies definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

Vermont uses gross monthly income for determining eligibility for the child care subsidy program. Income from primary care givers living in the household is considered. Gross income with exceptions is defined in Vermont regulation as:

The total monthly income received by a child and her/his primary caregivers which is derived from any source except for the following noted in below in section “e”:

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

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

1. Income received from the sale of real or personal property such as stocks, bonds, a house, a car, etc. (unless the person was engaged in the business of selling such property, in which case the net proceeds will be counted as income from self-employment).
2. Withdrawal from bank deposits.
3. Money borrowed.
4. Tax refunds – including Renter’s Rebate and Earned Income Credit.
5. Lump sum inheritances or lump sum insurance payments.
6. The value of Food Stamps, Medicaid Fuel Assistance, ANFC payments and General Assistance.
7. The value of USDA donated foods and home produce consumed by the family.
8. Wage, salary or other earned income of a person under 18 years of age who is not the primary caretaker.
9. Loans, grants and scholarships for educational purposes.
10. Incentive payment for work training programs.
11. S.S.I. (Supplemental Security Income)
12. Child Support paid out on a regular basis to another household.
13. Adoption assistance payments provided under Title IV-E of the Adoption Assistance and Child Welfare Act of 1980 or provided under the State’s Adoption Assistance Program.
14. DCF payments to foster parents to subsidize the care and maintenance of a committed child.
15. Work study income.
16. Business expenses of self-employment, (other than depreciation charges) in accordance with current IRS procedures.

No.

f) **Describe** whose income is excluded for purposes of eligibility determination.

The income of the parent(s) or legal guardian(s) is counted. Income of all other family members is excluded.

3.3.3 Work/Job Training or Educational Program Eligibility

a) How does the Lead Agency define “working” for the purposes of eligibility? **Describe** the specific activities that are considered “working” for purposes of eligibility determination, including minimum number of hours. (§§98.16(f)(6), 98.20(b))

Child Care Financial Assistance Regulations (available on CDD website) provide the following definition of work/employment:

“...involvement in an activity, either in or out of the home, through which they receive hourly compensation of at least minimum wage.”
There is no minimum number of hours.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program?

Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility? **Describe**, the specific activities that are considered “job training and/or educational program”, including minimum number of hours. (§§98.16(f)(3), 98.20(b))

The Child Care Financial Assistance Program Regulations define training or education in this way:

“The primary caretaker(s) must demonstrate participation in a program which, in the opinion of the Commissioner, is likely to lead to employment within one year after completion of the program. This need can also be established if the training or education program is required to maintain employment.”

Approved programs include but are not limited to the following: Work programs, training programs, and other activities approved by DCF’s Economic Services Division as part of the caretaker’s family development plan and work or training programs approved by the Department of Labor and High School, public or private, and high school equivalency programs such as Adult Basic Education or General Equivalency Diploma.

There is no minimum number of hours.

No.

3.3.4 Eligibility Based Upon Receiving or Needing to Receive Protective Services

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

Yes. If yes, **provide** a definition of “protective services” in Appendix 2. Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.

No.

b) Does the Lead Agency 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 Lead Agency considers these children to be in protective services.)

No.

3.3.5 Additional Conditions for Determining CCDF Eligibility

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

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

No.

3.4 Priorities for Serving Children and Families

3.4.1 At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs, or in families with very low incomes. **Complete** Table 3.4.1 below regarding eligibility priority rules. For columns (a) through (c), **check** only one box if reply is “Yes”. Leave blank if “No”. **Complete** column (e) only if you check column (d).

Table 3.4.1 Priorities for Serving Children

	How does the Lead Agency prioritize the eligibility categories in Column 1?				
	CHECK ONLY ONE			CHECK ONLY IF APPLICABLE	
Eligibility Categories	(a) Priority over other CCDF-eligible families	(b) Same priority as other CCDF-eligible families	(c) Guaranteed subsidy eligibility	(d) Is there a time limit on the priority or guarantee?	(e) How long is time limit?
Children with special needs*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families <u>receiving</u> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* **Required**

3.4.2 Describe how the Lead Agency 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)).

- *Children with special needs:* CDD provides a Specialized Services Differential payment of 7% over the usual financial assistance rates for children identified as having special needs and supports targeted training and quality improvement activities for providers who care for these children.
- *Children in families with very low income:* Families eligible for 90% - 100% of the child care financial assistance (subsidy) rate have little or no cost sharing obligation.

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

Vermont has a history of serving all income eligible families, regardless of their TANF status. This has been accomplished through a commitment of General Funds to the subsidy program as well as policies developed within the Department for Children and Families to assure equal access to services for low income working Vermonters and for families transitioning from public assistance. The Legislature prohibits DCF from capping the subsidy program without express permission of the legislature, requiring the Department to utilize the budget adjustment process if appropriated funds are not adequate to meet the demand.

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

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

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

- Yes.
- No.

3.4.6 Does the Lead Agency have a waiting list of eligible families that they are unable to serve?

- Yes. If yes, **describe**. At a minimum, the description should indicate:
- a) Whether the waiting list is maintained for all eligible families or for certain populations?
 - b) Whether the waiting list is maintained for the entire State/Territory or for individual localities?
 - c) What methods are employed to keep the list current?
- No.

3.5 Sliding Fee Scale for Child Care Services

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

- a) **Attach** the sliding fee scale as **Attachment 3.5.1. (revised)**
- b) **Describe** how the sliding fee scale is administered, including how the family's contribution is determined and how the co-payment is assessed and collected:

Families apply for assistance through one of 12 Community Child Care Service Agencies (CCCSA) funded by the CDD to assess eligibility and assist families in finding a child provider that meets their specific needs.

Family cost sharing is determined based on family size and income and is assessed as a percent of the rate paid to the provider by the CC Financial Assistance Program administered by the CDD. The child care certificate reports the amount of cost-sharing assigned to the family. This information is available on-line through a secure web-site for both the family and the provider they select.

If the rates paid by the State are less than the rate the provider charges unassisted families, the child care provider may require the parent to pay the difference. Providers are responsible for collecting co-payments from families

- c) The attached sliding fee scale was or will be effective as of January 3, 2010.
- d) Does the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- Yes, and **describe** those additional factors:]
- No.

3.5.2 Is the sliding fee scale provided as Attachment 3.5.1 used in all parts of the State? (658E(c)(3)(B))

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

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$18,310.00 (2009 Federal Poverty Level for a family of three eligible for 100% of the state rate).

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

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

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

- Yes.
- No.

3.5.5 Describe how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

Very low income families receiving 90 – 100% of the Vermont CC Financial Assistance Program benefit typically pay significantly less than 10% of family income for child care services.

Vermont structures the financial assistance sliding fee scale to address a cliff effect for families transitioning off of financial assistance for child care.

PART 4

PARENTAL RIGHTS AND RESPONSIBILITIES

4.1 Application Process / Parental Choice

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

- a) How parents are informed of the availability of child care services under CCDF (i.e., parental choice of child care services through a certificate or grant of contract)

Information regarding potential financial assistance for child care and child care options is made available through the Community Child Care Support agencies, the Child Development Division, early childhood agencies including Head Start, Parent Child Centers, Early Education program, Success by Six, and community health services. Reach Up specialists also inform families receiving TANF benefits or transitioning from TANF about options for financial assistance for child care. All of this information is also available on line through the BFIS system and the Child Development Division web site.

- b) How parents can apply for CCDF services

Applications for the child care financial assistance (subsidy) program are available through the BFIS public portal, the Community Child Care Support agencies (CCR&R's), the Child Development Division, the Economic Services offices, as well as all the agencies listed above. Information about the child care system, including applications for the subsidy program, are in a number of agencies in each community. With the conversion to the BFIS system, CDD is encouraging everyone to access information and to apply online.

Applications are filed electronically or by mailing the application or taking it directly to the Community Child Care Support agency. There are staff available in each community agency and at the central office to assist families with the application process, including a BFIS help line to help families apply electronically.

If a family is on TANF and wants to use a legally exempt child care provider, applications are obtained from their Reach Up specialists or online.

The determination of eligibility is made by the Community Child Care Subsidy specialists for all families accessing regulated child care and exempt care. The determination of eligibility is made with information from the Reach Up specialist for families on TANF and they may utilize legally exempt care as well as regulated care in registered homes or licensed centers.

c) What documentation parents provide as part of their application to determine eligibility.

For most families the documentation is:

- Two current consecutive pay stubs or unemployment stubs

Other information may be requested depending on the service need and it can include:

- Adoption agreement
- Self employment Information
- Work search or training plan
- Verification of Child Support

d) How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4 TANF – Reach up workers of the Economic Services Division are key communicators on these issues.

e) What steps the Lead Agency has taken to reduce barriers to initial and continuing eligibility for child care subsidies

Outreach between CCR&R and the public and TANF/Economic Services offices, annual authorizations.

f) **Attach** a copy of your parent application for the child care subsidy program as **Attachment 4.1.1.**

4.1.2 Is the application process different for families receiving TANF?

Yes, and **describe** how the process is different:

No.

4.1.3 What is the length of eligibility period upon initial authorization of CCDF services?
One year

a) Is the initial authorization for eligibility the same for all CCDF eligible families?

Yes. The authorization is for one year but the certificates/vouchers may be for a shorter period of time depending on what the social worker, TANF reach-up worker, team, or physician authorized for each case. Also for “work search” the authorization is for a year but the certificate is created for shorter period of time

- No and **describe** any variations that relate to the services provided (e.g., through collaborations with Head Start or pre-kindergarten programs or differences for TANF families):

4.1.4 Describe how the Lead Agency ensures that parents are informed about their ability to choose from among family child care and group home child care, center-based care and in-home care, including faith-based providers in each of these categories.

Staff within the Community Child Care Support agencies inform parents of the types of providers in the community and makes referral information available. This includes a listing of all providers that can be accessed electronically through the BFIS system. Faith based providers are included in the referral data base.

4.1.5 Describe how the Lead Agency reaches out and provides services to eligible families with limited English proficiency, including how the Lead Agency overcomes language barriers with families and providers.

The state works closely with the Refugee Resettlement Program and the Agency of Human Services Limited English Proficiency Committee to ensure materials are translated appropriately and that the support networks for this population know how to access the subsidy program. CDD has a presence at community events to outreach to families with limited English proficiency.

4.2 Records of Parental Complaints

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

DCF, as the lead agency for the CCDF, utilizes CCDF quality funds to staff the Consumer Education Line. This line is manned from 8:00 a.m. to 4:30 p.m., Monday through Friday, and voice mail assures 24 hour a day, 7 day a week phone access, for anyone wishing to leave information related to a complaint or wanting information on the regulatory status of a child care provider.

The staff for the Consumer Education Line register all complaints. If the complaint is of a nature that would indicate a potential regulatory violation, the complaint is referred to a licenser for follow-up. If the complaint is substantiated, the substantiation is part of the permanent public record, which is available for review upon request. Information on substantiated regulatory violations is given over the phone by the Consumer Education Specialist. All substantiated regulatory history information is also available on line through the BFIS system for the public to access.

Regulatory and complaint information is maintained on all providers who are subject to regulation under Vermont law.

The Consumer Education Line also serves as a statewide vehicle for education about what is quality care and how to locate it. The Consumer Education Line is a 1-800 number, which is published in a variety of brochures and information packets and distributed by the same agencies/individuals listed in 4.1

4.3 Unlimited Access to Children in Child Care Settings

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

Vermont regulations for licensed centers, licensed and registered family child care homes, and legally exempt care providers who are serving children receiving a child care subsidy, require unlimited access for parents to their children when in child care. Providers are made aware of this requirement both through the written regulations and from the licenser or resource development specialist who makes the pre-licensing or registration visit. If a complaint is received that a provider is not abiding by this requirement, a child care licenser investigates the complaint and reinforces the necessity for compliance. Continued violation of this requirement could result in a revocation of the provider's license, registration, or certification. Families are also made aware of this requirement in written materials they receive related to the subsidy program. This information is also posted, with all relevant regulations, on the CDD website and on www.brightfuturesinfo.org.

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: Economic Services Division of the Department for Children and Families.

- "appropriate child care": A child care slot available with a licensed or registered provider which is located within five miles of the caretaker's residence or within five miles of the caretaker's normal route to a program activity or employment and which corresponds to the days and hours when care is needed and which is appropriate to the age(s) and special needs of the child(ren) needing care.
- "reasonable distance": Within five miles of the caretaker's residence or within five miles of the caretaker's normal route to a program activity or employment.
- "unsuitability of informal child care": If the only available child care is with a legally exempt child care provider, the parent or caretaker is not required to use it.
- "affordable child care arrangements": Child care arrangements that require a co-payment of no more than 10% of parents' income.

PART 5

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

5.1 Quality Targeted Funds and Set-Asides

Federal appropriations law has targeted portions of the CCDF for quality improvement and for services for infants and toddlers, child care resource and referral (CCR&R) and school-age child care. For each targeted fund, provide the following information.

5.1.1 Infants and Toddlers:

Note: For the infant and toddler targeted funds, the Lead Agency must **provide** the maximum age of a child who may be served with such targeted funds (not to exceed 36 months).

- a) Describe the activities provided with these targeted funds
- Enhance the child care financial assistance rates for infant and toddler care. Vermont has always had a higher subsidy rate for infant/toddler care that applies to all regulated providers who serve this age group. (Infants are 6wks - 23 months and toddlers are 24-35 months.)
 - Pay an additional differential rate increase for infant toddler care when care is provided by a program participating in the Vermont's Quality Rating and Improvement System "STARS". The rate and potential bonuses will depend on the star level achieved and research based best practice in infant toddler care. See information in 3.1.2 regarding the elimination of program-specific infant-toddler quality enhancement grants due to the proposed change in the child care financial assistance program.
 - Enhance delivery and coordination of training/education and on-site mentoring for infant/toddler teachers. Training curricula will be research-based from such organizations as the Center for Social and Emotional Learning, the Center for Early Literacy Learning and Partnering with Parents/Zero to Three, the Program for Infant Toddler Caregivers among others. We anticipate that some Federal Stimulus funds will be incorporated into this effort as well as utilizing training and support through CCR&R's. Several of the trainers in these agencies have been or will be trained in this curricula and on-site mentoring.
 - Finalize/promote and distribute the Infant/Toddler Guidelines that are near to completion and are called "First Steps: Guiding the Development and Learning of Vermont's Infants and Toddlers".
 - Establish an infant/toddler credential and/or certificate that aligns with "First Steps" and above mentioned training/education curricula.

b) Identify the entities providing the activities

-The Child Care Financial Assistance Program will be managed by CDD in coordination with the Community Child Care Support Agencies (CCR&R's).

- STARS will continue to be promoted through CCR&R's, the STARS administrators, STARS Oversight Committee, CDD, Building Bright Futures and other partners.

-Training will be provided in coordination with the Vermont professional development system managed through the Northern Lights Career Development Center. Delivery will be through a variety of venues and sponsors including CCR&R's, Head Start state-based training and technical assistance, and Vermont's current technical assistance partnership with the Center for Social and Emotional Development and the Center for Early Literacy Learning. (These two technical assistance grants to Vermont have been combined to be called "Foundations for Early Learning" (FEL). Appropriate and approved trainers, mentors and coaches will be recruited for training and/or on-site mentoring/coaching.

-First Steps will be a critical foundation of support for the above training and is intended to be an easy to use and helpful reference for in-place infant/toddler teachers and their supervisors and mentors.

- Too often, the least educated persons are in the position of caring for infants and toddlers. Having career pathways and achievable goals such as infant toddler credentials will assist Vermont in addressing this challenge. The credentials will align with the overall professional development system yet target the knowledge and skills critical to infant toddler teachers.

c) Describe the expected results of the activities.

- More families seeking infant child care will be able to find it and pay for it.

- Families will understand that STARS participation is an indicator of quality that can help them in their search for child care. Most infant toddler providers will participate in STARS.

- The system of professional development for infant and toddler teachers will be coordinated and understood by all stakeholders.

- Infant Toddler teachers will access and benefit from affordable meaningful training/education that includes mentoring, consultation, and coaching. Teachers will be motivated to continue their own professional growth in knowledge and skills. Some may become trained mentors to others.

- Infant toddler teachers will have quality resources and instruction to be better able to support and care for infants/toddlers and their families as professionals.

- Data will be collected to determine effectiveness of training and mentoring/coaching.

5.1.2 Resource and Referral Services:

- a) Describe the activities provided with these targeted funds

Providing child care referral services to all Vermont families seeking assistance in selecting child care and understanding related issues such as quality and payment in a manner approved and supported by the CDD.

Providing a continuum of professional development opportunities for all child care providers in the region, including legally exempt caregivers.

Documenting training activities in a manner established by the CDD including coordination with the Northern Lights Career Development Center and utilization of the CDD Bright Futures Information System.

Training opportunities are provided directly by staff of the agencies and/or through a procurement system with other professionals.

Distributing information for providers and other related agency personnel about professional development and any other relevant information for the provider community.

Implementing strategic plans approved by the Department for Children and Families/Child Development Division (DCF/CDD) that address but are not limited to the following three DCF/CDD 2020 outcomes:

75% of registered and licensed child care is high-quality (i.e.,

3 Stars and working towards 4 or 5, or 4 or 5 Stars, or nationally accredited).

100% of regulated child care programs have access to a continuum of mentoring and technical assistance, including: outreach and on-site delivery to programs (e.g., potential or current specialized child care programs and programs receiving technical assistance due to licensing compliance issues) and on-site follow up linked to professional development activities.

75% of people caring for and educating children in regulated child care will have an Associates Degree or above.

- b) Identify the entities providing the activities

Vermont CCR&R's receive funds from the CDD to provide referral services free of charge to all families eligible for the child care financial assistance

(subsidy) program.

CCR&R's also receive CDD funding for training and related support services, however the CCR&R may charge a reasonable fee to the provider attending training. In Vermont CCR&R's are often called Community Child Care Support Agencies. CCR&R grants have been level funded for several years.

c) Describe the expected results of the activities.

Eligible families will receive child care referral services and all child care providers will have access to a coordinated continuum of training and educational supports that are linked to the overall Vermont system of professional development. The web based CDD child care data system the Bright Futures Information System (BFIS) will be the primary tool to collect data on these activities

5.1.3 School-Age Child Care:

a) **Describe** the activities provided with these targeted funds

The CDD supports the development and delivery of adequate and appropriate school age care in the following manner:

Note: Vermont now uses the term “afterschool” consistently when referring to all versions of regulated school age care to be aligned with a national trend for communications purposes.

The designation of an Afterschool Systems Director within the CDD with specialized background in school age child care to provide technical assistance and oversee the development of the system of afterschool care.

Grants for quality improvement of afterschool care programs, including grants to support programs in achieving a star level or national accreditation and for reimbursement of national accreditation application fees. In addition, if the afterschool program has obtained a national accreditation and if the provider is in **Vermont's Quality Recognition System “STARS” (Vermont SStep Ahead Recognition System)**, currently a higher rate is paid for child care services depending on the star level achieved. Due to the proposed changes to the child care financial assistance program (See attachment 3.2.1.b) programs with specialized contracts/grants related to ongoing services (not start-up) have been notified of the State's intention to shift funding from program-specific grants to the overall child care financial assistance program as of November 7, 2009. Doing this will provide the benefit of enhanced rates for quality infant-toddler care and school age care. Actual finalization of this change will be over the summer and the required legislative approval will be sought. Legislators are, in general, supportive of the significant changes proposed to the payment system but synthesis of public feedback from 14 public meetings is still in process.

Partially fund an annual statewide afterschool conference coordinated with major afterschool program partners.

Development of a statewide afterschool professional association, the **Vermont School Age Care Network (VSACN)**; and to support VSACN in achieving state affiliation status with the National AfterSchool Association (NAA).

Partially fund VSACN coordination of a *Mentors for Quality Program* for CDD afterschool grantees in their efforts to achieve quality standards in the national program accreditation and/or Vermont's Quality Recognition System "STARS".

Fund a contractual position under the CDD grant to the Northern Lights Career Development Center to support the design and implementation of a professional development system for afterschool professionals working in regulated care programs, and to coordinate these services with services provided through the 21st Century funds, the early care and education system and those serving older youth.

Piloting a Vermont Afterschool Professionals Credential in conjunction with the Northern Lights Career Development Center.

DCF/CDD funds accommodation grants using several funding sources to assure school age children with special needs have access to appropriate care

Partnering with the statewide afterschool network that is now called the Vermont Center for Afterschool Excellence and serving on their steering committee.

Maintaining a set of established Vermont child care licensing standards for school age child care.

- b) **Identify** the entities providing the activities
- c) CDD staff person in a full time permanent position of Afterschool Systems Director (ASD).
- d) CDD staff for administrative oversight of grants quality bonuses, subsidy differentials with assistance from administrative support staff, volunteer grant reviewers from the field; financial assistance staff and payment by the DCF business office.
- e) Included in the grants program.
- f) Conference co-chairs from the collaborative committee members and leaders of VSACN
- g) The volunteer VSACN board, a non-profit fiscal agent, and a paid coordinator, with grant oversight by the ASD.
- h) Managed by the VSACN coordinator and a volunteer VSACN committee in cooperation with the ASD for the CDD grants program.
- i) The grant is managed by the Unit Director, Quality Improvement and Workforce Development (QIWD), and the consultant's work is supervised by

- the ASD. The Afterschool Professional Development Framework (APDF) committee members are volunteer stakeholders from the afterschool field.
- j) Designed by the APDF committee and managed by the Afterschool Consultant in coordination with CDD and NLCDC staff.
 - k) Managed by the Children’s Integration Specialist in the QIWD unit.
 - l) Constantly the CDD ASD and the VSACN Coordinator, with other VSACN leaders joining for broad-based meetings or events.
 - m) The Child Care Licensing Unit Director and staff with consultation from the ASD and other staff supports within the CDD and DCF. Regulations are subject to regulatory reviews that include stakeholder input as well as representation on a review team and opportunities for public comment.
- n) **Describe** the expected results of the activities.

Defined outcomes are to:

- 1) Unify a statewide system that ensures representation of the school age child and their families in state policies, planning and decisions affecting their child development needs in the out-of-school hours.
- 2) Increase the capacity and quality of afterschool services statewide for greater numbers served.
- 3) Align policy and practice with key afterschool stakeholders, including care providers from the private sector and the 21st Century Community Learning Centers.
- 4) Strengthen the quality, accessibility and affordability of professional development for the afterschool workforce.
- 5) Apply Vermont and national research to afterschool systems development to inform CDD outcomes measures.

5.1.4 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 targeted funds) during the 1-year period: October 1, 2009 through September 30, 2010:

\$2,469,535 (9 %)

5.1.5 Check each activity in Table 5.1.5 that 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 targeted funds for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h)). **CHECK ALL THAT APPLY.**

Table 5.1.5 Activities to Improve the Availability and Quality of Child Care

PLAN FOR CCDF SERVICES IN: **[VERMONT]**
FOR THE PERIOD 10/1/09 – 9/30/11

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
Comprehensive consumer education	<input checked="" type="checkbox"/>	CCR&R Agencies and CDD Child Care Consumer Line	<input checked="" type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	Dept for Children & Families, Child Development Division	<input type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	Dept for Children & Families, Child Development Division	<input type="checkbox"/>
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	Northern Lights Career Development Center	<input type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	Dept for Children & Families, Child Development Division	<input type="checkbox"/>
Activities to support a Quality Rating System	<input checked="" type="checkbox"/>	Learning Partners, Inc.	<input checked="" type="checkbox"/>
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	Northern Lights Career Development Center and Vermont Center for the Book, Stern Center for Language and Learning, Humanities Council and VSA Arts	<input checked="" type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	Child Care Resource & Referral	<input checked="" type="checkbox"/>
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	Dept. for Children & Families, Child Development Division and Head Start	<input type="checkbox"/>
Other quality activities that increase parental choice, and improve the quality and availability of child care.	<input checked="" type="checkbox"/>	Child Care Resource & Referral	<input checked="" type="checkbox"/>

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
(\$98.51(a)(1) and (2))			

5.1.6 For each activity checked in Table 5.1.5, a) **describe** the expected results of the activity. b) If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

- Comprehensive Consumer Education:

- A) Public Education:

The CDD and VACCRRRA have worked together and created a forum to learn from parents in order to inform CDD of strategies that will assist the CDD in communicate with the families they serve. The follow up from on information from this process will be integrated in CDD outreach efforts.

- B) Resource and Referral:

Grants to the 12 community-based child care support agencies include funding for resource and referral activities. The expectation is that any family needing assistance in locating care will have support and appropriate information. Each agency reports on the impact of these activities annually. The 2009 – 2010 grants for these services require a strategic plan with measurable goals. The plans, measures and outcomes will be shared with the Child Development Division (see 5.1.2) and evaluated.

- Grants for meeting standards:

- A) Bonuses awarded to programs because of their accreditation or STARS participation may be used to assist licensed programs and registered homes to comply with the Vermont Early Learning Standards and Child Care Regulatory Requirements. The number of programs meeting these standards is tracked by the CDD.

- B) The CDD has implemented a graduated system of recognition known as STARS that recognizes programs that meet higher standards beyond the basic regulatory requirements. The expectation is this support will move programs to higher standards.

- Monitoring:

The CCDF is used to partially fund staff to manage the Child Care Consumer Line to enhance our capacity to provide licensing enforcement and technical assistance. The expectation is adherence to requirements that are designed to ensure the health, safety and developmental well being of children in care. Statistics on regulatory compliance are maintained by the CDD and used in evaluating regulatory compliance and establishing policies.

▪ Professional Development:

A) The 12 community child care support agencies receive funds for professional development activities and for recruitment of providers, particularly for evening and weekend care. They provide or procure professional development activities which are available to regulated and exempt care givers.

B) The Child Care Apprenticeship Program develops and integrates resources to support including mentoring and professional development, including college level coursework. The statewide program has been formally assessed by an evaluation team at the University of Southern Maine. This includes analyzing data of increased knowledge and skills of apprentices and their mentors as well as the impact on the larger child care community.

C.) The Northern Lights Career Development Center established in 2005 through CDD funding has been successful in creating a more coordinated professional development system with clear competencies for early childhood professionals, afterschool care providers, program directors and early childhood mental health practitioners. Also developed has been an instructor registry system and guiding principles of the overarching system based on broad feedback from stakeholders. More work lies ahead in further development of the system but a major amount of work has been accomplished as evidenced by the material on the Northernlightscdc.org website. Other related providers of education have been included as the system and resources have been developed. This virtual center has brought together a range of professional development opportunities and supports the public awareness of this system in concert with the CDD and other partners such as CCR&R's and the Statewide Professional Preparation and Development Committee.

The contractor for the Northern Lights Career Development Center (NLCDC) is the Community College of Vermont (CCV) in partnership with the Vermont Child Care Industry and Careers Council who were the co-applicants for the grant to develop and manage this system. The NLCDC, in partnership with the CDD and the statewide professional preparation and development committee, also works with all higher education institutions to help assure articulation of credits and a full range of professional development opportunities. The Northern Lights Career Development Center must complete and or make measurable progress on stated objectives of the contract i.e.: develop a statewide, coordinated, competency-based career development system, maintain a web site, develop instructor registry, develop credentials, and provide support for career guidance.

▪ Compensation for Providers:

A) Vermont has instituted a graduated system of recognition called STARS. Providers receive a CDD subsidy rate increase of 4-20% depending on the star level. This “stars rate enhancement” percentage may change as the child care financial assistance program is updated. Providers also receive a bonus at the time of being rated that ranges from \$250 to \$1550, again depending on the number of STARS earned. The percentage of rate increase linked to star level may change as the system base rate increases but there will continue to be an enhanced rate in recognition of quality efforts linked to STARS.

C) Funding permitting bonuses will be awarded to child care providers who achieve certain markers of professional development. These bonuses will be aligned with the Northern Lights Career Development (NLCDC) Ladder and range from a (proposed) \$100 for achieving level one of the NLCDC ladder to \$1,200 for a Bachelor Degree. \$500 bonuses are proposed for specific certificates and credentials such as the Director Credential and others as they develop including an infant toddler credential. A \$1,000 accreditation bonus is also available to all providers regardless if they serve subsidized children. It is awarded each time accreditation is received or renewed. Numbers of providers receiving all types of bonuses are tracked by CDD.

Quality Recognition and Improvement System:

Vermont has developed and implemented a QRIS called STARS the (STep Ahead Recognition System). This has grown steadily of the past 4 years and 30% of providers are participating. A great deal of data is collected and reported on and the work of the QRIS is overseen by the CDD and the STARS Oversight Committee. All are working diligently to enhance whenever possible the STARS capacity to improve quality and outcomes for children. One of the original goals to engage more programs in quality recognition process has been achieved. Regular quarterly reports on STARS are produced by Learning Partners Inc. and widely distributed. Most recent Quarterly Report of STARS statistics is attached.

Early Language, Literacy and Numeracy:

The CDD is a partner with the Vermont Center for the Book, the Humanities Council, the Stern Center for Language and Learning and Very Special Arts of VT and the newly developed Foundations for Early Learning program in supporting a variety of literacy, language and numeracy activities for home and center-based providers. The providers of this education evaluate their services as part of their practice and grant requirements from a variety of sources.

▪ Inclusion:

Inclusion of children with special needs is supported through:

- 1) Specialized training to providers to enhance their ability to care for children with differing needs;
- 2) Grants to programs to support accommodations for children including funding for individual aides;
- 3) Mental health consultation to regulated programs, including family child care homes, to assist in providing appropriate services to children with behavioral issues; and
- 4) A Specialized Services Differential of 15% of the usual CC Financial Assistance Program rate to support providers in meeting the needs of special needs children participating in the CC Financial Assistance Program administered by the CDD.

▪ Healthy Child Care Vermont:

The Healthy Child Care Vermont project has created a statewide system of consulting and training provided through nurses employed through the Vermont Department of Health and a designated CDD staff person who assists in the overall support of this program. Recent funding cuts and realignment of budgets in the health department are challenging the continuation of some of this work, however there is a working relationship between public health and child care providers and CCR&R's that was not present prior to this program. All of the work related to the promotion of health and social wellbeing is connected to the ECCS Grant described below.

▪ Early Childhood Comprehensive Systems Grant (ECCS):

Vermont's Early Childhood Comprehensive System (ECCS) Initiative is administered by the Vermont Department for Children & Families/CDD, in partnership with the Vermont Departments of Health and Education, and it is supported by a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Through ECCS, an Early Childhood Systems Implementation Plan was developed in 2006 and incorporated into the present systems building work of Building Bright Futures. A Health and Early Childhood System Coordinator works for the CDD and continues to work to support the vision of this project.

▪ Increasing Parental Choice:

Grants for expansion of infant and toddler programs and for afterschool care have been awarded annually to address capacity issues for this type of care. The grantees report annually on the outcome of these grants. To date over 300 infant/toddler slots have been created and capacity for afterschool care has increased by approximately 400 slots. However, the proposed changes to the child care financial assistance program will result in not continuing with a relatively few provider specific grants and instead will result in

higher rates being paid for infant toddler care in all settings. The hope is that this change will result in more choices for families seeking infant toddler care.

▪ Other Quality Activities:

Quality funds are used to support child care networks which began with the Starting Point grant from the Carnegie Foundation. Funds provide for enhanced peer mentoring activities and to complement training provided through CCR&R's and the accreditation projects provided through the Vermont Association for the Education of Young Children and the Vermont Child Care Providers' Association. Starting Points networks are regionally based networks of child care providers who meet regularly and conduct regional surveys. Information gathered includes impact of Starting Points on retention, and self-assessed program quality improvement.

▪ Improving Availability of Child Care:

The Community Child Care Support agencies work within their regions to outreach to new providers and to inform the community about the need for quality child care options for families. We hope through enhanced connections with children's integrated services and the growth of STARS that additional partners including parents will become engaged in the outreach to new programs and to encourage existing programs to improve.

5.2 Early Learning Guidelines and Professional Development Plans

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

NOTE: Check only one box that best describes the status of your State/Territory's three-to-five-year-old guidelines.

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____ If possible, respond to questions 5.2.2 through 5.2.4.
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____ If possible, respond to questions 5.2.2 through 5.2.4.
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1, if available**.
- 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 5.2.1**.

Revising. The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1.**

Other. Describe:

a) **Describe** the progress made by the State/Territory in developing, implementing, or revising early learning guidelines for early learning since the date of submission of the 2008-2009 State Plan. Efforts to develop early learning guidelines for children birth to three or older than five may be described here.

Vermont continues to provide technical assistance in meeting the Vermont Early Learning Guidelines to regulated early childhood programs, in schools, centers and home based settings. The Northern Lights Career Development ladder incorporates professional development on the Vermont Early Learning Guidelines. The guidelines are integrated into the Pre-k legislation and into the Vermont Quality Recognition and Improvement System “STARS”. There is also a Parent’s Guide to the Vermont Early Learning Standards “Guiding Your Child’s Early Learning”. The birth-to-three guidelines are close to completion and will inform training of infant toddler teachers as described in section 5.1.

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

Yes. If yes, **identify standards:**

Head Start Child Outcomes, NAEYC Standards and the Vermont Framework of Standards and Learning Opportunities.

No.

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

Yes. If yes, **describe:**

The standards are written to encompass a full range of curricula including High Scope and Creative Curriculum.

No.

d) Have guidelines been developed for children in the following age groups:

Birth to three. Guidelines are included as **Attachment 5.2.1**

Birth to five. Guidelines are included as **Attachment 5.2.1**

Five years or older. Guidelines are included as **Attachment 5.2.1**

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

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

Yes.

No.

a) Do the guidelines for children three-to-five-year-olds address other domains such as social/emotional, cognitive, physical, health, or creative arts?

Yes. If yes, **describe**.

Domains included in the Vermont Early Learning Standards are:

1. Approaches to Learning
2. Social and Emotional Development
3. Language, Literacy and Communication
4. Mathematics
5. Science
6. Creative Expression
7. Physical Health
8. Development and Social Studies

No.

5.2.3 Implementation of Voluntary Early Learning Guidelines.

a) Indicate which strategies the State used, or expects to use, in implementing its early learning guidelines.

Check all that apply:

- Disseminating materials to practitioners and families
- Developing training curricula
- Partnering with other training entities to deliver training
- Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- Other. Describe: Providing assistance in obtaining professional credentials including teacher licensure.

b) Indicate which stakeholders are, or are expected to, actively support(ing) the implementation of early learning guidelines:

Check all that apply:

X Publicly funded (or subsidized) child care
X Head Start
X Education/Public pre-k
X Early Intervention
X Child Care Resource and Referral
X Higher Education
X Parent Associations
X Other. Describe: Home visitors who make "Welcome Baby" visits to families with a newborn--for the older child in the family

c) Indicate the programs that mandate or require the use of early learning guidelines

X Publicly funded (or subsidized) child care
X Head Start
X Education/Public pre-k
X Early Intervention
0 Child Care Resource and Referral
0 Higher Education
0 Parent Associations

X Other. Describe: Vermont Child Care Industry and Careers Council, Inc. VCCICC ensures that courses sponsored by the VCCICC incorporate VELs into the approved curricula for registered apprentices and other child care providers.

d) Describe how cultural, linguistic and individual variations are (or will be) acknowledged in implementation.

Diversity is part of the guiding principles for the standards and is reinforced throughout the standards. Individual variations in development are addressed throughout as well. When the parent companion to the VELs was written, we reinforced the idea of everyday activities and made sure none of them required special materials, access, or abilities that even the most rural and low-income families didn't have available.

e) Describe how the diversity of child care settings is (or will be) acknowledged in implementation.

The standards were written broadly enough to be implemented in all of Vermont's regulated child care settings. The technical assistance has been designed to support home and center based providers to implement the standards.

Materials developed to support implementation of the guidelines are included as Attachment 5.2.3. If these are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

Include a link to the Trainer's Manual:

http://education.vermont.gov/new/pdfdoc/pgm_earlyed/pubs/trainers_manual.pdf

And the Parent Guide: http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/2006-VELS_Parent_Guide.pdf

and the poster: http://education.vermont.gov/new/pdfdoc/pgm_earlyed/pubs/vels_poster.pdf

5.2.4 Assessment of Voluntary Early Learning Guidelines. As applicable, describe the State's plan for:

a) Validating the content of the early learning guidelines

a) Assessing the effectiveness and/or implementation of the guidelines

b)

One of the eligibility criteria for participating in public prekindergarten as a child care, Head Start, or preschool program is to demonstrate that the curriculum is aligned with the Vermont Early Learning Standards.

c) Assessing the progress of children using measures aligned with the guidelines. The guidelines are aligned with two child assessment tools: Work Sampling System, and the Creative Curriculum Developmental Assessment (alignment done by the publishers of the tools). These two instruments are the approved assessment tools for Vermont's state-funded prekindergarten program. All child care, Head Start, and preschool programs are required to use one of the two tools, and data will be collected beginning this July.

d) Aligning the guidelines with accountability initiatives See above.

Vermont has a Kindergarten readiness survey which includes assessment of school readiness by both the receiving Kindergarten teachers and parents of the children. Last year the surveys were revised to align with the early learning standards domains. Information obtained from that survey includes information on the type and duration of participation in regulated early childhood programs prior to Kindergarten entry.

That survey will be one measure of the impact the guidelines are having on practice related to school readiness.

Ongoing feedback from early childhood professionals who are trained on and are using the guidelines will be collected to assess the ongoing effectiveness of the training on the use and application of the VELs. Vermont has participated in a multi-state initiative measuring school readiness, using the Kindergarten Readiness Survey.

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

5.2.5 Plans for Professional Development. Indicate which of the following best describes the current status of the Lead Agency's efforts to develop a professional

development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box that best describes the status of your State's professional development plan.**

- Planning.** Are steps underway to develop a plan?
- Yes, and **describe** the entities involved in the planning process, 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.
- No.
- Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5**, if applicable.
- Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5**, if applicable.
- Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5**.
- Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 08-09 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5**.
- Other. Describe:** Vermont has a shared vision and comprehensive plan for Professional Development (PD) for early care and education practitioners as well as practitioners working in after school programs – this is overseen by the Northern Lights Career Development Center (NLCDC) Advisory Board but is not contained in any single document. Part of the PD plan for Vermont, contained in the NLCDC mission, is clearly articulated in the ECCS/BBF Plan included as Attachment 2.1.3 and encompasses both early care and education professionals and other professionals working with young children in the areas of health, mental health and special education. A description of the expectations for NLCDC is included in Attachment 5.2.5 as an illustration of the systemic PD activities Vermont is moving forward on.

a) Describe the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2008-2009 State Plan.

VT conducted a state wide survey of professional development in 2008 and has utilized the results to guide on-going planning by the NLCDC Advisory Board. As stated above, the PD plan in VT is not a single document but rather an on-going process of collaborative systems development. The evolving work moves forward and includes the components described below.

b) If developed, does the plan include (**Check EITHER yes or no for each item**):

	Yes	No
Specific goals or desired outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Credentials – 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 type="checkbox"/>	<input checked="" type="checkbox"/>

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

Professional Development Components:

1. Desired Outcomes:

To assure all providers in the early care, health and education system have access to a continuum of professional development opportunities up to and including advanced college degrees.

To ensure professional development opportunities are organized and offered in a manner that supports each providers personal professional development plan and results in their competence and the success of the children they serve.

2. A link to Early Learning Guidelines:

The Vermont Early Learning Standards are being integrated into all professional development opportunities. The community based resource development specialists and staff at the Northern Lights Career Development Center are responsible for assuring this component.

3. Continuum of training and education to form a career path:

A Vermont Career Lattice and Guide for Planning Professional Growth was developed in 2001 and has been updated to the Career Advising Guide for Early Childhood Professionals. This serves as a foundation for the early childhood workforce and the work the Northern Lights Career Center which is now engaged in ensuring the interrelationship and relevance of all training provided through the system.

Core to all training are also the competencies that have been developed and are also on the Northern Lights website: Vermont's Early Childhood and Family Mental Health Competencies, Core Competencies for Afterschool Professionals, and Core Competencies for Early Childhood Professionals

4. Articulation from one type of training to the next.

Articulations of trainings comparable for some level II courses are in place and there is work underway to establish an articulation process to achieve Level I. and comparability to the introductory 45 hour Fundamentals course.

5. Quality Assurance through approval of trainers

Vermont now has an instructor registry to assure approved/qualified trainers. This system is also progressive in that less experienced trainers begin through a mentoring process. Instructors in the registry indicate what courses and content they are qualified and would like to instruct. This data base can be searched by CCR&R's and others.

6. Quality Assurance through approval of training centers:

The primary responsibility for assuring numbers 4-6 is with the Northern Lights Career Development Center which is funded through a contract with the CDD. There is an advisory board for the Center which includes representation from the provider community, public education and higher education. The scope of work for the Career Development Center is part of attachment 5.2.5 as is the website where the career ladder and all the competency documents can be found.

7. A system to track practitioners training:

The BFIS data system within the CDD was created with the capacity to track practitioners training. This system is web based and allows for practitioners to enter and track their own training as well as for verification of participation from the sponsoring entity who provided the training. The Career Development Center has a direct link to this tracking system and is a key resource in verifying the training as well as entering the information into BFIS.

A great deal of outreach to the provider community has been undertaken and this aspect of BFIS is seeing increased utilization. Providers are beginning to appreciate seeing their professional development resume grow and the capacity of the CDD also grows in its understanding of the professional development status of the workforce.

Providers who have attended training linked to BFIS receive a Quality and Credentialing card to remind and support them in understanding and using this aspect of BFIS.

8. Assessment or evaluation of training effectiveness:

The CDD is working with community child care resource development specialists, the Career Development Center and the Professional Development Committee of the Building Bright Futures Council to strengthen accountability measures including a more consistent approach to measuring the effectiveness of training. This includes moving more toward a mentoring model to assess the provider's ability to apply what has been taught in the early childhood environment.

9. State Credentials:

The Vermont Directors Credential Level I and II has been developed and the final Level III is about to be completed. Afterschool certificates and credentials have been developed and an infant toddler credential will be developed after the First Steps document has been finalized.

10. Specialized Strategies to reach family, friend and neighbor caregivers:

While the CDD has encouraged efforts to target training activities at the community level to informal caregivers, and they are welcomed and encouraged to participate in ongoing training events, there has not been a targeted strategy to develop specific training for this population of providers. It is a need that the State needs to address as we revise the regulations for Legally Exempt Care.

The recently offered region one technical assistance through ACF has provided excellent ideas and will help Vermont build on the current resources such as the recently developed training for kinship care. We look forward to enhancing our outreach and support to family friends and neighbor caregivers.

11. Other

Early Childhood Mental Health competencies have been completed since the last state plan as have the Program Director Competencies. The Northern

Lights Career Development Center is working with CDD and the Early Intervention System to develop professional development opportunities designed in accordance with the competencies related to the ECMH competencies and completing work on the third level of the director credential. These competencies are both available at www.northernlightscdc.org and hard copies are included as attachments.

The CDD offers regional and statewide collaborative training grants for up to \$1,500 to support collaboratively identified training needs and offers grants to assist with the cost of college courses for child care providers. These and other types of CDD grants are listed in the Bright Futures Information System under “resources” and can be downloaded from this site.

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

e) Are the professional development opportunities described in the plan available:

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

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

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

Early language, literacy, pre-reading and early math concepts development are integrated into all professional development opportunities. The Vermont Early Learning Standards is a core guide to ensure these concepts are appropriately addressed in all areas of the early childhood curricula. Since the last state plan, progress has been made to ensure quality and consistency of statewide learning content, specifically in the Northern Lights Career Development Ladder introductory level I and level II course curricula. More information can be found on the Northern Lights Career Development website www.northernlightscdc.org. Bonuses will be linked to achievements and markers on this the career ladder that also includes degrees, credentials, experience and individual professional development plans.

g) 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.

Vermont has offered incentives for professional development for years, including bonuses for achievements and tuition assistance for individuals. Support for courses or mentoring through organizations that enhance teacher skills in literacy (or math) is also a component of the system. Organizations such as the Vermont Center for the Book “Mother Goose” series, Vermont Humanities Council’s “Early Birds and Book Worms”, the Stern Center for Language and Learning “Building Blocks” program and the “Start with the Arts” program of VSA Arts of Vermont. College courses scholarships also assist participants in teacher licensure programs and targets supporting child care providers who have a degree but do not have an educator’s license to become licensed. Overall professional competence is the goal.

Most recently and into the 2010 plan there will be support for the implementation of information gained through the technical assistance Vermont has received from the Center for Social Emotional Foundations of Early Learning (CSEFEL) and the Center for Early Literacy Learning (CELL). Vermont has combined this technical support under the name of Foundations for Early Learning “FEL”

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

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

- Yes. **Describe** how the professional development plan’s effectiveness/goal is assessed.

The assessment includes tracking the number of providers participating in and completing professional development activities including increased credentials, self evaluation by participants and evaluation by all grantees/contractors annually. The Professional Preparation and Development Committee has conducted surveys of the workforce and this is guiding ongoing planning and development of the professional

development system as well as evaluating its effectiveness. The most recent survey is attachment 5.2.3.

- No. **Describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

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

- Yes. **Describe** how specific professional development initiatives or components' effectiveness is assessed.

The STARS Oversight Committee and the STARS program administrators are engaged in ongoing assessment of the STARS program. Excellent data has been collected and they continue to explore how to document its impact on the stated goals of the program as well as its impact on children and families. To this end the STARS Oversight Committee through the CDD and ACF/NCCIC funded consultant are enhancing this effort during 2010-11. There is also an advisory structure for the Northern Lights Career Development Center and the Child Care Industry and Careers Council. Evaluation of quality of course content and instructors are components of the work and are grant expectations.

- No. **Describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

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

- Yes. **Describe** how assessment informs the professional development plan.

Based on evaluation/assessment information, the state with our partners and the Professional Development Committee of Building Bright Futures engages in an ongoing process of making modifications to the plan and changes to specific programs.

- No. **Describe** any plans to include assessment to inform the professional development plan.

PART 6 HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

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

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. **Note: This database typically contains information on licensing requirements for meeting State or local law to operate (§98.40). This database does not contain registration or certification requirements specific only to participation in the CCDF program.**

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/>.

CCDF regulations (§98.2) define the following categories of care:

- **Center-based child care provider:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

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 per the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if center-based providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

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:

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:

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

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for center-based child care services provided under the CCDF

6.2 Health and Safety Requirements for Group Home Child Care 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? **Note:** Some States

use the term certification or registration to refer to their licensing regulatory process. Do not check “Yes” if group home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

- 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.
- N/A. Group home child care is not a category of care in this State. Skip to Question 6.3.1

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:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for center-based child care services provided under the CCDF

6.3 Health and Safety Requirements for Family Child Care 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? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check “Yes” if family child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

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:

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

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for center-based child care services provided under the CCDF

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

Note: Before responding to Question 6.4.1, **check** the NRCHSCC's compilation of licensing requirements to verify if **in-home child care** as defined by CCDF and your State is covered. If not, **check** no for 6.4.1. Do not check "Yes" if in-home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

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?

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.

All providers caring for children in the child's home are exempted from licensing in Vermont. CC providers caring for children from 2 or less families in their own homes may be exempted from registration or licensing.

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:

As part of the application process to be approved for payment under CCDF, Legally Exempt CC providers must agree to the following conditions relevant to each of these categories:

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

- written certification from parents that children have had all age appropriate immunizations
- appropriate handwashing for themselves and the children in their care
- appropriate caution, protection and thoroughness in cleaning up blood and other bodily fluids

b) Building and physical premises safety

- written certification that the premises in which care is provided has a functioning smoke detector and an up to code fire extinguisher
- prevention of children's access to stoves, pools, poisons, wells, known vicious animals, weapons, medication, toxic chemicals, bodies of water and heating devices

c) Health and safety training

- immediate supervision of children at all times
- protection of children from conditions that threaten their health, safety and well being
- no smoking during hours of care
- no corporeal punishment, hitting, spanking, pinching, or confinement to inappropriate areas
- appropriate automobile restraints
- adequate first aid supplies
- written permission from parents for emergency medical care and prior to giving medication to children

d) Other requirements for child care services provided under the CCDF

- 18 years of age
- HS diploma or GED
- criminal and child abuse and neglect clearances for the provider and all members of their household
- reporting suspected child abuse and neglect
- unlimited access to children in care by their parents at all times without delay

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 a) describes those requirements and b) identifies the relatives they apply to:

6.6 Enforcement of Health and Safety Requirements

6.6.1 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)) **Describe** how health and safety requirements are effectively enforced, including at a minimum:

- a) 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 **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:

All Licensed centers, licensed homes, registered child care homes and certified legally exempt providers are subject to routine, unannounced licensing visits. Unannounced visits occur when there has been a complaint or following a scheduled visit where concerns have been identified. Random visits, as part of routine compliance monitoring, also occur.

- No.

- b) Are child care providers subject to background checks?

- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

All regulated child care providers, including certified legally exempt providers, are subject to criminal record and child abuse registry records checks. All staff in licensed or registered care are included. All residents age 16 and older in home-based care, including legally exempt care, are also subject to the criminal record check; all residents in the home are subject to the abuse registry screen regardless of age.

- No.

- c) 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 **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

Injuries requiring medical treatment are to be reported within two working days of the injury. With the BFIS system, these reports can now be entered and tracked electronically.

- No.

- c) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

The lead agency provides access to a detailed description of the licensing requirements applicable to child care services provided in the State. The following is a description of how such licensing requirements are effectively enforced: [658(c) (2) (E)].

Vermont utilizes a combination of technical assistance, consumer education, and regulatory monitoring to assure licensing requirements for all levels of care that are eligible to be subsidized with public funds are enforced. These measures include the following activities, which are specific to the category of child care provider.

(1) Licensing Centers

- a. The center is given a copy of the regulations by the licenser at the pre-licensing visit(s).
- b. Parents are given copies of the regulations by the center. They can also access them through the Child Care Information Line and BFIS.
- c. Approximately one on-site inspection by licensing staff is conducted annually. Limited funding to increase the number of licensers has been a challenge for Vermont and is regularly requested and supported by the Child Care Advisory Board report to the Legislature.(Attachment
- d. An on-site inspection by the Vermont Department of Labor and Industry for fire and safety requirements.
- e. Widely publicizing the Consumer Complaint procedures, including posting on BFIS.
- f. Responding to complaints from parents, staff and community members by in-person investigative visits by licensing staff.
- g. Offering training regarding standards and their application to quality through the Community Child Care Support Agencies.

(2) Family Child Care Homes

- a. The potential registrant is given a copy of the regulations at the mandatory pre-registration visit conducted by the licenser or child care resource development specialist.
- b. Parents are given copies of the regulations by the provider.
- c. Monitoring compliance by random, on-site inspection visits by licensers.
- d. Widely publicizing the Consumer complaint procedures, including posting on BFIS.
- e. Responding to complaints from parents and community members by in-person investigative visits by licensing staff.
- f. Offering training regarding standards and their application to quality through the Community Child Care Support Agencies/Career Development Center.

(3) Subsidized Legally Exempt Care (In-home)

- a. The potential provider is sent a copy of the regulations by the Licensing Unit within the Child Development Division.
- b. Parents are given a copy of the regulations by the Community Child Care Eligibility Specialist, their Reach Up Worker, or the Economic Services Division eligibility specialist.
- c. Widely publicizing the consumer complaint procedures.
- d. Responding to complaints from parents and community members by in-person investigative visits by licensing staff.
- e. Offering training to Legally Exempt providers through the Community Child Care Support Agencies.

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)

CCDF regulations (§98.2) define the following categories of care:

- **Center-based care:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

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

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

- a) The prevention and control of infectious disease (including age-appropriate immunizations) _____
- b) Building and physical premises safety _____
- c) Health and safety training _____
- d) Other requirements for child care services provided under the CCDF

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

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

- a) The prevention and control of infectious disease (including age-appropriate immunizations) _____
- b) Building and physical premises safety _____
- c) Health and safety training _____
- d) Other requirements for child care services provided under the CCDF

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

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

- a) The prevention and control of infectious disease (including age-appropriate immunizations) _____
- b) Building and physical premises safety _____
- c) Health and safety training _____
- d) Other requirements for child care services provided under the CCDF

7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

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

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

d) Other requirements for child care services provided under the CCDF

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

7.6.1 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))
Describe how health and safety requirements are effectively enforced, including at a minimum:

a) 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 **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:
- No.

b) Are child care providers subject to background checks?

- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:
- No.

c) 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 **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

No.

d) Describe any 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
CCDF PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

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

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

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- (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/or priority for CCDF-funded child care services, Lead Agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

- *in loco parentis* – In the absence of the parent, a legally appointed guardian, including the State.
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) - A physical or mental condition as documented by a physician/psychologist which prohibits the child from being able to safely care for him/herself.
- *protective services* – A set of personalized and planned child development services designed to intervene positively in a child’s life. It is used as an intervention strategy in the implementation of the Department for Children and Families - Family Services Division case plan. Protective services includes children who are in foster care.
- *residing with* - Two or more persons living in the same household at least one of whom is a primary caretaker (parent).
- *special needs child* –(a) A person under the age of nineteen (19) who is eligible for special education services in accordance with an Individualized Education Plan (IEP) an Individual Family Services Plan (IFSP) or a 504 Plan and who is not capable of safely caring for his/herself; or (b) A person who is age 13 but under 19 who has a documented physical, emotional, or behavioral condition that precludes the person from providing self-care or being left unsupervised, as verified by the written report of a physician, licensed psychologist, or court records.
- *very low income* – Families eligible for 90% - 100% of the child care financial assistance (subsidy) rate on the sliding fee scale.
- **List and define** any additional terminology related to conditions of eligibility and/or priority established by the Lead Agency

APPENDIX 3: ADDITIONAL CERTIFICATIONS

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

1. **Assurance of compliance with Title VI of the Civil Rights Act of 1964:**
<http://www.hhs.gov/forms/HHS690.pdf>
2. **Certification regarding debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
3. **Definitions for use with certification of debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
4. **HHS certification regarding drug-free workplace requirements:**
<http://www.acf.hhs.gov/programs/ofs/grants/drugfree.htm>
5. **Certification of Compliance with the Pro-Children Act of 1994:**
<http://www.acf.hhs.gov/programs/ofs/grants/tobacco.htm>
6. **Certification regarding lobbying:**
<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.

REQUIRED ATTACHMENTS

List all attachments included with this Plan.

2.2.2
3.2.1.a
3.2.1.b
3.2.2
3.2.3
3.5.1
4.1.1
5.2.1
5.2.3
5.2.4

Attachment 2.2.2 The Plan and dates of hearings are posted on the Child Development Division's website as well along with a survey monkey mechanism to provide feedback on the plan. Notices were sent to major newspapers. The draft of the plan (and the date, time and location of the public hearing when known) was presented and reviewed at the Child Care Advisory Board.

The Child Development Division directly emailed all child care providers for whom there are email addresses to inform them of the Plan being available to be viewed and commented upon on the CDD website. Approximately 85% of the providers were reached in this way. The Early Childhood list serve was also utilized to notify the public, the network of CCR&R's were notified by phone conferences and via email the child care leadership list serve was also a venue to inform. Many family child care home providers and leaders of provider networks participate in this list serve.

Copies of the Plan were also available upon request from the CDD as of 5/22/09. Written comments or comments on the CDD website were accepted by the CDD until 6/23/09. Much of the content of the Plan as it relates to professional development was developed in concert with the statewide professional development committee and related subcommittees that includes representation from CCR&R personnel, Head Start, Northern Lights Career Development Center the Vermont Child Care Providers Association and Vermont Association for the Education of Young Children. Both the improvement in the financial assistance program and the focus on infant caregiver training were identified as priorities in a statewide meeting of advocates organized by Kids are Priority One to consider how the stimulus funds might be used.

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3.2.1. a Rates to be effective October 1, 2009 (Current Rates)

Vermont Child Care Subsidy Rates



Child Development Division (CDD)
Department for Children and Families (DCF)
Vermont Agency of Human Services (AHS)

Rates indicate 100% subsidy, Effective 7/08/07

Licensed Provider				
Type of Care	Infant	Toddler	Preschool	School Age
Part Time - Daily (1 - 5 hrs)	\$14.46	\$14.21	\$12.93	\$12.61
Part Time - Weekly (1 - 25 hrs)	\$72.15	\$71.07	\$64.61	\$63.03
Full Time - Daily (6 - 10 hrs)	\$25.84	\$25.64	\$22.82	\$22.27
Full Time - Weekly (26 - 50 hrs)	\$129.22	\$128.15	\$114.14	\$111.36
Extended Care - Daily (11 - 24 hrs)	\$35.32	\$35.11	\$30.81	\$30.05
Extended Care - Weekly (51 - 168 hrs)	\$176.60	\$175.53	\$154.00	\$150.24

Registered Provider				
Type of Care	Infant	Toddler	Preschool	School Age
Part Time - Daily (1 - 5 hrs)	\$11.98	\$11.76	\$10.51	\$10.51
Part Time - Weekly (1 - 25 hrs)	\$59.88	\$58.83	\$52.53	\$52.53
Full Time - Daily (6 - 10 hrs)	\$20.81	\$20.59	\$17.86	\$17.86
Full Time - Weekly (26 - 50 hrs)	\$104.00	\$102.96	\$89.30	\$89.30
Extended Care - Daily (11 - 24 hrs)	\$28.79	\$28.57	\$24.37	\$24.37
Extended Care - Weekly (51 - 168 hrs)	\$143.93	\$142.88	\$121.87	\$121.87

Legally Exempt Provider				
Type of Care	Infant	Toddler	Preschool	School Age
Part Time - Daily (1 - 5 hrs)	\$9.16	\$9.16	\$7.84	\$7.84
Part Time - Weekly (1 - 25 hrs)	\$0.00	\$0.00	\$0.00	\$0.00
Full Time - Daily (6 - 10 hrs)	\$16.03	\$16.03	\$13.39	\$13.39
Full Time - Weekly (26 - 50 hrs)	\$0.00	\$0.00	\$0.00	\$0.00
Extended Care - Daily (11 - 24 hrs)	\$22.40	\$22.40	\$18.44	\$18.44
Extended Care - Weekly (51 - 168 hrs)	\$0.00	\$0.00	\$0.00	\$0.00

1-800-649-2642

www.cddvt.org



Attachment 3.2.1. (revised)

Child Care Financial Assistance Child Care Provider Rate Schedule - January 3, 2010

Child Care in Licensed Centers							
Age Category	Schedule	Base Rate starting 1/3/2010	1★	2★★	3★★★	4★★★★	5★★★★★
Infant	Full time	\$137.14	\$144.00	\$150.85	\$164.57	\$178.28	\$192.00
	Part time	\$75.43	\$79.20	\$82.97	\$90.51	\$98.06	\$105.60
	Extended care	\$186.51	\$195.84	\$205.16	\$223.81	\$242.46	\$261.11
Toddler	Full time	\$133.43	\$140.10	\$146.77	\$160.12	\$173.46	\$186.80
	Part time	\$73.39	\$77.06	\$80.73	\$88.06	\$95.40	\$102.74
	Extended care	\$181.46	\$190.54	\$199.61	\$217.76	\$235.90	\$254.05
Preschool	Full time	\$129.60	\$136.08	\$142.56	\$155.52	\$168.48	\$181.44
	Part time	\$71.28	\$74.84	\$78.41	\$85.54	\$92.66	\$99.79
	Extended care	\$176.26	\$185.07	\$193.88	\$211.51	\$229.13	\$246.76
School age	Full time	\$125.71	\$132.00	\$138.28	\$150.85	\$163.42	\$175.99
	Part time	\$69.14	\$72.60	\$76.05	\$82.97	\$89.88	\$96.80
	Extended care	\$170.97	\$179.51	\$188.06	\$205.16	\$222.26	\$239.35

Child Care in Registered Homes							
Age Category	Schedule	Base Rate starting 1/3/2010	1★	2★★	3★★★	4★★★★	5★★★★★
Infant	Full time	\$114.29	\$120.00	\$125.72	\$137.15	\$148.58	\$160.01
	Part time	\$62.86	\$66.00	\$69.15	\$75.43	\$81.72	\$88.00
	Extended care	\$155.43	\$163.21	\$170.98	\$186.52	\$202.06	\$217.61
Toddler	Full time	\$110.00	\$115.50	\$121.00	\$132.00	\$143.00	\$154.00
	Part time	\$60.50	\$63.53	\$66.55	\$72.60	\$78.65	\$84.70
	Extended care	\$149.60	\$157.08	\$164.56	\$179.52	\$194.48	\$209.44
Preschool	Full time	\$98.86	\$103.80	\$108.75	\$118.63	\$128.52	\$138.40
	Part time	\$54.37	\$57.09	\$59.81	\$65.25	\$70.68	\$76.12
	Extended care	\$134.45	\$141.17	\$147.89	\$161.34	\$174.78	\$188.23
School age	Full time	\$95.14	\$99.90	\$104.65	\$114.17	\$123.68	\$133.20
	Part time	\$53.53	\$56.21	\$58.88	\$64.24	\$69.59	\$74.94
	Extended care	\$129.39	\$135.86	\$142.33	\$155.27	\$168.21	\$181.15

Definitions:

Part time rates are based on schedules 1 - 25 hours per week.

Full time rates are based on schedules of 26 - 50 hours per week.

Extended rates are available in specific circumstances for children eligible for more than 51 hours per week.

- Rates indicate 100% financial assistance
- Legally Exempt Child Care Provider Rates have remained the same.



<http://dcf.vermont.gov/cdd>

1-800-649-2642

Agency of Human Services

3.2.2 Payment Rates for the Provision of Child Care –



PRA_5_8_07.pdf

(Provider Rate Agreement - Providers set own rates)

Attachment 3.2.3

**Child Care Market Rates and State Child Care Subsidy Payment Rates
 Vermont 2008**

Rates Age of Children	Licensed Centers				Registered Homes			
	Average Weekly Market Rates	Median (50 th Percentile) Weekly Market Rates	75 th Percentile Weekly Market Rates	State Payment Rates ¹	Average Weekly Market Rates	Median (50 th Percentile) Weekly Market Rates	75 th Percentile Weekly Market Rates	State Payment Rates ²
Infants (under 24 months)	\$155.90	\$150.00	\$180.00	\$129.22	\$131.00	\$125.00	\$150.00	\$104.00
Toddlers (24-35 months)	\$152	\$142.50	\$175.00	\$128.15	\$124.91	\$125.00	\$135.00	\$102.96
Preschool (36-59 months)	\$143.94	\$140.00	\$170.15	\$114.14	\$121.57	\$125.00	\$130.00	\$89.30
School Age (5-13 yrs; 5-19 yrs for child with special needs)	\$138.93	\$130.00	\$165.00	\$111.36	\$115.15	\$115.00	\$125.00	\$89.30
School Age (part-time) (5-13 yrs; 5-19 yrs for child with special needs)	\$81.76	\$75.00	\$93.75	\$63.03	\$67.09	\$60.00	\$75.00	\$52.53

Source: October 2008, Child Development Division (CDD), Department for Children and Families, Agency of Human Services

¹ Effective 7/9/2007
² Effective 7/9/2007

Market Rate Survey results: Results were obtained through information provided by child care providers in the Bright Futures Information System

Attachment 3.5.1.

PLAN FOR CCDF SERVICES IN: VERMONT
FOR THE PERIOD 10/1/09 – 9/30/11

Child Care Financial Assistance
 Attachment A: Proposed Financial Assistance Fee Scale - January 2010

Child Care Financial Assistance Based on Gross Monthly Income & Family Size

% of Financial Assistance Paid by State	Family of 3 or less	Family of 4	Family of 5	Family of 6 or More
100	\$1,525	\$1,837	\$2,149	\$2,461
99	\$1,564	\$1,884	\$2,203	\$2,524
98	\$1,603	\$1,930	\$2,259	\$2,586
97	\$1,643	\$1,978	\$2,314	\$2,651
96	\$1,681	\$2,025	\$2,369	\$2,713
95	\$1,733	\$2,088	\$2,443	\$2,798
90	\$1,805	\$2,175	\$2,544	\$2,914
85	\$1,878	\$2,261	\$2,644	\$3,029
80	\$1,955	\$2,355	\$2,755	\$3,156
75	\$2,033	\$2,449	\$2,865	\$3,281
70	\$2,111	\$2,544	\$2,976	\$3,408
65	\$2,190	\$2,638	\$3,085	\$3,534
60	\$2,268	\$2,731	\$3,196	\$3,660
55	\$2,346	\$2,827	\$3,306	\$3,786
50	\$2,425	\$2,920	\$3,416	\$3,913
45	\$2,503	\$3,015	\$3,526	\$4,038
40	\$2,581	\$3,109	\$3,637	\$4,165
35	\$2,660	\$3,203	\$3,747	\$4,292
30	\$2,737	\$3,298	\$3,857	\$4,418
25	\$2,815	\$3,392	\$3,967	\$4,543
20	\$2,893	\$3,486	\$4,078	\$4,670
15	\$2,972	\$3,581	\$4,187	\$4,797
10	\$3,050	\$3,674	\$4,298	\$4,922

1-800-649-2642

www.dcf.vermont.gov/cdd



**4.1.1 Parents can apply on line through the Bright Futures Information System
<https://www.brightfutures.dcf.state.vt.us> and click on “On Line Application Form”**

Attachment 5.2.1 Early Learning Guidelines - The Early Learning are among the publications available on the CDD website: http://dcf.vermont.gov/cdd/providing_care/forms_publications

Attachment 5.2.3 Materials to support the implementation of Early Learning Guidelines
http://dcf.vermont.gov/cdd/professional_development and
www.northernlightscdc.org

Attachment 5.2.4 Early Learning Guidelines and Professional Development Plans -
Assessment efforts

2008 Professional Development Survey of Vermont's Early Childhood Workforce

Introduction

Vermont has put in place many pieces of a coordinated, statewide system of early childhood professional development over the past two decades, culminating most recently in the establishment of the Northern Lights Career Development Center in 2004. As national and state standards for early childhood staff qualifications and professional development increase, our pathways to degrees and credentials, and our partnerships with higher education become more important. Early childhood advocates concerned with improving access and affordability of professional development and higher education have called for more and better data on the needs, status, and goals of this workforce. A subcommittee of the Professional Preparation and Development Committee designed a survey to answer key questions, and it was distributed over Survey Monkey in September 2008 with a closing date of October 31, 2008.

A total of 672 individual responses were collected. The survey's completion rate was 98.5% (only 1.5% stopped before finishing the survey). Respondents were given the option of completing the survey by hand and mailing or faxing it in; 253 (38%) chose this option and 419 (62%) completed it electronically. Distribution of the survey was done over email lists to the statewide early childhood list serve managed by UVM, postings on the CDD and Northern Lights website, other individual email lists; paper copies were distributed by the Resource development specialists at fall trainings, and special presentations were made at all the Regional Building Bright Futures Councils to encourage widespread participation and make paper copies available.

The collated results were shared with the Professional Preparation and Development Committee and specific questions were raised requiring some deeper analysis of the data. The responses to these questions were integrated into this summary.

This summary report includes findings on demographics and characteristics of the respondents, their current professional development activities, their goals and what motivates them, and the supports and needs they say they have regarding their professional development.

I. THE RESPONDENTS (*questions 1-11 and 22*)

672 early childhood professionals representing all levels of experience, location, program types, and positions responded to the survey. The majority identified themselves as teachers working in full-day programs. Respondents were tended to be experienced with many years in the field and who expected to remain in the field for a long time. More than half (55%) had a Bachelors degree or higher, a number that represents a variety of roles and positions including consultants, specialists, and higher education faculty, as well as classroom teachers and family child care providers.

- a. **Settings: About half of all respondents (48%) say they work in full-day, full-year programs.** Respondents also work in registered family child care (22%), Head Start (10%), part-day/part-year programs (12%), early intervention/early childhood mental health/early

childhood special education (21%), public schools (13%), and higher education (2%). One might assume the people who report working in full day/full year programs are primarily in child care, although they may be family child care or Head Start settings as well.

- b. **Roles: Almost two-thirds (57%) call themselves “teachers, assistant teachers, para-educators, or care providers”.** An additional 19% call themselves registered family home providers. We also received responses from administrators and program directors (30%), consultants/instructors (8%), early intervention/early childhood special educators (13%), and home visitors (4%). Individuals were invited to give more than one answer to this question allowing people to identify themselves as administrators and teachers, for example, if they were teaching directors, or home visitors and early interventionists if they identified with both roles. 43% of respondents who identified as *administrators* also identified themselves as *teachers/caregivers*.
- c. **Longevity: A majority of respondents (40%) have been in the field 15 years or more.** About equal amounts have been in the field for 2-5 years (17%); 6-10 (16%) years; and 10-15 years (18%). Just over 9% have been in the field for 2 years or less. About half (48%) of respondents report being in their current position for 5 years or less. An overwhelming majority say they have a long-term commitment to the field.
- d. **Location: Respondents are from across the entire state.** The majority of respondents (24%) work in Chittenden County, which is also the largest population center in the state. However, there was a **healthy response from the smaller regions**, beginning with Bennington where 13% of the respondents work; followed closely by Orange/Windsor at 12%. The remainder of respondents works in the following regions in order of most to least: Washington, Windham, Addison, Rutland, Franklin/Gr. Isle, Caledonia, Orleans/Essex, Lamoille, and Windsor South.
- e. **Education: 32% of respondents report having a bachelor’s degree.** From this survey we can’t tell whether the bachelor’s degree is in child development/early childhood education, a related field, or an unrelated field. We do know that
- 54% (364 of 672) identified their “major or concentration” as containing the words “early” or “education” or “child” or “elementary”
 - 98 (15%) respondents did not list a major or concentration. Of those 91% listed “high school” as their highest degree
 - 31% (211 of 672) listed a major or concentration that did NOT include “early”, “child”, “education” or “elementary”
- Only **14% report having an associate’s degree, 22% have a master’s degree, and 1% a PhD.** We applied a filter to learn the degrees of people who report their role as teacher or care provider—35% of teacher/care providers say they have a bachelor’s degree; 17% an associate’s degree; and 12% a master’s degree. 27% have a high school diploma as their highest degree or level of education.
- f. **Credentials and Certificates: about two-thirds (63%) of respondents report having a credential or degree. Of those, the largest group (45%) indicated that they have an educator license.** Respondents reporting having an educator license have the early

childhood and elementary education endorsement in equal amounts, followed closely by the early childhood special educator endorsement. 23% have a CDA, 16% have a Child Care Certificate, and 3% have a registered apprenticeship certificate.

- g. **Student Loan Debt: About one-quarter (145) of the respondents say they are currently paying off their own student loans. Outstanding loan amounts range from a low of 750 to a high of 80,000. The total amount of student loan debt for all respondents who gave a figure is \$2,224,250. The average loan is \$19,175/person.**
- h. **What they say about Professional Development: Nearly half (46%) of all respondents report they know what their professional goals are and how to attain them.** Another 37% have less certainty or resources: 16% know what their goals are but have difficulty accessing what they need to achieve their goals; 13% think they know what they want to do next but aren't sure how to get there; and 8% are confused about their options. People were given an option to comment on how they feel about professional development. While responses varied considerably, this comment was representative of many: *"... with working full time and raising my own children I don't have a lot of extra time to put into professional development, so just maintaining where I am is enough extra work for me. I love going to workshops and getting new ideas and learning new things, but having to do more just doesn't work. I don't get paid enough to want to take more time away from my kids to be working on my development."*

People appreciated flexible workplace policies and support for achieving professional goals. While over half (52%) said financial support would help them achieve their goals, one quarter would appreciate that help coming from their employer. People who work as teachers or care providers were the most likely to say that financial support was important.

II. THEIR CURRENT PROFESSIONAL DEVELOPMENT ACTIVITIES

(questions 13-14, 18-19)

- a. **Individual Professional Development Plans (IPDP): The majority (68.7% n= 457) reported they had Individual Professional Development Plans (IPDP).** A total of 456 respondents (68%) either helped others with their IPDP (39.9%, n=191), or were familiar with the book *Planning your Professional Growth* (36.1% n=187) or the online IPDP on BFIS (29.9% n=155). More than half of the respondents (58.9% n=305) got help or training in order to complete their IPDP. A small group (12% n=62) wanted help to complete their IPDP

Those without an IPDP (31% n=208) had representation from the full range of roles and work settings. Of those without IPDP's, the highest percentage groups were: teacher's (35%) family child care homes (36%) and administrators (25%). Experience was not a significant factor in respondents having or not having IPDP's, though respondents with 15 or more years experience had somewhat higher representation without IPDP's (33% compared to 12-22% for the other experience groupings). Those with and without IPDP's had similar preferences for professional development formats and a similar range of short and long term professional goals.

Differences of note between those respondents with and without IPDP'S are listed below:

	No IPDP	Yes IPDP
Goal is to take college courses	24%	36%
<i>I have goals and know how to complete them</i>	26%	46%
<i>I have goals, and know how to complete them but can't access what I need</i>	25%	15%
<i>I know my goals but not how to get there</i>	21%	13%
<i>I am confused about my goals</i>	16%	8%
<i>I'm not sure what my professional development goals are</i>	20%	8%
Not started professional goals	14%	7%

These results indicate that those with IPDP's are more likely to have goals, and know how to complete them – including college course work. **Those without IPDP's were somewhat less likely to have goals and if they had goals, were less likely to complete them or know how to act on them.**

- b. **Preferred method for receiving professional development: More than three-quarters preferred attending workshops (78.2% n=520)** More than half (n=300) of these respondents had been in the field 5 years or less, and much fewer were in the field for 10 years or more (n=129), compared to the survey as a whole.

Also, almost three-quarters of respondents chose conferences (72.5% n=482). Of these, almost half (45% n=303) were in the field for 10 years or more, which is disproportionate to the total responses data. There were also slightly more administrators and special educators who chose this option, compared to the survey as a whole. *This may be because higher level training is also more accessible via out of state conferences or that conferences often provide new presenters, to those who have been in the field a long time.*

Other preferred methods included (from most to least):

College courses: 52.9% (n=352)

In-service trainings (offered by my employer): 41.4% (n=273)

Online classes or hybrid including on-line: 37.6% (n=250)

Receiving mentoring or coaching: 22.3% (n=148)

- c. **What they are currently working on: The responses to this question ranged widely, with each choice less than 30% of the total responses.** Respondents could pick more than one option so numbers overlap. The most responses were:

Taking professional development that is of interest to me (27.8% n=185) and/or maintaining my current status or credentials or license (15% n=100). This represented the full range of respondents – those who were nearing retirement as well as those new to the field. The rest of the choices represented less than 10% of the total respondents including (in descending order)

- Have not started working on achieving my goals (n=48)
- Getting a CDA (5.4% n=36)
- Working on a Masters degree (4.7% n= 31)
- Taking college coursework (3.8% n=25)

- Working on other college level certificates/degrees: between .5 and 3% (n= 4-20) (Apprenticeship, Program director credential , CCV certificate, Associates, Bachelors, or Doctorate)

Is there a relationship between experience and where professionals want to go in their professional development? (Q19) Response to “What are you currently working on” correlated with # years in the field (Q3), primary role (Q2), and education background (Q7)
With a very small sample size, the following tendencies were: to get Associates and Bachelors after being in the field a while (10 years plus) and getting CDA after 2-5 years (13) or after 15 yrs (8). Those respondents seeking educator licensure were more likely to be in the field for 6 years or more.

III. GOALS and MOTIVATION TO CONTINUE PROFESSIONAL DEVELOPMENT (questions 15-17)

Almost 80% of respondents were definitely or very highly interested in professional development activities. (Definitely: 43.4% n=288, very highly: 36% n=239). 17% were somewhat interested and only 23 respondents had little or no interest.

The desire to learn and improve my practice was the most prevalent motivation for pursuing professional development (80.3%, n=513). All the other options were chosen as a high priority by 34-41% of respondents – the majority. Most respondents chose the highest level possible for each option. Other options included:

- fulfill requirements to maintain my license
- to move up the career ladder in this field
- necessary to keep my position
- to become recognized as a professional
- financial bonuses and rewards
- STARS or other program accreditation efforts

The majority of respondents goals for the next five years were to take workshops or attend conferences (54.9% n=365) and also maintain their current status (36.7% n=244)
This may mean they are content with their current status and wish to maintain it, attending training that is most accessible in the state at low cost.

The next highest 5 year goals, in descending order were -

- take college courses (35.9% n=239) respondents are planning to
- get a Masters degree (16.2% n=108)
- Get a CDA credential (11.9% n=79)

Each of the other options was chosen by less than 10% of respondents (from 54 to 64 people for each option). These options included:

- Get my educator license or additional endorsement
- Get an associates degree
- Get a bachelors degree
- Get a program director credential
- I'm not sure ...at this time

Small groups of respondents (20 people or less for each option) were seeking to get a doctorate or CAG, retire, address a program related goal or personal goals not listed above.

A strong majority of respondents were consistent in preferring now and in the future to maintain their current status, and take professional development that is of interest through workshops and conferences. A somewhat smaller but consistent group of respondents are interested in college course work.

What connection if any, is there between respondents' goals for the next 5 years (Q17- maintain my current, take college courses, take workshops...) with their current role in the early childhood program (Q2)?

Respondents in all groups had the highest level of interest in maintaining their current professional development level, and taking workshops or attending conferences. Interest in college course work by teachers (39%), administrators (38%) and family child care providers (37%) was fairly even. Registered home providers (20%) and assistant teachers (39%) had the highest percentage interest in earning their CDA, compared to other groups.

IV. NEEDED SUPPORTS AND TOPIC SPECIFIC INTERESTS (*questions 12, 20, 21*)

a. **The most frequent needed supports identified by respondents, in descending order:**

- Financial support (51.8 n=344); & employer financial support (24.1 % n=160)
- Sufficient Time (access) including: scheduling while working full time (48.8% n=324); employer time off (17.8% n=118); having the right schedule (42.6% n=283);
- Geographical Access (near my home (40.2% n=267) this was more often cited by respondents who worked in Bennington, Windham or Orange-Windsor regions.

Other supports needed for smaller groups of respondents, related to specific program access:

- Programs that recognize previous coursework (22% n=146)
- Access to college programs that include early childhood educator licensure (89 respondents or 13% of total respondents)
- Opportunities to go from AA to BA (11.4% n=75) and opportunities to do student teaching (7.7% n=51) though, based on the wording of the question, it is less clear if this due to a scheduling conflict or another access issue.

Do individuals' work settings and/or work schedules relate to their need for help to meet their professional development needs? (type of program--question 1, 2, 20)

Of those working in Family child care; 15% (22) didn't need any help, which was slightly higher than other groups. In all program settings and roles identified, almost 50% of each type identified location, schedule, and/or financial help as most needed. Family child care providers were somewhat more likely to identify financial help as important. Those working in public school were less likely to identify finances as a barrier (30% compared to 50% for the other groups); and schedule (38% compared to 40-45% in other groups); though location of training was identified as the greatest barrier

for those working in public school (47% (42)) it was a slightly lower percentage than other groups.

Does type of work or role relate if at all, to respondents need for help to meet their professional development needs? (Q17 and #20)

Respondents checked more than one thing that would help: money, location and schedule being the most likely selected across all roles. **Earning a degree for previous work was of the most interest to teachers (84 of 309) compared to other groups. A small group from each role identified getting to the BA from the AA as a barrier:** for teachers ((15% (48)); administrators (14% (27)); family child care providers (15% (19)); teacher assistants (12% (8))

b. Professional development topics of interest

Two-thirds of respondents (69.8% n=464) were interested in supporting young children with emotional and social challenges.

Almost half (48%) of respondents were interested in each of the following: early literacy, child assessment strategies and communicating with families.

A little more than 40% of respondents were interested in each of the following: Infant toddler development/care, Inclusive environments, and program development and management.

Around 30% were interested in each of the following: staff support and supervision, understanding and supporting diversity.

15 % were interested in supporting young children who are English language learners

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**Professional Preparation and Development Survey: January 2009
DIGGING DEEPER questions generated by four small groups
at December 2008 PPD meeting**

- 1. What are the characteristics of people who say their goal is to get a BA degree in the next five years?**
 - a. Where they work: Two regions have the highest number in response to this question—Chittenden (25% n=16) and Bennington (23.4% n=15). The next highest numbers come from Orange/Windsor and Windham with 9.4% each, n=6.
 - b. Current program type and work roles: those with BA as their 5-year goal primarily work in full-day full-year programs (67% n=43), registered programs (28% n=18). By far the teacher/provider roles were most interested in the BA degree—59.4% are teachers or care providers; 28.1% are administrators; and 26.6% are registered family child care providers.

- c. Other education: 57.8% of these folks already have an AA degree; when you look at people who reported “other” you see that the majority of them have credits toward a BA or are close to achieving a BA.
- d. Student loan status: of those interested in a BA in the next five years, 28.1% n=18 are paying off student loans. The amounts of those loans range from \$750 to \$96,000.
- e. Preferred method for professional development: People desiring a BA want workshops (73.4%), conferences (71.9%), and college courses (79.7%) approximately equally.
- f. What would help them achieve their goals: More financial assistance was the biggest response at 79.7%. Other high responses were “having courses I can take and still work full-time” (60.9%) and “having opportunities to go from an AA degree to a BA degree that work in my schedule” (60.9%) and “having degree programs that will recognize my previous coursework” (45.3%)

2. What kinds of programs do people work in who answered that an employer who provided financial support would help them achieve their professional development goals, and what are their roles?

160 people said employer financial support was important to them. The majority (48.1% n=77) work in full-day, full-year programs; the next highest group (17.5% n=28) work in Head Start; followed by (11.9% n=19) who work in part-day, part-year programs. 15% answered the “other” category, and these ranged from Administrators to state agency staff, and assorted staff positions in private, non-profit organizations.

Teachers were the most likely to say financial support was important (40% n=64), followed by administrators (32.5% n=52) and assistant teachers (13.8% n=22).

3. What kinds of programs do people work in who answered that an employer who provided time off would help them achieve their professional development goals?

118 people said employers who allowed time off to pursue professional development goals would help them achieve their goals. The majority (41.5% n=49) are teachers. The next highest group is administrators/coordinators (25.4% n=30), followed by assistant teachers (15.3% n=18). Time off doesn’t seem to be a big problem for early interventionists (3.4% n=4), special educators (6.8% n=8), or para-educators (2.5% n=3). 8.5% n=10 of family support workers/home visitors wanted time to pursue professional development. In the “other” category were higher education faculty, state agency staff, other administrators, and staff of private, non-profit organizations including clinicians.

4. a.) What are the characteristics of people who said they are working on professional development goals and know how to complete them? (n=306 out of 672)

44.8% of them work in full-day, full-year programs (n=137)

20.3% work in public schools (n=62)
20.3% work for EEE (n=62)
44.8% are teachers (n=137)
32.7% are administrators/coordinators (n=100)
46.7% of them have been working in the field more than 15 years (n=143)
22.2% of them work in Chittenden county (n=68)
13.7% live in Bennington County (n=42)
90.8% of them have a long term commitment to the field (n=276)

b.) what are the characteristics of people who said they are confused by the options available to them to achieve professional development goals? (n=55 out of 672)

47.3% work in full day, full year programs (n=26)
34.5% are registered family child care providers (n=19)
40% are teachers/care providers (n=22)
36.4% are registered family child care providers (n=20)
29.1% work in the Chittenden County area (n=16)
12.7% work in Addison County (n=7)
75.9% have a long term commitment to the field (n=41)
43.6% have a high school diploma (n=24)
21.8% have a bachelor's degree (n=12)
40.6% have a Child Care Certificate (n=13)
20.5% have a VT DOE license (n=8)
63.6% currently don't have an IPDP (n=35)
72.7% are somewhat or definitely interested in professional development activities (n=40)

5. What are the characteristics of the people who answered they do not have an IPDP—what are they currently working on (without a plan)?

208 people (31%) said they have no IPDP. These people without formal professional development goals:

25% are taking professional development that is of interest to them (n=52)
22.1% are maintaining their current status, license, or degree (n=46)
13.9% say they have not started working on their goals yet (n=29)
37.2% say they need additional help completing their IPDP (n=32)
19.8% say they have helped others with their IPDP's (n=17)
The majority, 36.1% work in a registered family child care home (n=75), followed by 33.7% who work in full day, full year programs (n=70).

4% (n=29) say they have no IPDP and haven't started working on any professional development goals:

55.2% (n=16) work in registered family child care homes; while 31% say they work in full-day full-year programs (n=9). 20.7% (n=6) work in Orange/Windsor County region, and 79.3% say they have a long term commitment to the field. 51.7% (n=15) have a high school diploma.

48.3% (n=16) are not sure what their professional development goals are at this time, and 82.8% (n=24) say their preferred method for receiving professional development is workshops.

6. How many people are working on obtaining a higher degree or credential than they have currently?

- Of the 161 people with a **high school diploma** or GED as their highest degree, 14.9% (n=24) are working on a CDA; 8.1% (n=13) are taking college courses; 6.2% (n=10) are pursuing an associates degree. 4 are pursuing CCV's Child Care Certificate and 1 is pursuing registered apprenticeship.
- Of the 95 people with a **CDA**, the majority of them say they are currently working on taking professional development that is of interest to them (15.8%, n=15) and maintaining their current status/credential (12.6%, n=12). About an equal amount said they were currently working on getting their associate's degree (n=9) and bachelors degree (n=7). 31 people answered this question with "other" and in closer examination, respondents chose multiple responses such as they were working on associate's degree and taking professional development that is of interest to them.
- Of the 90 people with an **AA degree**, the majority of them say the degree they are working on is a BA (n=16) and 17 people say they are taking professional development they are interested in. 7 people say they are working on getting a CDA, which is not advancement but it may represent a focus on a specific age group (infants and toddlers, preschoolers) or a specific focus on early childhood if their AA degree is not in a related field. 8 say they are interested in maintaining their current status or degree.
- Of the 211 people with a **bachelor's degree**, the majority are taking professional development that is of interest to them (29.9%, n=63). 6.2% (n=13) say they are getting their educator license; 10.4% (n=22) say they are getting their master's degree; and 15.6% (n=33) say they are maintaining their current status.

7. Of people with specific goals (educator licensure, AA or BA degree) what settings and roles do they have and what is their preferred method of receiving professional development? (This question may provide information about the best way to schedule or organize programs leading to degrees and credentials.)

- Of the 17 people who are working on their **educator license**, 12 currently work in a full-day, full-year program; 3 work in family child care. 12 are teachers or family child care providers, and 4 are administrators.
- Of the 17 people who say they are working on an **associate's degree**, 17 work in full-day, full-year programs and family child care homes.
- Of the 20 people who are currently working on a **bachelor's degree**, 20 say they work in full-day, full-year programs or family child care. 14 say additional financial support would help them achieve their degree, 12 say access to programs that help them move from associates to bachelors and 13 say access to courses they could take and still work full-time would help. 11 say access to programs that would recognize their previous coursework (through articulation agreements, for example) would help them achieve their goals.

This may indicate the need for educator licensure, associates, and bachelors degree programs that work for people who may work full-time, or don't get summers off.

8. What are the people who don't have associates or bachelors degrees currently working on? What are their goals? What are their preferred methods of professional development?

See answers to #6.

Of the 161 people with a high school diploma or GED as their highest degree, workshops (135) and conferences (99) are their preferred methods of professional development, followed by college (65) courses and online courses (62), inservice trainings (51), and mentoring (32). Over the next five years about half of them want to take workshops (81), take college courses (61), get a CDA (53), or maintain their current status (51). 86 say financial support would help them achieve their professional goals, and 82 say access to courses that they could take while still working full-time would help. Having more opportunities near my home and convenient for my schedule would also help.

Of the 95 people who have a CDA, workshops (76), conferences (64), and college courses (62) are their preferred methods for obtaining professional development.

Group #3: Where they want to go in their professional development-Sherry, Melissa, Maureen, Nancy

a) **(Q19)What are you currently working on? ANSWER: "other" categorized**
(respondents could pick more than one)

- 66 maintaining current status (taking professional development of interest)
- 16 working on CDA or renewal of CDA
- 33 taking college courses or trying to
- 24 working on Associate's degree
- 16 working on DOE licensure
- 5 working on Masters level or above
- 4 working on program director credential
- 3 working on CCV certificate
- 18 no answer

b) **(Q19) Response to "What are you currently working on" correlated with # years in the field (Q3), primary role (Q2), education background (Q7) is there a relationship between experience and where professionals want to go in their professional development?**

With a very small sample size, the following tendencies were: to get Associates and Bachelors after being in the field a while (10 years plus) and getting CDA after 2-5 years (13) or after 15

yrs (8). Those respondents seeking educator licensure were more likely to be in the field for 6 years or more.

c) (Q2) Primary ROLES in early childhood setting answered “ other”

In addition to the roles chosen in this question, other roles described included:

- 11 program manager/director in child care or related to child care
- 13 adult professional support, instruction, evaluation or mentoring
- 31 teaching children including substitute, floater, specialists such as SLP and OT providing direct service
- 4 were clinicians
- 5 others such as cook, gardener, secretary, board member

d) What connection if any, is there between respondents goals for the next 5 years (Q17- maintain my current, take college courses, take workshops...) with their current role in the early childhood program (Q2)?

Respondents in all groups had the highest level of interest in maintaining their current professional development level, and taking workshops or attending conferences. Interest in college course work by teachers (39%), administrators (38%) and family child care providers (37%) was fairly even. Registered home providers (20%) and assistant teachers (39%) had the highest percentage interest in earning their CDA, compared to other groups.

e) Who were those who reported they did not have an IPDP (“NO” to Q13)? What role do they have (Q2) , how long have they worked in the field (Q3), what are they currently working on (Q19) and what are their 5 year professional development goals (Q17) ? How do they differ, if at all, from those with an IPDP?

Those without an IPDP (31% (208)) had representation from the full range of roles and work settings. Of those without IPDP’s, the highest percentage groups were: teacher’s (35%) family child care homes (36%) and administrators (25%). Experience was not a significant factor in respondents having or not having IPDP’s, though respondents with 15 or more years experience had somewhat higher representation without IPDP’s (33% compared to 12-22% for the other experience groupings). Those with and without IPDP’s had similar preferences for professional development formats and a similar range of short and long term professional goals.

Differences of note between those respondents with and without IPDP’S are listed below:

	No IPDP	Yes IPDP
Goal is to take college courses	24%	36%
<i>I have goals and know how to complete them</i>	26%	46%
<i>I have goals, and know how to complete them but can’t access what I need</i>	25%	15%
<i>I know my goals but not how to get there</i>	21%	13%
<i>I am confused about my goals</i>	16%	8%
<i>I’m not sure what my professional development goals are</i>	20%	8%
Not started professional goals	14%	7%

These results indicate that those with IPDP's are more likely to have goals, and know how to complete them – including college course work. Those without IPDP's were somewhat less likely to have goals and if they had goals, were less likely to complete them or know how to act on them.

Group #4: What they need to get there –Brenda, Steve, Betsy (S.),

- a) **How do individual's work setting and/or work schedule relate if at all, to respondents need for help to meet their professional development needs? (type of program (Q1,2 and Q 20)**

Of those working in Family child care; 15% (22) didn't need any help, which was slightly higher than other groups. In all program settings and roles identified, almost 50% of each type identified location, schedule, and/or financial help as most needed. Family child care providers were somewhat more likely to identify financial help as important. Those working in public school were less likely to identify finances as a barrier (30% compared to 50% for the other groups); and schedule (38% compared to 40-45% in other groups). Though location was identified the greatest barrier for those working in public school (47% (42)) it was a slightly lower percentage than other groups.

- b) **Does type of work or role relate if at all, to respondents need for help to meet their professional development needs? (Q and #20**

Respondents checked more than one thing that would help: money, location and schedule being the most likely selected across all roles. Earning a degree for previous work was of the most interest to teachers (84 of 309) compared to other groups. A small group from each role identified getting to the BA from the AA as a barrier: for teachers ((15% (48)); administrators (14% (27)); family child care providers (15% (19)); teacher assistants (12% (8))

Attachment 5.2.5 Professional Development Plans

Below are Specifications for work to be done by the Northern Lights Career Development Center and represents Vermont's Professional Development Plans

ATTACHMENT A SPECIFICATIONS OF WORK TO BE PERFORMED

Subrecipient Activities

The primary purpose of this grant is to improve the quality of child development services through development of a coordinated comprehensive career development system.

By accepting this Grant Award, in accordance with the Subrecipient's proposal submitted to the Child Development Division (CDD), the Subrecipient will accomplish and assure:

1. Development and maintenance of career pathways for early childhood and school age professionals spanning entry to advanced levels of education and experience.
2. Design, implementation and oversight of a competency-based core knowledge training and continuing education program.
3. Establishment of quality assurance systems for training and instructor approval.
4. Establishment of instructor and mentor/assessor networks for identification, support and continuing education of instructors, mentors and assessors.
5. Development and maintenance of partnerships with institutions of higher education.
6. Development and distribution of state-awarded credentials in infant/toddler, director, school age care and early childhood mental health (Infant and Toddler Development, Early Care and Education; School Age Development, Care and Education; Director/program Administrator; Early Childhood Mental Health).
7. Career advising for early childhood and school age professionals.
8. Coordination with and for Head Start services and systems, the Vermont Early Childhood Educator Licensure Project and other related initiatives designed to improve quality of child development services such as the STep Ahead Recognition System (STARS) and Child Development Division Quality Enhancement Grants.
9. Design a professional development framework specific to the needs of afterschool providers that is integrated into the Vermont Northern Lights Career Development Center. Work will reflect research and review of models from other states and be coordinated with a range of Vermont afterschool associates and be accomplished through facilitation of afterschool stakeholders meetings and developed in partnership with CDD and CCV and other higher education institutions as appropriate.
10. Data integrity regarding professional development components in the Bright Futures Information System (BFIS) through data entry and coordination of efforts with CDD and the BFIS.
11. Work with CDD, community child care support agencies and other CDD designated partners to ensure coordinated delivery of level I and level II training statewide.

PLAN FOR CCDF SERVICES IN: VERMONT
FOR THE PERIOD 10/1/09 – 9/30/11
