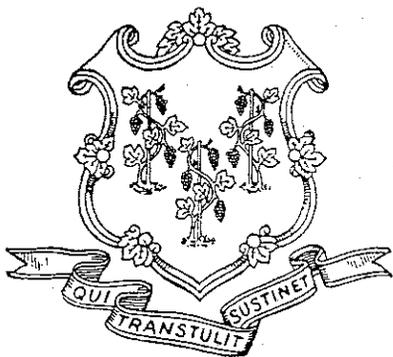


CHILD DAY CARE SERVICES IN CONNECTICUT

Connecticut

General Assembly



LEGISLATIVE
PROGRAM REVIEW
AND
INVESTIGATIONS
COMMITTEE

January 1996

**CONNECTICUT GENERAL ASSEMBLY
LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE**

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 to evaluate the efficiency, effectiveness, and statutory compliance of selected state agencies and programs, recommending remedies where needed. In 1975, the General Assembly expanded the committee's function to include investigations, and during the 1977 session added responsibility for "sunset" (automatic program termination) performance reviews. The committee was given authority to raise and report bills in 1985.

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**Child Day Care Services
in Connecticut**

JANUARY 1996

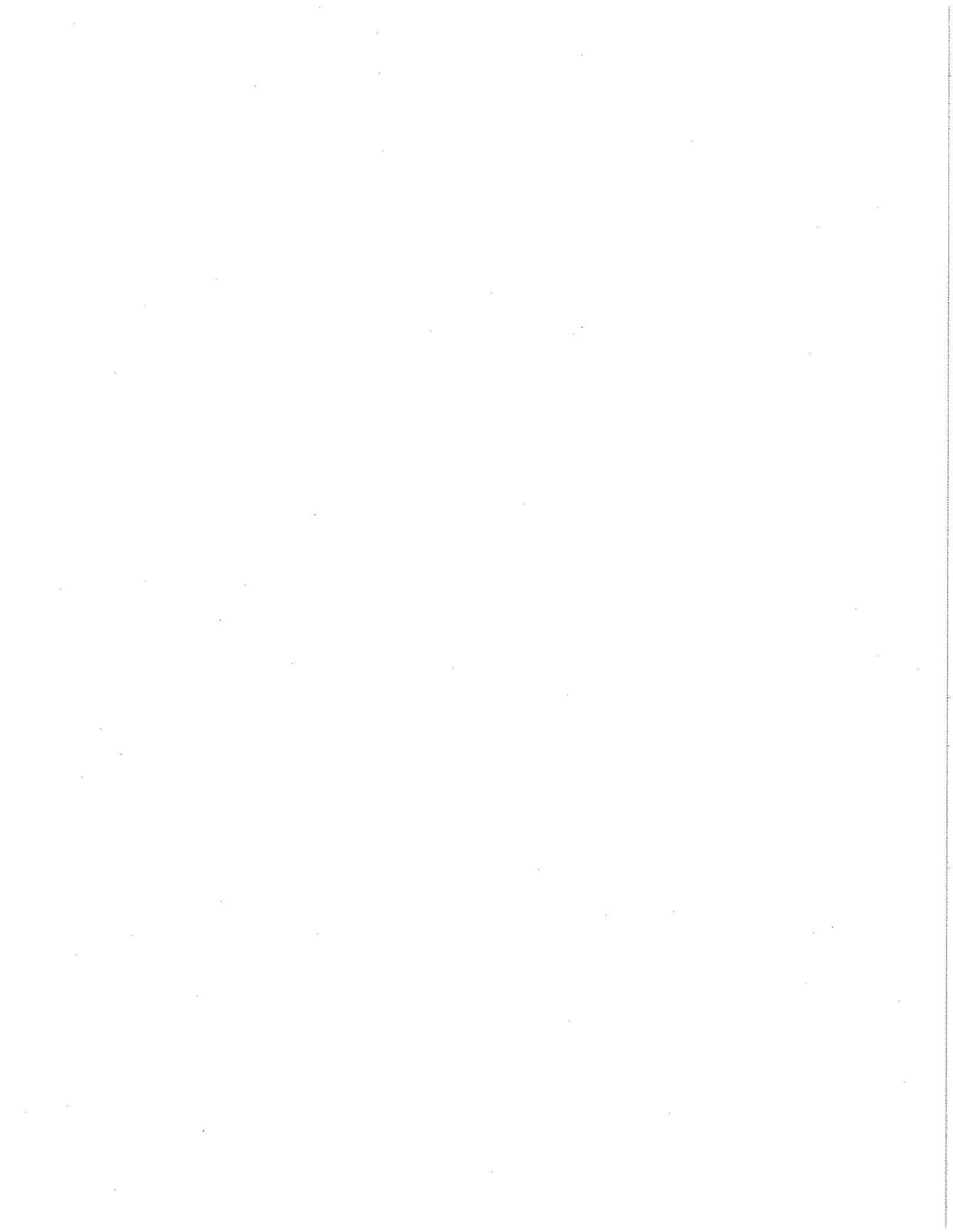


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Executive Summary

CHILD DAY CARE SERVICES IN CONNECTICUT

One of the foremost tasks for many parents who have young children is finding child care that is safe, accessible, affordable, and of good quality. Many parents are also faced with child care dilemmas such as finding programs that care for infants or children before and after school, finding appropriate care that is outside of "normal" business hours or includes weekends, and balancing work schedules to accommodate child care schedules.

Recognizing the child care concerns and problems currently facing parents and families throughout the state, the Legislative Program Review and Investigations Committee voted in February 1995, to undertake a study of child day care services in Connecticut. The study focused on the overall effectiveness of the state's child care regulatory system. Related components of the child care system including economic support from the state for child care, and overall planning and coordination of child care programs, were also reviewed. In addition, the study examined several state-administered programs aimed at improving the availability and accessibility of child care services. An in-depth analysis of the availability of licensed care and the overall demand for child care services was also conducted.

Throughout the course of this study, it became increasingly clear that Connecticut's child care system is a vast array of services and programs involving multiple state agencies, with programmatic components combining to form the overall child care system. Child care is also a highly private-market system strongly driven by consumer demand and choice. Even though the state is not directly responsible for operating the system, it nevertheless plays a role in helping to increase the availability and affordability of child care. The state is also involved in regulating child care providers to ensure safe and healthy environments for the children in these settings.

Several key indicators were examined to determine the efficiency and effectiveness of the state's child care regulatory system, including: the timeliness of the license application process; the frequency and thoroughness of inspections; and whether complaints are fully investigated and resolved in a timely manner. A detailed review of a random sample of day care center license renewal applications was conducted, and a general review of data for family day care homes was also made.

Overall, the committee found ineffectiveness in the license renewal application process for day care centers and family day care homes in that licenses lapsed past their expiration dates. This is mainly due to providers submitting their applications close to or after the license expiration date. In fact, 77 percent of the day care center files examined showed providers did not submit their applications in accordance with the specified time frame required by state regulations.

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The committee also found, on average, that state inspectors made contact with day care centers more often than the required one inspection every two years. Inspections were considered to be any time a state inspector physically visited a day care center, including full inspections, follow-up inspections, or inspections occurring as a result of a complaint.

With respect to family day care homes, current law requires the Department of Public Health (DPH) to annually inspect at least one-third of its caseload. This does not mean, however, that all homes are to be inspected every three years but that the department inspect a third of its licensed homes as a percentage of total licensed homes. The committee found that although the department attempts to inspect family day care homes within a three-year cycle, agency records showed some homes had gone longer than three years without a state inspection. In addition, the current inspection system does not require family day care homes to be inspected on a regular basis, meaning homes could go long periods of time before being inspected by the state.

A review of the complaint resolution process found the public health department has adequate complaint resolution procedures in place. A sample review of complaints against day care centers revealed appropriate procedures were followed under most circumstances, and the complaints were investigated in accordance with departmental guidelines. However, the committee also found the overall condition of the complaint files was poor, and important information was missing from various files.

Regarding state programs aimed at increasing the availability and accessibility of child care, the committee found the parent fee schedules used by state-funded centers are not reviewed on a regular basis by the Department of Social Services (DSS) to determine if fee adjustments are needed. The committee also determined that DSS should begin informing all child care subsidy recipients of the types of child care available as well as basic factors to examine when choosing care.

A review of the DSS-administered child care tax credit program for businesses revealed most program participants viewed it as well-managed. However, the committee found the program is significantly underutilized. For example, in FY 95, only 47 percent of the \$2 million available in child care tax credits for businesses was accessed.

In terms of system wide planning and coordination for child care services, the committee concluded the overall effectiveness of this process needs to be enhanced. There is currently no agency designated in statute responsible for overall planning or coordinating the various state agencies involved in the child care system. As a result, the current planning structure is diffuse and uncoordinated. Data collection by the state for planning purposes also needs to be

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strengthened, especially by the Department of Social Services which serves as the state's lead agency for child care.

A greater effort by DSS to develop comprehensive and cohesive short- and long-term goals, objectives, and strategies for child care on a state wide basis is also needed. In addition, the administration of the Child Day Care Council must be improved for the council to realize its full potential and begin examining child care in the state from a system wide perspective.

In terms of child care demand and availability, the program review committee estimated 246,000 children through the age of nine needed child care state wide in 1995. It was found that just over 113,000 total child care slots were licensed that year, meaning approximately 46 percent of children aged nine and below estimated to need care could be served by licensed slots.

The following recommendations, adopted by the Legislative Program Review and Investigations Committee in January 1996, are aimed at improving the efficiency and effectiveness of child day care programs and services in Connecticut.

RECOMMENDATIONS

CHILD CARE DEMAND AND AVAILABILITY

- 1. The Department of Public Health shall begin tracking the licensed capacity levels for day care centers and group day care homes on an annual basis. This information, along with similar family day care home data, should be frequently shared with the Department of Social Services and the Child Day Care Council for planning purposes.**
- 2. The Department of Social Services shall collect and analyze child care supply and demand information on a state wide and regional basis. The department should include such information in its mandated annual status report on child care.**

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CHILD CARE REGULATION: DEPARTMENT OF PUBLIC HEALTH

3. The Department of Public Health shall begin imposing late fees when day care center renewal applications are not submitted within the 60-day time frame stipulated by state regulation.
4. The day care licensing unit shall strengthen its overall record keeping procedures for licensing files. All files should clearly indicate when renewal applications are received. Files should also indicate whether a license renewal application is approved without receiving a deficiency correction report when one is required following an inspection. In addition, files should contain criminal background information for all employees currently employed by a day care center.
5. The Department of Public Health shall require a specific time limit in advance of expiration for family day care home providers to submit their renewal applications. It is further recommended that once the time limit is set, the department impose late fees when providers do not meet the required deadline.
6. C.G.S. Sec. 19a-87b should be amended to require unannounced inspections of all family day care homes be conducted at least every two years.
7. C.G.S. Sec. 19a-82 should be amended to include family day care homes.
8. DPH shall increase and strengthen its formal lines of communication with the child day care providers it licenses.

ECONOMIC SUPPORT: DEPARTMENT OF SOCIAL SERVICES

9. DSS and state-funded centers shall review sliding fee schedules on an annual basis.

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10. The Department of Social Services shall require child care subsidy caseworkers to explain to all subsidy recipients the types of child care available, as well as basic health, safety, and quality factors to look for when choosing care.
11. The Department of Social Services shall develop an aggressive marketing strategy to attract more companies to apply for the business child care tax credits. DSS should investigate the possibility of accessing print or televised media to attract new companies, and concentrate on informing large organizations such as accountancy and business associations. The department should also seek input from the Department of Economic Development when developing its marketing strategy.

SYSTEM WIDE PLANNING AND COORDINATION

12. C.G.S. Sec. 17b-733 should be amended to give the Department of Social Services responsibility for system wide policy planning and coordination of child care services in the state.
13. DSS shall establish an interagency team consisting of working level staff from all state agencies and commissions involved in the child day care system. The purpose of the team shall be to discuss, plan, and evaluate child day care programs and services in the state. The team shall work on issues affecting the state's child day care system as a whole, including the administration of child care programs, development of a uniform child care system, ensuring quality child day care programs, and regulation of child care facilities by the state.

Interagency agreements between DSS and such other state agencies and commissions deemed appropriate by DSS, shall be developed specifying the purpose of the team, the specific duties/responsibilities each agency is expected to perform in relation to the team's overall purpose and goals, and any data elements required by DSS to effect its role as lead agency. All necessary interagency agreements should be completed by July 1, 1996, and renewed annually.

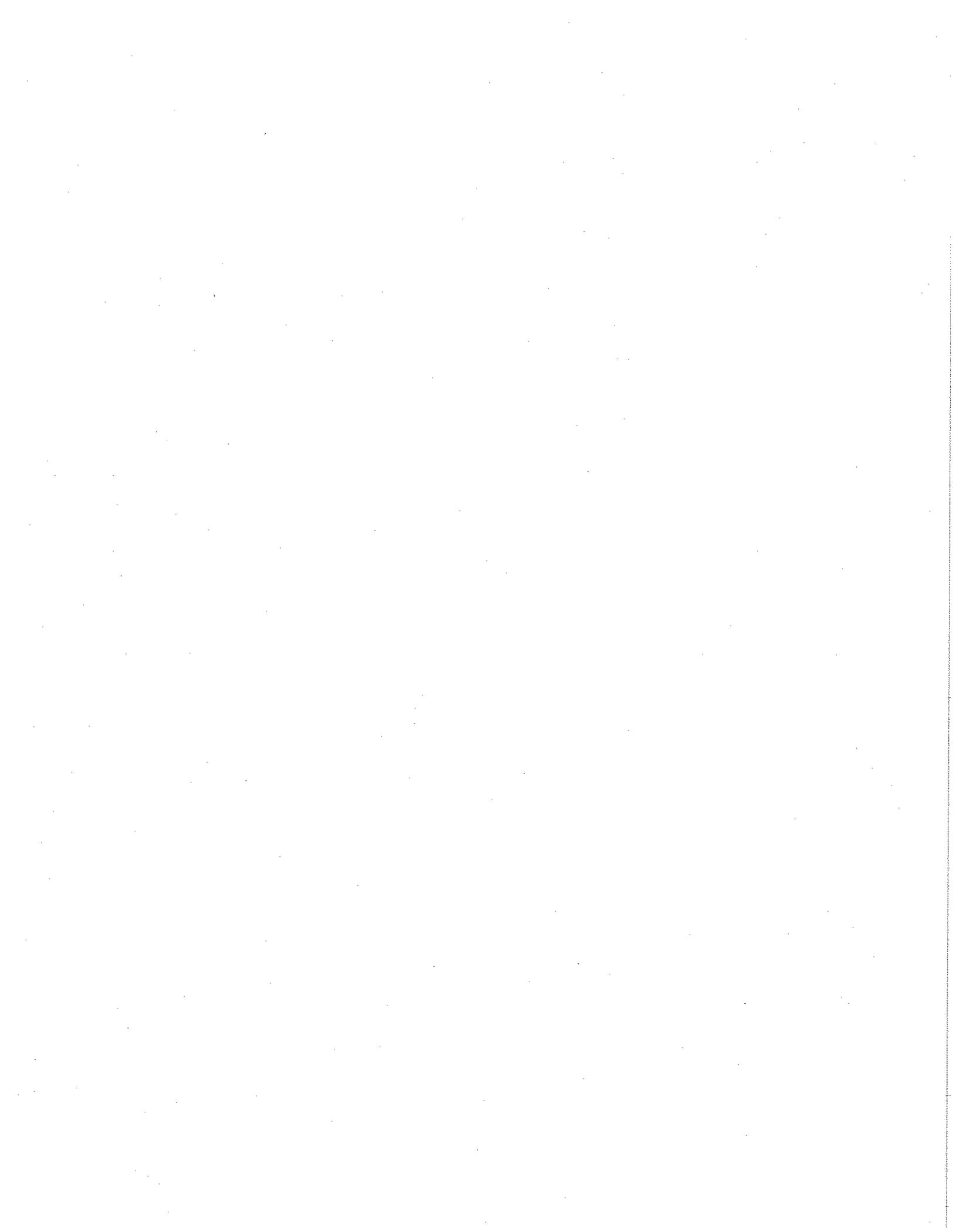
The team should meet at least monthly beginning in July 1996, and report on its progress to the Child Day Care Council at least semi-annually.

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14. The Department of Social Services shall develop comprehensive and cohesive short- and long-term goals, objectives, and strategies for child care services on a system wide basis. DSS shall work in conjunction with the Child Day Care Council and appropriate state agencies in developing such state wide goals, objectives, and strategies for child care.
15. The Department of Social Services shall begin developing the annual report on the status of child day care as required by C.G.S. Sec. 17b-733. The department should produce a report for FY 96 by August 15, 1996.
16. The social services department shall strengthen its internal staffing capacity for system wide child day care planning and coordination. The department should more clearly delineate broader planning and coordination responsibilities from program administration functions within its internal organization.
17. DSS shall identify and begin collecting the type of data needed to support its efforts and mission as the state's lead child care agency. Planning for the types of data to be collected and analyzed should be done in conjunction with other agencies -- including the Departments of Public Health and Education, the Commissions on Children and Women, the Child Day Care Council, and the Office of Policy and Management -- that play a role in the state's overall child care system.
18. The Child Day Care Council shall fully enforce its current internal written policies and procedures. If there are areas that need to be enhanced or clarified, it should identify those areas and delegate responsibility for developing a revised set of operating procedures to a subgroup of the council. If changes are made, a final written set of policies and procedures shall be approved by a majority vote of the council and be in place no later than June 30, 1996. Upon completion, each council member shall receive a copy. New members shall also receive copies at the beginning of their service with the council.

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19. **C.G.S. Sec. 17b-748 should be amended to include staggered terms for Child Day Care Council members. Beginning July 1, 1996, one-half of the members shall be appointed for two-year terms, and one-half of the members for four-year terms. Thereafter, members shall serve terms of four years. No member shall serve consecutive terms, and no member shall serve more than two terms. Any member resigning before his or her term expires, or any member who is no longer affiliated with the group or organization from which he or she was appointed, shall be replaced for the remainder of term. Members serving on the council as of July 1, 1996, shall be deemed to have already served one term.**
20. **C.G.S. Sec. 17b-748 should be amended to designate state agency representative as ex-officio, nonvoting members of the day care council.**
21. **The Child Day Care Council shall develop yearly goals and objectives focused on issues relating to child care policy and coordination on a system wide basis.**



Introduction

Recognizing the child care concerns and problems currently facing parents and families throughout the state, the Legislative Program Review and Investigations Committee voted in February 1995, to undertake a study of child day care services in Connecticut. The study focused on the overall effectiveness of the state's child care regulatory system. Related components of the child care system, including economic support from the state for child care and overall planning and coordination of child care programs, were also reviewed. In addition, the study examined several state-administered programs aimed at improving the availability and accessibility of child care services. An in-depth analysis of the availability of licensed care and the overall demand for child care services was also conducted.

Methodology

A variety of sources and research methods were used during the course of this study. State statutes, regulations, and budget documents relating to child day care were examined. Relevant reports and statistical information developed by the various state agencies involved in the child care system, other state governments, the federal government, and the private sector, were also reviewed.

In-depth interviews were held with agency representatives and program administrators from the departments of public health, social services, and education. Discussions were also held with the Child Day Care Council, the commissions on children and women, parents, child care associations, and providers, including those operating state-funded day care centers.

A detailed review of a random sample of day care center license application and complaint files was conducted. Committee staff also accompanied state inspectors while inspections were made of child day care centers, group day care homes, and family day care homes. To gauge the state's administration of the child care business tax credit program, a survey was conducted of businesses participating in the program.

An extensive informational hearing consisting of numerous representatives from the child care system was held. The purpose of the hearing was to discuss issue areas and possible solutions to the child care problems currently facing families in the state. Several other public hearings were also convened around the state to provide public input to the committee's study.

Report Format

This report is organized into five chapters covering a wide range of topic areas and issues related to child care. Chapter One is an overview of the availability of licensed child care providers and the capacity of licensed slots, as well as the estimated demand for child care from a state wide perspective. Chapter Two examines the state's policy-making structure for child care and how it has changed over time. Chapter Three describes the different types of child care arrangements available in the state, both licensed and unlicensed, and the regulatory requirements for those arrangements. Chapter Four discusses the different state agencies involved in child care services and examines their respective programs and roles. Lastly, Chapter Five outlines the program review committee's findings and recommendations relating to child day care services in Connecticut.

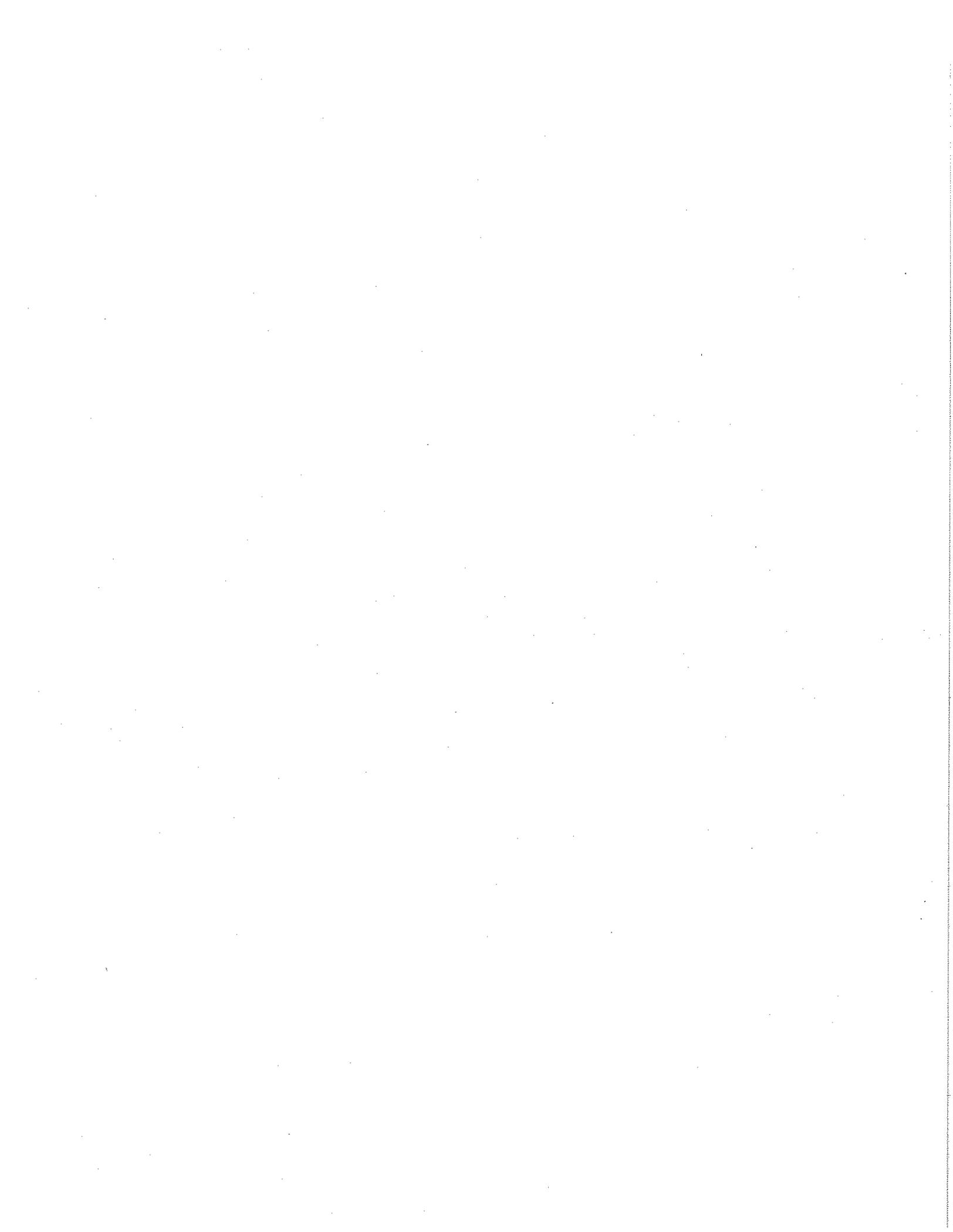
Agency Response

It is the policy of the Legislative Program Review and Investigations Committee to provide agencies subject to review the opportunity to comment on recommendations prior to publication of the committee's final report. Responses from the Department of Social Services, Department of Public Health, and the Child Day Care Council are contained in Appendix I.

KEY POINTS

CHAPTER ONE: CHILD CARE SUPPLY AND DEMAND

- An estimated 246,000 children in Connecticut through age nine, representing 52 percent of all children living in the state, needed child care in 1995.
- Nearly half of the children needing care were under age five.
- 200,000 (81 percent) of all children through age nine estimated to need child care lived in families where both parents were employed.
- 6,856 licensed child care facilities state wide had the capacity to care for 113,000 children -- or 46 percent of all children through age nine estimated to need care.
 - 5,224 family day care homes had the capacity to serve 44,000 children
 - 1,632 group day care homes and day care centers had the capacity to serve 69,000 children

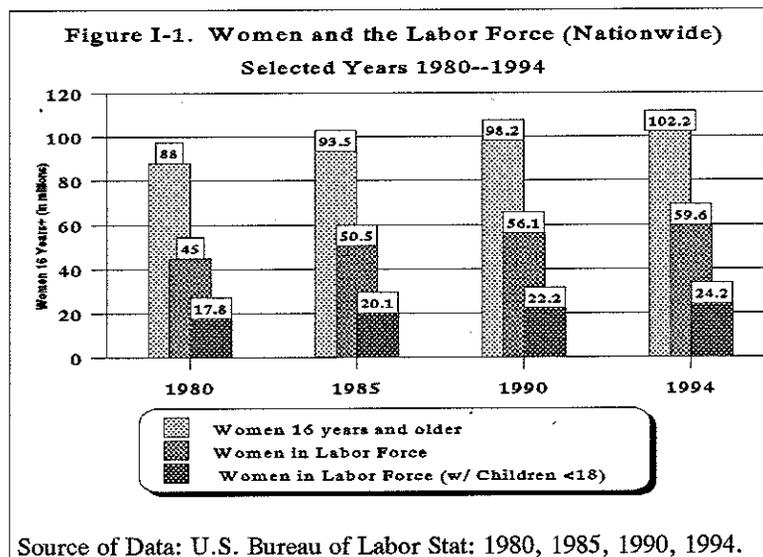


CHILD CARE DEMAND AND AVAILABILITY

One of the main purposes of this study was to examine the number of children most likely to require child care and the overall availability of licensed care in the state. To create a framework outlining the demand for child care in Connecticut, national and state wide general population data were collected for: 1) women 16 years and older; 2) national and state labor force participation rates for these women; and 3) women 16 and older in the labor force with children under the age of 18. More detailed information was also collected, and an examination conducted, of the overall demand for child care services in Connecticut. Demand information was then compared with the supply of licensed child day care in the state to determine the percentage of children most likely to need care who can be served by state regulated facilities.

National Profile

As illustrated in Figure I-1, the U.S. Bureau of Labor Statistics reported that 88 million women aged 16 and older lived in the United States in 1980. Of these women, 45 million aged 16 and older (56 percent) were in the labor force, and 17.8 million were in the labor force and had children under 18 years old. Overall, 39.5 percent of all women in the labor force in 1980 had children under 18.

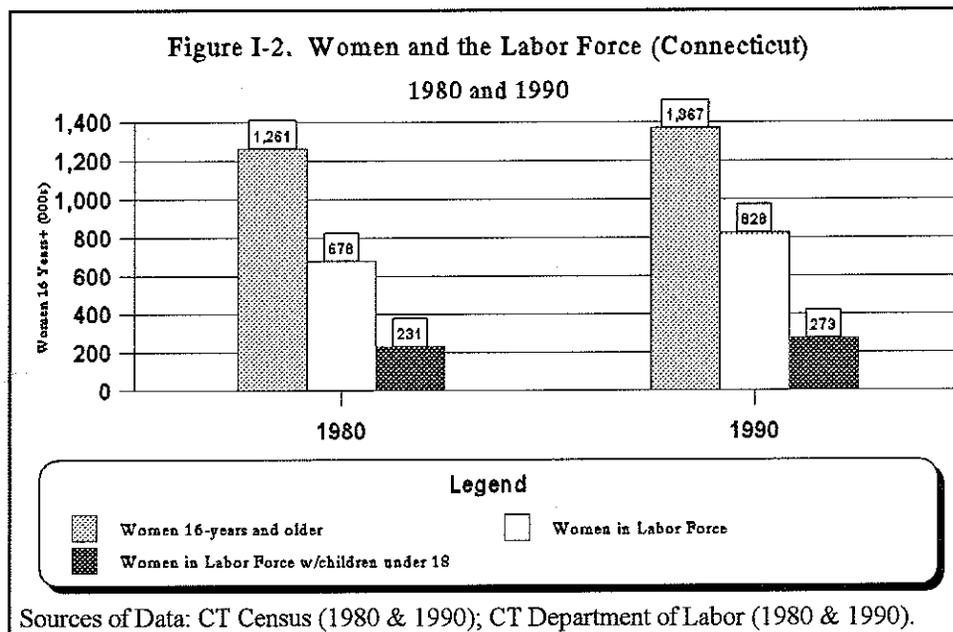


By 1990, the female population -- aged 16 and over -- in the U.S. increased to 98 million, with roughly 56 million of these women in the labor force. Although the number of women in the labor force increased 25 percent from 1980 to 1990, this group -- as a ratio of the total number of woman aged 16 and over -- increased only 6 percent. Moreover, the percentage of women in the labor force who had children under 18 compared to all women in the labor force 16 and over, remained the same in 1990 as 1980 at just under 40 percent.

National figures available for 1994 show the number of women in the United States aged 16 and older increased 4 percent from 1990 to 102 million. Women in the labor force also increased, from 56 million to just under 60 million (6 percent). The number of women in the labor force with children under 18 increased as well, from 22 million to 24 million (9 percent). Women with children under 18 accounted for slightly more than 40 percent of the female labor force in 1994. Although not indicated in the figure, 68 percent of all women with children under 18 were in the labor force -- up slightly from 1990.

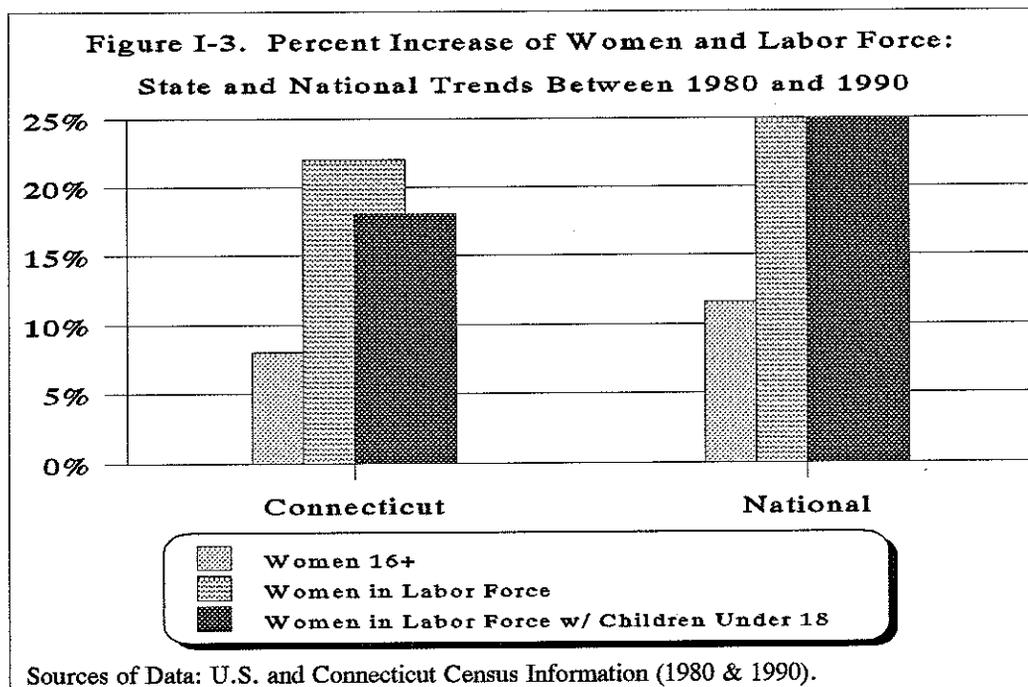
Connecticut Profile

As illustrated in Figure I-2, census data for Connecticut show the female population aged 16 and older rose almost 9 percent from 1.26 million in 1980, to 1.37 million in 1990. The number of these women in the labor force also increased 22 percent from 678,000 to 827,900. Overall, slightly more than 53 percent of the state's female population aged 16 and over participated in the labor force in 1980, compared to 60 percent in 1990.



Of the women in the labor force in 1980, 231,000 had children under 18 years old. This number increased to 273,000 in 1990. Despite this increase, women in the labor force with children under 18 accounted for roughly 34 percent of all women in the labor force in both 1980 and 1990. It should be noted that although one-third of all women in the labor force had children under the age of 18 in 1990, 69 percent of all women with children under 18 participated in the labor force.

Connecticut vs. national trends. As shown in Figure I-3, Connecticut's growth trends and population percentages for women 16 years and older and women participating in the labor force, are slightly lower than national trends for 1980 and 1990. From 1980 to 1990, the female population rose 8 percent in Connecticut, and just under 12 percent nationally. The percent rise of women in the labor force was almost level, increasing 22 state wide and 25 percent nationally. Women in the labor force with children under 18 years old increased 18 percent in Connecticut, and 25 percent nationwide.



The program review committee realizes that not all children under the age of 18 are in need of child care. For example, even though a child may live with both parents who are in the labor force, the parents may work different hours avoiding the need for outside child care. In addition, most teenagers are capable enough of caring for themselves, and even younger siblings, while their parents are working. These exceptions are taken into account when a more detailed analysis of demand for child care in Connecticut is made.

Demand for Child Care in Connecticut

Demand for child care can be determined based on a child's age and family type. Data were collected for the total number of children between the ages of zero through nine. Although there are children older than nine in need of care, not all of these children actually require care. Also, the data used to determine child care demand grouped children aged 0 through 4, 5 through 9, and 10 through 14. The committee believes the last age category, if used, would overestimate the number of children needing care. Demand by age, therefore, was calculated for children considered *most* likely to need child care.

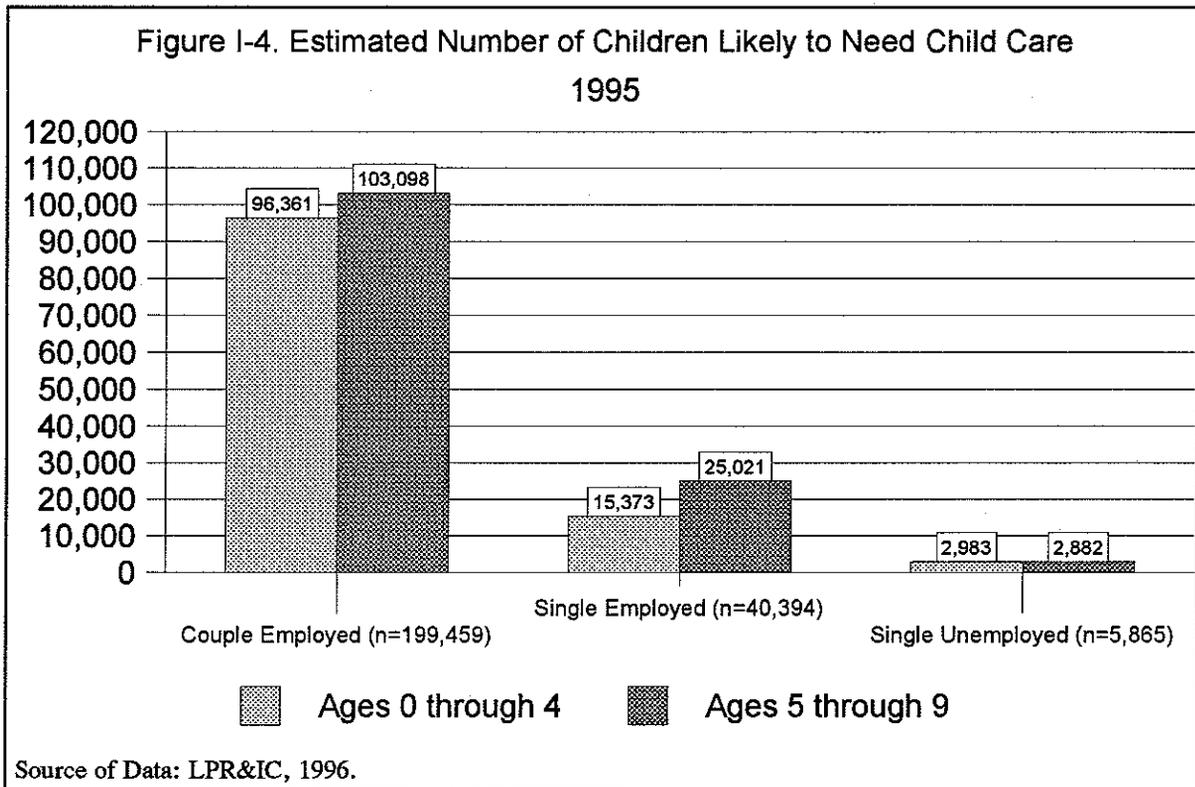
Information about family type, another indicator of children needing care, was also collected. Children living in two-parent families where both parents work, single-parent families in which the parent works, and single-parent families where the parent is unemployed and looking for work, are considered most likely to need child care.

Official 1995 population projections developed by the Office of Policy and Management (OPM) on the current number of children by age in the state were used to determine the total number of children through age nine.¹ Since no data beyond 1990 census information exist for family types, present child care demand was estimated by applying similar percentages of children needing care by family type and age from 1990 census data to the 1995 OPM population figures. For example, using 1990 census data it was estimated that 47.8 percent of children aged zero through four were from the family types most likely to need child care. This percentage was applied to the total number of children in this age group in 1995 to estimate current demand for child care. The same method was used to calculate current child care demand for children aged five through nine.

The estimated number of children likely to need child care in the state is shown in Figure I-4, by age and family type. A total of 245,718 children are estimated to need child care in 1995. This accounts for 52 percent of the 470,223 children through age nine that OPM projects live in the state. The figure also illustrates nearly half (115,000) of the children likely to need care are under age five. Fifty-three percent -- or 131,000 children -- are between the ages of five through nine.

Figure I-4 also shows that almost 200,000 (81 percent) of all children estimated to need care live in families where both parents are employed. An estimated 40,400 (16.4 percent) children needing care live with a single parent who is employed, while 5,865 (2.4 percent) live with a single parent who is unemployed and looking for work. This does not include single parents who have left or never belonged to the labor force (not looking for work).

¹ Connecticut Population Projections 1995-2020, Series 95.1, Connecticut Office of Policy and Management, September 1995.



The 1995 child care demand information was compared with 1990 data to determine any differences in child care demand by age and family type. Table I-5 shows the changes in the estimated number of children likely to need care by age over the last five years.

<i>Age</i>	<i>1990</i>	<i>1995</i>	<i>% Change</i>
0 through 4	109,187	114,717	5.1%
5 through 9	119,105	131,001	10.0%
TOTAL	228,292	245,718	7.6%

Source of Data: LPR&IC, 1996.

Between 1990 and 1995, the number of children under age five needing child care increased roughly 5 percent, from 109,000 to 115,000. Children aged five through nine in need of care increased 10 percent. Overall, the estimated number of children between zero through nine needing child care increased 7.6 percent, from 228,292 in 1990, to 245,718 in 1995.

Children living in specific family types were also examined for 1990 and 1995. As shown in Table I-6, the overall percentage changes in children needing care from 1990 and 1995 by individual family type were virtually the same. For example, children living with their single, employed mother had the highest increase from 1990 at 8 percent. Children living with their unemployed parent who was looking for work had a comparable increase of 7.9 percent. The number of children living with both parents who work at the same time, and those living with their single, employed father increased 7.6 percent since over the past five years.

Table I-6. Estimated Children Likely to Need Child Care by Family Type: 1990 and 1995.*

<i>Family Type</i>	<i>1990</i>	<i>1995</i>	<i>% Change</i>
Employed/Married Couple	185,382	199,459	7.6%
Employed Single Father	7,769	8,360	7.6%
Employed Single Mother	29,705	32,088	8.0%
Unemployed Parent	5,436	5,865	7.9%
TOTAL	228,292	245,718	7.6%

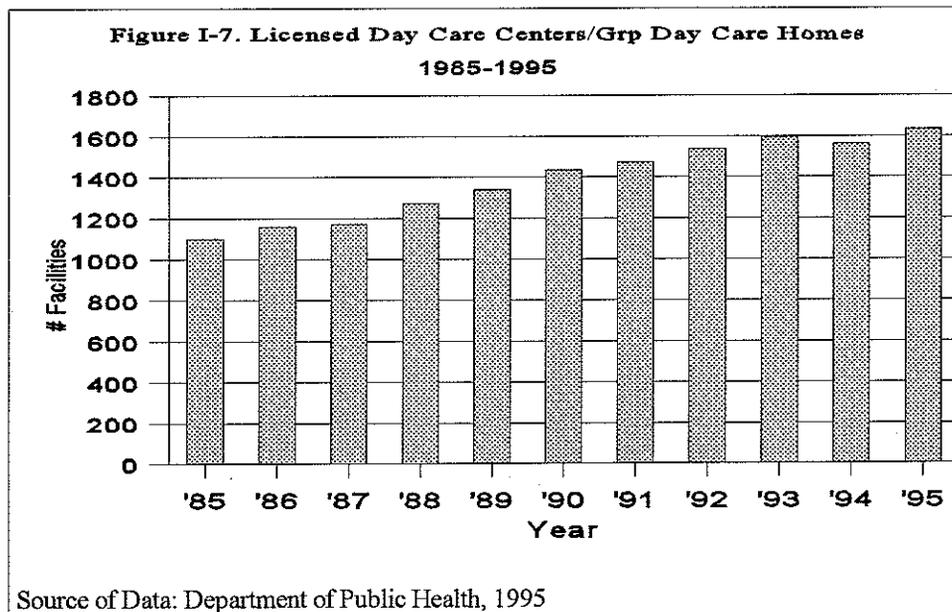
* Includes children ages zero through nine.
Source of Data: LPR&IC, 1996.

Availability of Licensed Child Care

Analysis of child care availability is limited to services provided by facilities licensed by the state. There is no way to calculate how many children are served by the types of care state law exempts from licensure such as the use of relatives and care provided in the child's home, or "underground" care used by parents that should be licensed by the state but is not.

Licensed child care includes day care centers, group day care homes, and family day care homes.² Between 1985-1992, the overall number of licensed child care facilities state wide increased 92 percent, from 3,953 to 7,580. Over the last three years, however, the number has declined almost 10 percent to 6,857 in 1995, mainly due to a decrease in the number of licensed family day care homes.

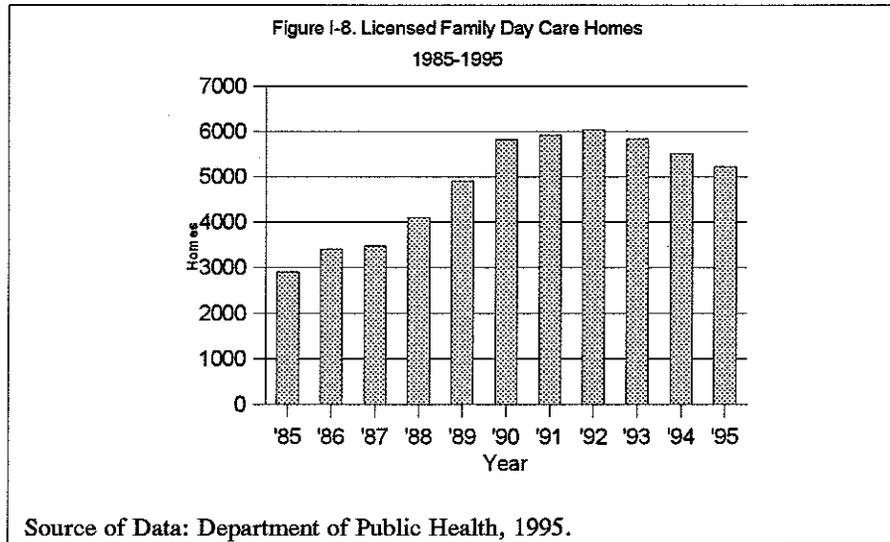
The number of day care centers and group day care homes has steadily increased over the past decade. As Figure I-7 illustrates, there were 1,099 day care centers licensed in 1985. This number rose almost 49 percent to 1,632 licensed centers in 1995.



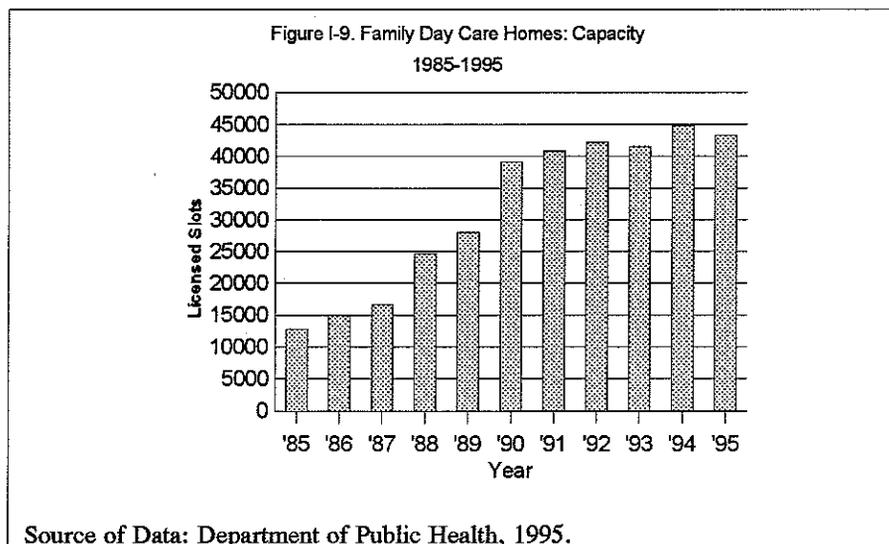
Although the Department of Public Health (DPH), which licenses child care facilities, tracks the total number of licensed day care centers and group day care homes, it does not have figures on the number of licensed slots for such facilities. As such, an analysis of the total licensed capacity over time could not be conducted. The department could, however, provide a current capacity figure. As of August 1995, DPH reported a total of 69,217 licensed slots state wide for day care centers and group day care homes.

² Day care centers are licensed to care for more than 12 children at one time. Group day care homes are licensed for 7-12 children, and family day care homes have a maximum licensed capacity of six children (not including children cared for before and after school). Centers and group day care homes follow the same regulations, while family day care homes follow a different set of regulations.

Figure I-8 shows the number of licensed family day care homes since 1985. Between 1985 and 1992, family day care homes increased 108 percent, from 2,894 to 6,043. Since 1992, there has been a 13.5 percent decline in the number of such homes. As of August 1995, there were 5,224 licensed family day care homes state wide.



Capacity levels for family day care homes, available on a yearly basis, are illustrated in Figure I-9. Family day care home capacity in terms of the number of slots more than tripled between 1985 and 1994, from 12,803 to 44,803 slots. Since then, licensed capacity dipped slightly to 43,965 slots as of August 1995. Although the actual number of licensed homes has decreased since 1992, overall capacity has remained relatively constant between 42,000 and 45,000 slots.



DPH data also show the licensed capacity per family day care home has increased over the past 10 years. In 1985, family day care homes were licensed for an average capacity of 4.42 children per home. In 1995, family day care homes were licensed for an average of 8.33 children per home. One of the main reasons for this increase was a regulatory change in 1987. At that time, family day care home providers were permitted to care for an extra three children before and after school hours. Prior to that change, the maximum capacity was six children per home.

Geographical Distribution

In addition to examining child care demand from a state wide perspective, analysis of how well demand is met by the state's licensed child care capacity on a geographic basis was also made. The regions used to analyze geographic child care demand are based on 1990 census information, which divided the state into 27 different areas according to population tracts of 100,000 people. (Appendix A provides a list of towns in each region.) Table I-10 shows the results of this analysis.

As the table illustrates, just over 113,000 child care slots were licensed by the state in 1995. These slots could accommodate 46 percent of the 246,000 children aged zero through nine estimated to need child care. This figure may be somewhat overstated because children over nine years old needing care are not included in the analysis.

The table also shows areas of the state where the supply of licensed child care meets a greater proportion of the age zero through nine demand. For example, the top three geographical regions in terms of supply of licensed slots are the Greenwich Area region (80.4 percent), the Newington Area region (71.8 percent), and the Middlesex County region (55.7 percent). Areas with the lowest percentage of children who can be served by licensed care include the Windham County region (28.6 percent), the Waterbury City region (30.5 percent), and the Bridgeport City region (34.8 percent). Assuming regulated care costs more than unregulated care, such patterns of geographic availability of licensed child care may be related to parental ability to pay for care. A review of 1990 census information also showed the towns in the top three regions had higher median household incomes than the towns in the bottom three regions, which may indicate a greater ability of parents to pay for licensed child care in these areas.

It should be noted that Table I-10 only indicates state wide *capacity* of 113,000 licensed child care slots, and not how often such slots are used. Actual *utilization* of licensed slots may be higher or lower depending on certain circumstances. For example, providers may fill their slots on a part-time basis during a given day, thus increasing the number children serviced by a single slot. On the other hand, slots may go unfilled at any given time, actually decreasing overall utilization. As a result, it is difficult to accurately determine the utilization of licensed slots.

Table I-10. Percent of Children Likely to Need Care who can be Served by Licensed Slots: 1995.

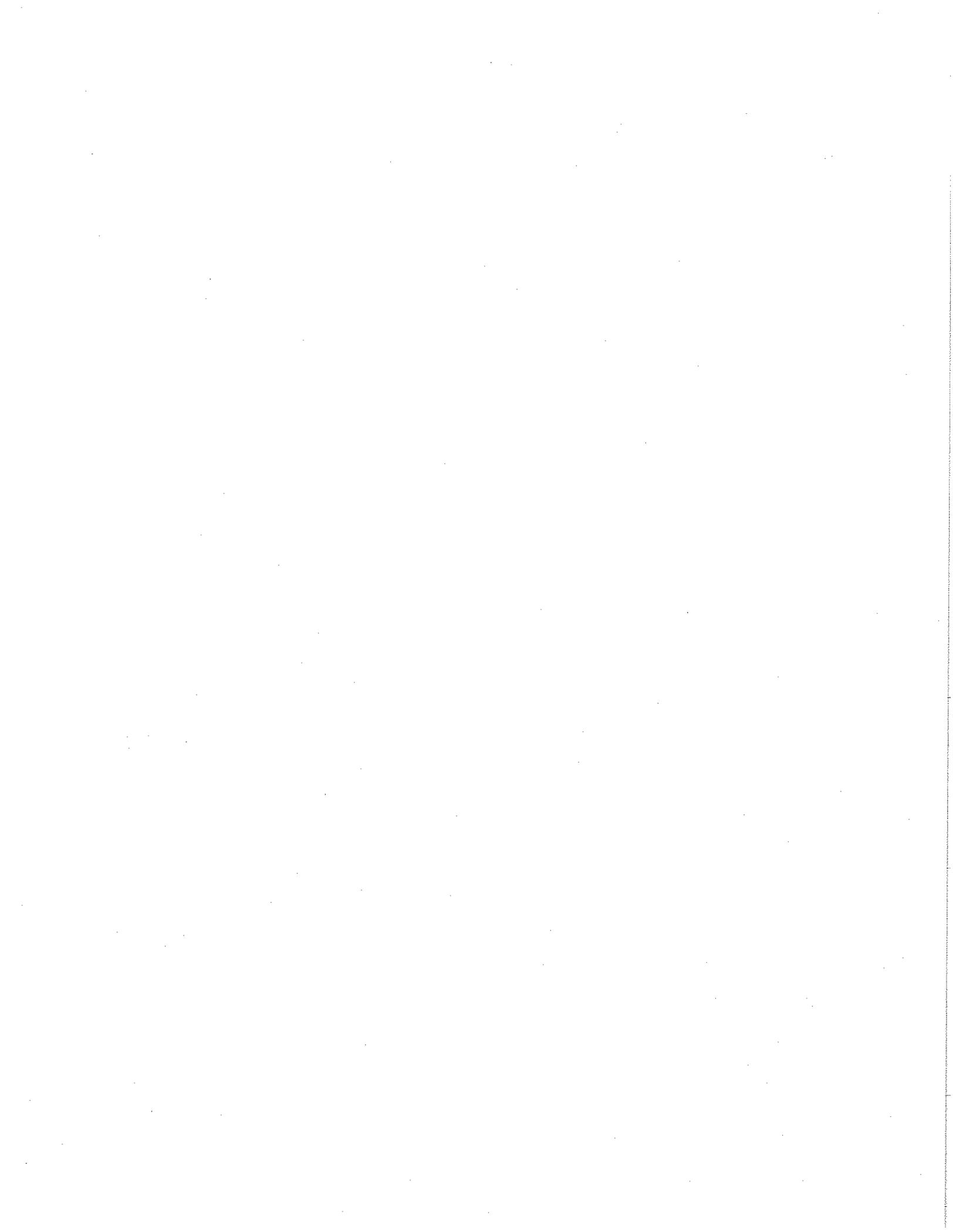
<i>Census Area</i>	<i>Center Capacity</i>	<i>FDCH Capacity</i>	<i>Total Licensed Capacity (8/95)</i>	<i>Estimated Need*</i>	<i>% That Can be Served by Licensed Slots</i>
1	3,394	2,282	5,676	14,953	38.0
2	3,682	3,161	6,843	12,987	52.7
3	3,069	1,656	4,725	9,547	49.4
4	3,609	1,257	4,866	10,284	47.3
5	2,039	1,947	3,986	8,564	46.5
6	2,202	1,937	4,139	8,564	48.3
7	2,253	1,402	3,655	8,073	45.2
8	4,230	2,094	6,324	8,810	71.8
9	2,502	2,806	5,308	9,793	54.2
10	1,175	1,413	2,588	9,056	28.6
11	3,407	1,615	5,022	11,021	45.6
12	3,099	420	3,519	4,376	80.4
13	2,463	683	3,146	7,336	42.9
14	3,158	881	4,039	7,827	51.6
15	2,206	910	3,116	6,844	45.5
16	2,038	1,778	3,816	7,827	48.7
17	2,369	1,296	3,665	10,530	34.8
18	1,536	627	2,163	7,090	30.5
19	2,121	1,347	3,468	8,564	40.5
20	2,136	1,830	3,966	9,301	42.6
21	2,802	2,093	4,895	10,284	47.6
22	1,219	1,919	3,138	7,581	41.4
23	2,174	1,054	3,228	7,827	41.2
24	2,010	1,414	3,424	7,827	43.7
25	3,592	2,682	6,274	11,267	55.7
26	2,234	2,221	4,455	10,284	43.3
27	2,498	1,240	3,738	9,301	40.2
TOTAL	69,217	43,965	113,182	245,718	46.1

* Calculated by taking 1990 need of children 0 through 9 years old by region as a percent of total demand for this age group, and applying same rate to 1995 estimated need based on official OPM population projections by town.

KEY POINTS

CHAPTER TWO: CHILD DAY CARE POLICY IN CONNECTICUT

- Child day care policy in the state began to fully develop during the late - 1960s.
- The Department of Social Services currently serves as the state's lead agency for child care policy and program development.
- The Department of Public Health is responsible for licensing and regulating all child care facilities.
- The Child Day Care Council, under DSS for administrative purposes only, is a 21-member panel responsible for making recommendations on child care regulations and advising state agencies on child care policy.



CHILD DAY CARE POLICY IN CONNECTICUT

Connecticut has been “regulating” and administering programs for child care as far back as the early 1900s. In 1911, the state required anyone who cared for or boarded more than four children under the age of 16 to obtain a license from the state board of charities.³ By the 1920s, a license was required from the bureau of child welfare by anyone caring for one or more children. In 1935, this licensing authority was given to the commissioner of welfare.⁴

During the World War II era, Congress passed the Lanham Act which provided funding for child care centers created in areas affected by the war. In 1943, 11 communities throughout Connecticut had child care centers supported by these federal funds.⁵ Although the centers were operated by the state Department of Education and the Committee on Care of Children of Working Mothers of the Connecticut War Council, it was the Department of Health that began establishing general regulations governing such centers.⁶ Even though federal support was eliminated after the war, the state continued a system of certifying child care centers on a voluntary basis.

Throughout the 1950s and early 1960s, the state played a minor role in regulating child care. However, this policy changed during the late 1960s. In 1967, the Connecticut Child Day Care Council was established to make recommendations on child care regulations and serve in an advisory capacity regarding child care policy matters. During this time, the Department of Health Services began using a mandatory regulatory system for child care centers in conjunction with consultative services provided by the state Department of Education. Child care that was not in larger, center-based facilities (i.e., family day care, which is described in detail later), came under the jurisdiction of the Department of

3 Family Day Care Homes in Connecticut, Legislative Program Review and Investigations Committee, December 1980, p. 19.

4 *Ibid.*, p. 19.

5 Caring for the Children: Child Care in Connecticut, Connecticut Association for Human Services, 1990, pp. 13-14.

6 *Ibid.*, p. 14.

Welfare, later known as the Department of Social Services, thus creating a two-tiered regulatory system.⁷ This type of system continued for the next 25 years.

Child care policy in Connecticut began to further develop in the 1970s. At that time, the Department of Community Affairs, which administered anti-poverty, housing, and social service programs, became the lead agency for child care policy and coordination. Among other things, the department was responsible for overseeing day care centers directly funded by the state.

In 1973, the Permanent Commission on the Status of Women (PCSW) was created with an emphasis on child care as a policy directive. The Department of Children and Youth Services (DCYS) was also established. During the following year, responsibility for child welfare services was transferred from the welfare department to the newly formed children and youth services department. Although this switch was made, it was still possible for a provider to receive a license from either the welfare department or DCYS. An agreement between the two departments allowed the DCYS commissioner's signature to appear on family day care home licenses while staff from the welfare department continued to perform the licensing function.

In 1975, the name of the welfare department became the Department of Social Services. At the same time, the Office of Child Day Care was established within the community affairs department. The office was created to provide advocacy, coordination, and planning for all types of day care services throughout the state.

During the late 1970s, the organization of Connecticut state government changed as a result of recommendations made by the Committee on the Structure of State Government (Filer Commission). The Department of Social Services became two separate agencies: the Department of Human Resources (DHR), and the Department of Income Maintenance (DIM). Each agency played a role in child day care, as did DCYS and the health and education departments.

With the elimination of the Department of Community Affairs as a result of recommendations made by the Filer Commission, the Office of Child Day Care was moved to the Department of Human Resources, which also assumed funding responsibilities for the state-funded centers. Throughout these organizational changes, the departments of health and education maintained their respective roles relating to day care center licensure.

Regulation and licensing responsibilities for family day care homes was originally to be placed in the Department of Human Resources. However, the Child Day Care Council recommended the adoption of revised licensing regulations in 1978. There was ensuing debate

⁷ Ibid., p. 20.

about which agency -- DHR or DCYS -- actually had jurisdiction over the review and promulgation of regulations. The question was settled in the following year as a result of Public Act 79-631, which transferred licensing responsibilities to the Department of Children and Youth Services. Although DCYS had the official authority to license family day care homes, DHR actually processed providers' applications and conducted inspections of the homes for regulatory compliance.

Several legislative studies on child care were completed during the 1980s. The Legislative Program Review and Investigations Committee produced two studies: one on family day care homes and the other on center-based child day care. The primary legislative changes resulting from those reports included transferring responsibility for licensing family day care homes from the Department of Children and Youth Services to the Department of Human Resources, and requiring DHR to issue family day care regulations.

In addition to the program review committee studies, the Child Day Care Services Study Commission completed a study in 1985. Prompted by a special act of the legislature, this study was conducted by a 13-member commission. Its main objective was to make recommendations concerning improvements to the state's child care services delivery system. Among the commission's main recommendations were: 1) establish DHR as lead state agency to have statutory jurisdiction and responsibility for all child day care activities; 2) establish a separate capacity within the department for planning and policy development activities; 3) create a Bureau of Child Day Care Services within DHR to elevate the formal status of day care; 4) redirect and target state resources to increase and show a greater commitment to private sector initiatives; and 5) abolish the Child Day Care Council.

In 1985, legislation was passed designating the Department of Human Resources as lead agency for child day care. The legislation specified new requirements that the department was to fulfill, such as providing an annual report on the status of day care in the state to the governor and legislature. The same public act also eliminated the Office of Child Day Care and expanded the duties of the Child Day Care Council. Moreover, the Commission on Children, mandated to oversee matters related to children and youth, was created during that year, and the Permanent Commission on the Status of Women replaced the Office of Child Day Care as staff to the day care council. However, the legislature removed this responsibility from the commission in 1987.

Throughout the rest of the 1980s, the role of DHR as lead child care agency became more defined in terms of programs administered and policy-making capacity. Also during that period, the requirement for family day care homes to be *licensed* by DHR changed to a system of *registering* with the department -- although providers needed to fulfill many of the same requirements as under licensure. Further, annual, unannounced inspections to one-third of the licensed facilities replaced the system of annual renewal visits to family day care home providers.

In 1988, the Commissioner of Health Services was given authority to issue day care regulations unilaterally without having to act on recommendations from the Child Day Care Council. Meanwhile, membership on the day care council was expanded from 14 to 23 members. In 1989, the state also began receiving increased federal funding following the passage of the federal Family Support Act the year before.

Organizational changes to the child care system continued during the early and mid-1990s. Additional federal funding via the Child Care Development Block Grant (CCDBG) also meant new responsibilities for the Department of Human Resources as lead child care agency.

In 1993, Public Act 93-262 created the current Department of Social Services (DSS) by combining DIM and DHR, along with other departments and programs. Child care programs and the licensing functions for family day care homes were again placed in one department as a result of the merger. Further, family day care "registration" once again became "licensure." Licensing for larger child care facilities, however, remained in the health department, which became the Department of Public Health and Addiction Services.

Public Act 93-262 also required the Child Day Care Council to study the "assignment of responsibility for child care licensing and registration functions in the state." The overall purpose of the council's study was to make recommendations on improving the administration, coordination, accountability, and cost-effectiveness of day care licensing.

Following the Child Day Care Council's study, Public Act 94-181 transferred the licensing and regulatory functions for family day care homes from DSS to the Department of Public Health and Addiction Services in July 1994. At present, all health, safety, and licensing responsibilities for child day care rest with the public health department. The department also continues to receive limited consultative services from the Department of Education. It should be noted that the name of the Department of Public Health and Addiction Services was changed to the Department of Public Health (DPH) in 1995.

The most recent change to the child care system having policy implications came during the 1995 legislative session with the creation of the Office of the Child Advocate (OCA.) OCA was given a wide range of duties and responsibilities, some of which include child day care. In general, OCA has the ability to: 1) evaluate the service delivery systems used by state agencies and others that receive state funding to provide children's services; 2) periodically review and investigate procedures established by any state agency providing services to children; and 3) make recommended changes to the child care system.

Child Care Policy in Other States

Child care regulatory authority and policy making structures vary from state to state. Six states -- Massachusetts, Minnesota, New Hampshire, New Jersey, Oregon, and Rhode Island -- from different sections of the country were contacted on how child care programs are organized and what the licensing and policy-making practices are in those states. The results of the review are shown in Table II-1.

Table II-1. Child Day Care Policies in Other States.							
	<i>CT</i>	<i>NH</i>	<i>NJ</i>	<i>MA</i>	<i>MN</i>	<i>OR</i>	<i>RI</i>
Lead child care agency handles day care ctrs/group day care home licensing/regulation*		✓	✓	✓	✓(1)	✓	
Lead child care agency handles family day care home licensing/regulation		✓	✓(2)	✓	✓	✓(3)	
Lead agency administers subsidy programs	✓	✓	✓		✓		✓
Lead agency utilizes services of another state, county, or local agencies for services	✓	✓	✓	✓	✓	✓	✓

* Lead child care agency designated for administering the Child Care Development Block Grant.

(1) Minnesota is designating a new department as lead agency effective 10/95 -- licensing will remain in current department separate from new lead agency.

(2) New Jersey registers family day care home providers on a voluntary basis with no recurring inspections.

(3) Oregon registers family day care home providers with no recurring inspections.

Source of Data: LPR&IC Staff Phone Survey, July 1995.

As Table II-1 shows, there are similarities and differences between Connecticut and the other states surveyed in how child care licensing/regulatory and program functions are administered. In five of the seven states, the lead agency is responsible for the licensing/regulatory function of child care facilities -- although this will soon change in Minnesota. This similar function does not occur in either Connecticut or Rhode Island. The table also shows that in five of the seven states, the lead agency is responsible for administering child care subsidy and voucher programs, which is similar to Connecticut's system.

Proposed Federal Changes

A lot of discussion has recently taken place at the federal level in terms of eliminating or combining programs, lessening program regulations, and changing how programs such as those for child care are funded, namely via federal block grants. However, changes to federal block grants supporting child care programs had not been finalized at the time the committee's study was completed.

If such federal reform occurs, Connecticut's child care system could be affected in several ways. First, funding from the several block grants now received by the state for child care and child nutrition programs will probably be folded into fewer, broader grants. Second, the new block grants would most likely have fewer -- or possibly new -- federal requirements and restrictions placed on states than the current grants. This should allow the state increased flexibility in terms of how federal money is spent. And third, it is likely that the overall amount of federal support will gradually decline over the next several years.

KEY POINTS

CHAPTER THREE: TYPES OF CHILD DAY CARE ARRANGEMENTS AND BASIC LICENSING REQUIREMENTS

- Different child care arrangements are available to parents; licensed care includes family day care homes, group day care homes, and day care centers.
 - family day care homes care for six or fewer children
 - group day care homes care for seven to twelve children
 - day care centers care for more than twelve children

- Distinct statutes and regulations govern family day care homes and group day care homes/day care centers.

- Licenses to operate any type of child care facility are valid for two years.

- Eight-state comparison of child care regulations, including all New England states, shows Connecticut's regulations on par with states having more stringent requirements for child care providers.

- Child care providers exempt from state licensure include:
 - informal arrangements among neighbors or relatives providing care in their own homes;
 - care provided by a public or private school;
 - recreation operations, such as library programs, boys' or girls' clubs, summer programs, or church-related activities; and
 - drop-in supplementary care where the parent is on the premises for educational or recreational purposes.



TYPES OF CHILD DAY CARE AVAILABLE AND BASIC LICENSING REQUIREMENTS

Several different types of child day care are currently available to parents in Connecticut. These settings range from care provided within a child's own home, to center-based facilities caring for a large number of children. Child care facilities also vary in their organizational composition. For example, some settings are private, for-profit facilities, while others are not-for-profit. Still others receive funding from the state, while most operate totally within the private market system.

Depending on the type and size of child care setting, there are certain licensing requirements that need to be met before a provider can receive a license to operate a child care facility. These licensing requirements primarily depend on where the care is being provided and who is providing the care. This chapter describes the various types of care used by parents and the basic licensing requirements for each child care setting.

Family Day Care Homes

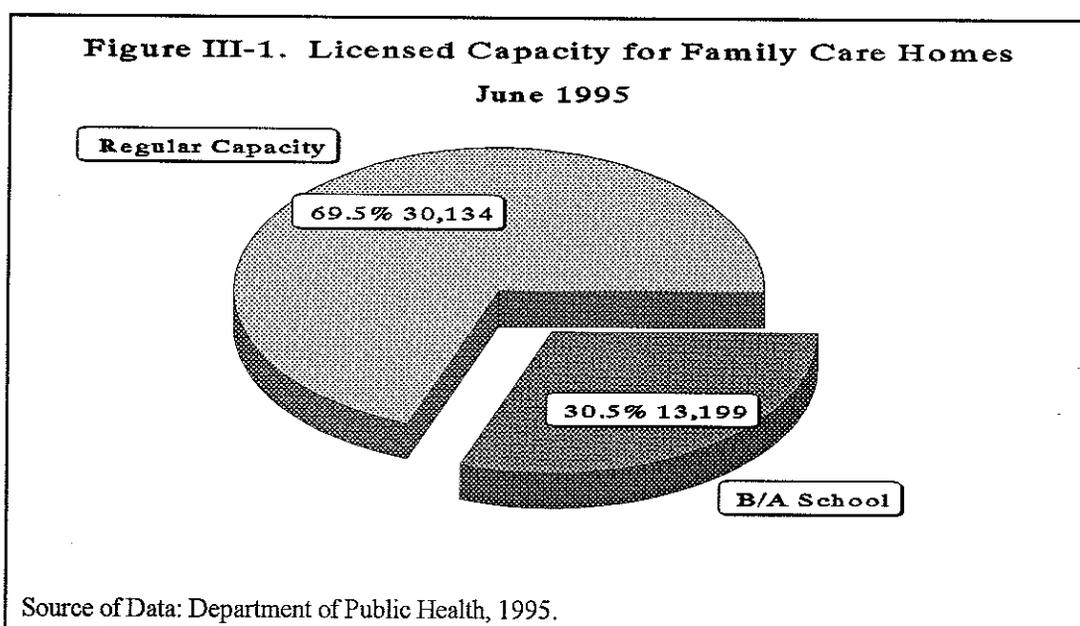
Family day care homes (FDCHs) are usually small settings operated within a provider's own home. The Department of Public Health licenses more family day care homes than any other type of child care setting.

The licensed capacity for FDCHs is set by statute, and includes the following requirements:

- care is limited to a maximum of six children, including the provider's own children who are not in school full-time;
- children are cared for not less than three hours or more than 12 hours during a 24-hour period, except that care may be provided in excess of 12 hours, but not more than 72 consecutive hours, to accommodate a need for care or intermittent short-term overnight care;
- care is given on a regularly recurring basis;

- a maximum of three additional children in school full-time, including the provider's own children, can be included in the licensed capacity during the regular school year, except if a provider has more than three children in school full-time in which case all of the provider's children must be permitted in the licensed capacity; and
- care may be given for no more than two children under the age of two, including the provider's own children, without an assistant present -- a maximum of six children under two years of age may be cared for by a provider and an assistant.

As of mid-1995, there were 5,224 family day care homes licensed throughout the state. The total number of licensed slots (i.e., capacity) for those homes is shown in Figure III-1.



As the figure shows, family day care homes are assigned two distinct capacity numbers, regular and school age. Regular capacity, currently set at six, defines the maximum number of children a provider may care for at any time during the year. School age children who are not the provider's own children and who receive care for three or more hours either before or after school, are included in the regular capacity limit.

School age capacity is the additional number of children in school full-time that a provider may care for before or after school hours during the school year. The school age capacity limit is three children, including the provider's own children. This limit does not apply during summer school vacation, however, the provider's own school age children are permitted without counting them in the regular capacity limit. Further, the provider's own children who are 12 years of age or older, are not counted toward either capacity limit.

It should be noted that licensed capacity is the total number of full-time child care slots licensed by the Department of Public Health -- it is not utilization of those slots. In other words, even though there are 43,965 total slots licensed, family day care home providers may fill slots on a part-time basis, or not at all in some circumstances. Thus, licensed capacity should not be confused with how many children are actually using a child care slot on any given day. Although the public health department tracks the number of licensed slots, it does not analyze the utilization of such slots.

License application process. To become a licensed family day care home provider, a person must meet certain requirements and complete an application. Beginning January 1996, licenses are valid for two years with a \$20 application fee. Prior to that, they were valid for one year with a \$10 fee.

All license applicants must be at least 20 years of age and demonstrate to the department that they are physically, emotionally, and mentally capable of handling the responsibilities associated with child care. The following primary information is required as part of the family day care license application:

- a signed medical clearance based on a physical examination conducted within the previous 12 months certifying that the applicant, and each household member over age 18, is in good health, free from any health condition that may be harmful to children, and does not have active tuberculosis;
- a statement that each child in the household is current with all required immunizations, and has had a physical examination within the last year;
- a list of all adults and children living in the home;
- signed permission from all adults aged 18 and over for criminal background and protective service checks;
- a valid certificate from an approved basic first aid course for child care providers;
- four references;
- a copy of an inspection or permit for any wood burning stoves or auxiliary heaters in the household; and
- a copy of a water test completed within the last year, if water comes from a private well.

Before an initial FDCH license is granted, the application must be approved and an announced inspection of the home completed by DPH. Inspections are done only after the department receives the completed license application, reference letters, and results of the background screenings. When the inspection takes place, Connecticut law requires that all family day care homes be inspected for evident sources of lead poisoning prior to being issued an operator's license.

License renewal. The license renewal application is an abbreviated version of the initial application. Providers are asked to update changes in the household such as new members, physical changes to the home, personal health information including a revised medical clearance, names of children cared for, and names of staff members.

A home inspection is not completed at the time of renewal unless there is a change affecting the provider's license information. Also, if a renewal application is submitted timely but not acted upon by the department prior to the expiration date of the license, the current license remains valid until the application is either approved or disapproved.

Family day care home licensing standards in other states. The Department of Public Health recently put together a summary of licensing standards for family day care homes in each of the six New England states, New York, and New Jersey. A comparison of those standards is shown in Table III-2. The table also separates Connecticut's requirements from the other states.

As the table shows, family day care home licensing standards in Connecticut can be categorized as falling within the vast majority of states with more stringent requirements for most standards analyzed. For example, Connecticut, along with six of the other states, allows a maximum of six full-time children per provider, which is the lowest number allowed by any of the states. Connecticut also allows a maximum of two infants for one provider -- the lowest among the eight states examined.

The number of states requiring family day care home providers to have first aid training is equally divided -- Connecticut requires first aid training for licensure. On the other hand, only Connecticut and one other state do not require family day care home providers to receive continuing education.

Five states, have combined announced/unannounced routine inspections. Connecticut, along with two other states have unannounced routine inspections. However, initial inspections are all done on an announced basis in this state. Also, Connecticut and four other states require physical examinations for providers and all adults in the household having contact with the children being cared for. The other three states either require only the providers to have exams or have no requirement at all.

Table III-2. Summary of Family Day Care Home Licensing Standards Used in All New England States, New York, and New Jersey -- 1995.

<i>Factor</i>	<i>Standard</i>	<i>Number of States</i>
Maximum number of full-time children allowed in home with one provider	6 children more than 6 children	7 States (CT) 1 State
Additional part-time school age children allowed	Yes No	6 States (CT) 2 States
Maximum number of infants in a group with one provider	2 3 4	5 States (CT) 2 States 1 State
First Aid Training Required	Yes No	4 States (CT) 4 States
Continuing education required	Yes No	6 States 2 States (CT)
Inspection in response to a complaint	Unannounced	8 States (CT)
Routine inspections required on regular basis	Unannounced Announced/Unannounced	3 States (CT) 5 States
Physical examination required	Provider +other adults Providers only Not required	5 States (CT) 1 State 2 States

Source of Data: Department of Public Health, 1995.

Child Day Care Centers and Group Day Care Homes

In addition to family day care homes, two other types of child care settings -- child day care centers and group day care homes (GDCHs) -- are licensed by the Department of Public Health. These settings are permitted to care for more children than family day care homes, and have their own set of regulatory requirements.

The licensed capacity levels for centers and group day care homes are defined by statute. Group day care homes are programs offering supplementary care for not less than seven nor more than 12 related or unrelated children on a regular basis for a part of the 24 hours in one or more days in a week. Child day care centers are also supplementary care programs, but care for more

than 12 related or unrelated children outside their own homes on a regular basis for a part of the 24 hours in one or more days in a week.

As of mid-1995, there were 1,530 child care centers and 102 group day care homes licensed in the state, for a total of 1,632 facilities. The total licensed capacity state wide for center-based care facilities and group day care homes was 69,217 slots. The vast majority of those slots were in day care centers.

Application process. Any person or group wanting to operate a day care center or group day care home must first apply for a license from the Department of Public Health. Similar to family day care homes, all operators must be at least 20 years of age.

The application for a license has several main sections and applicants must submit detailed information relating to each, including:

- name and address of the facility, operator, and director;
- head teacher;
- local government fire, building, and zoning approvals;
- enrollment information, including ages of children to be served;
- operating hours;
- administrative policies and procedures;
- record keeping procedures;
- staffing and consultants;
- food service;
- physical plant; and
- educational program.

Applicants must also submit a notarized affidavit regarding various conditions of licensure, such as agreeing to unannounced inspections of the facility. Staff schedules and credentials, a release form for a criminal background check, notification of proposed changes to the facility, a nursing visit check list, and an application fee must also be submitted. The fee schedules and licensure periods for GDCHs and day care centers are outlined in Table III-3.

It should be noted that all new group day care homes and day care centers receive a provisional license after DPH inspects the facility and is satisfied it meets all statutory, regulatory, and local requirements. The license is valid for six months, and may be renewed for an additional six months. On-site inspections are part of the renewal process for provisional licenses.

Table III-3. Licensing Fees and Licensure Periods for Group Day Care Homes and Day Care Centers -- August 1995.

<i>Type of Facility</i>	<i>Temporary Licenses</i>	<i>Initial and Renewal Licenses</i>
Group Day Care Home	<ul style="list-style-type: none"> ● \$30 fee ● issued to all new programs; valid for six months with additional six month renewal. 	<ul style="list-style-type: none"> ● \$100 fee ● valid for two years
Day Care Center	<ul style="list-style-type: none"> ● \$50 fee ● issued to all new programs; valid for six months with additional six month renewal. 	<ul style="list-style-type: none"> ● \$200 ● valid for two years

Source: C.G.S. Sec. 19a-80(b).

Staffing requirements. One of the major licensing requirements day care center and group day care home operators must meet is proper staffing levels and credentials. State regulations are very specific in terms of staffing, and require certain numbers and types of staff for each center-based or group day care home facility. All staff must also have current medical tests and criminal background checks before a license is issued to the operator.

Regulations further specify that each facility is to have staff members who meet certain educational and experience requirements in order to operate. For example, every day care center and GDCH is required have a head teacher. This person must be on-site at least 60 percent of the time the facility is operating during a given week. Each head teacher has to meet the requirements outlined in Table III-4.

In addition to a head teacher, a second program person is needed. This person works under the head teacher's supervision and must be at least 18 years old and have one of the following qualifications:

- a high school diploma or equivalency certificate; or
- at least 540 hours of documented experience in working with unrelated children of the same age(s) as those to be served in the day care center or group day care home.

Table III-4. Minimum Staffing Requirements for Day Care Center and Group Day Care Home Head Teacher Position.

<i>Position</i>	<i>Age</i>	<i>Education and Professional Experience</i>
Day Care Center Head Teacher or Group Day Care Home Head Teacher	20	<ul style="list-style-type: none"> ● High school diploma or equivalency certificate; <u>and</u> at least 1,080 hours of documented supervised experience over 9-month time frame, including working w/ children in a program with Connecticut's standards (or comparable) in this or another state, and working with children of same ages/ developmental stages as those to be served in the day care center, <u>and</u> either a current center-based Child Development Associate credential* or 12 college credits in early childhood education/development; <p>OR</p> <ul style="list-style-type: none"> ● Head teacher approval by DPH prior to 1994; <p>OR</p> <ul style="list-style-type: none"> ● Four-year college degree in early childhood education or child development; <u>and</u> at least 360 hours of documented, supervised work experience with unrelated children of same age(s) to be served in day care center or GDCH including at least 1 semester of student teaching with children of same age(s) and developmental stages as those to be served in GDCH or day care center.

* Child Development Associate (CDA) certificate is issued by the national Council for Early Childhood Professional Recognition. As of 11/95, there were 720 CDA providers in Connecticut; 619 in day care centers and 101 in family day care homes.

Source: DPH license application for child day care centers and group day care homes, 1995.

Other program assistants and staff working in the facility must be at least 16 years old and able to work under supervision. At least one staff member, who has completed a DPH-approved safety and first aid course within the past three years, must be present whenever a day care center or group day care home is in operation.

At least two staff people 18 years or older have to be on the facility premises whenever one or more children is in attendance. The staff must be able to care for the children. Further, all staff must have the personal qualities (undefined in regulation) necessary for child care, including caring for and working with children, relating to adults, and relating to parents.

In addition to staff qualifications, proper staff-to-child ratios have to be maintained. In most instances, there must be at least one staff person for every 10 or fewer children. Whenever there is a group with children of different ages, the required ratio for the youngest child's age prevails. The maximum size of any group (number of children cared for in a specific area) cannot exceed 20 children.

Program staff are required to complete continuing education courses during the year. Regulations state that continuing education must equate to one percent of the total number of hours worked during the year. The education may include early childhood education and development, licensing and regulations, health issues, nutrition, first aid, social services, and child abuse laws.

Endorsements. Department of Public Health regulations require separate endorsements whenever a day care center or group day care home cares for: 1) children under three years old; 2) school age children (age five or older); or 3) children needing care overnight. No facility can care for children in these categories without the appropriate endorsement.

There are different staff-to-child ratios for each of the endorsements depending on the ages of the children served. The *under three* endorsement requires that there be at least one staff person for every four or fewer children, and the group size cannot exceed eight children. Regulations also require that each group of children be separated by a physical barrier to ensure the children's safety. Further, a consulting nurse must visit and examine the children on a specified basis.

Programs caring for children at least five years old who are in elementary or middle school, are required to have a *school age* endorsement. The staff-to-child ratio for this endorsement is one staff person for every 10 children. Group size cannot exceed 20 children.

Any day care center or group day care home program providing child care for one or more hours between 8:00 p.m. and 6:00 a.m. is required to have a *night care* endorsement. The staff-to-child ratio for this endorsement is 1:10, and group size cannot exceed 20 children.

Licensing standards in other states. Similar to family day care homes, the Department of Public Health developed a summary of licensing standards for group day care homes and day care centers in each of the New England states, New York, and New Jersey. The summary, shown in Table III-5, also highlights Connecticut's requirements.

Table III-5. Summary of Group Day Home and Day Care Center Licensing Standards Used in All New England States, New York, and New Jersey -- 1995.

<i>Factor</i>	<i>Standard</i>	<i>Number of States</i>
Maximum staff to child ratio for infant/toddler settings	1:4 1:5 1:6 1:7	2 States (CT) 3 States 2 States 1 State
Maximum staff to child ratios for preschool settings	1:9 1:10 1:12 1:15	1 State 5 States (CT) 1 State 1 State
Maximum staff to child ratio for school age settings	1:10 1:13 1:15 1:18	1 State (CT) 4 States 2 States 1 State
First Aid Training Required	Yes No	5 States (CT) 3 States
Continuing education required	Yes No	6 States (CT) 2 States
Inspection in response to a complaint	Unannounced	All 8 States
Routine inspections required on regular basis	Unannounced Announced/Unannounced	3 States (CT) 5 States
Physical examination required	Provider +other adults Providers only Not required	5 States (CT) 1 State 2 States

Source of Data: Department of Public Health, 1995.

As the table shows, licensing standards for group day care homes and day care centers in Connecticut tend to be on par with the other states reviewed. However, Connecticut is more stringent than the other states in terms of staff-to-child ratios, requiring the most staff per child in two out of three categories of care examined (infant/toddler and school age). Connecticut also requires first aid training for providers, as do four other states. Continuing education is required in Connecticut as well as five other states.

Other Types of Child Care

There are other types of child care in addition to those just described. For example, 26 Head Start programs operate throughout the state serving just over 5,500 children. These programs, administered by the state Department of Education, are primarily funded and regulated by the federal government.

In addition to the federal programs, state-funded family resource centers also offer child care services as a part of their overall programming efforts. These centers operate primarily out of public schools and were initially funded and administered by the Department of Social Services, but were recently transferred to the Department of Education. Family resource centers and Head Start programs meeting the state licensing exemption rules listed below are not licensed by DPH. However, these settings are not included in the scope of this study for project manageability purposes.

Settings exempt from licensure. Several child care settings are statutorily exempt from state licensure. Such arrangements include those:

- administered by a public school system;
- administered by a private school system in compliance with C.G.S. Sec.10-188 and approved by the State Board of Education or accredited by an accrediting agency recognized by the State Board of Education;
- involving recreation operations such as library programs, boys' and girls' clubs, church-related activities, scouting, camping, or community-youth programs;
- involving informal arrangements among neighbors or relatives in their own homes; and
- involving drop-in supplementary child care operations where parents are on the premises for educational or recreational purposes and the child receives such care infrequently.

Any type of care provided in a child's own home is not regulated by the state. Further, the following relatives (as interpreted by the Attorney General's office for the public health department) are exempt from licensure when child care occurs in their own home and the only children cared for are related to them by blood, marriage, or adoption as their own child, grandchild, great-grandchild, sibling, niece or nephew, niece or nephew's child, aunt or uncle, aunt or uncle's child (cousin), or cousin's child (second cousin).

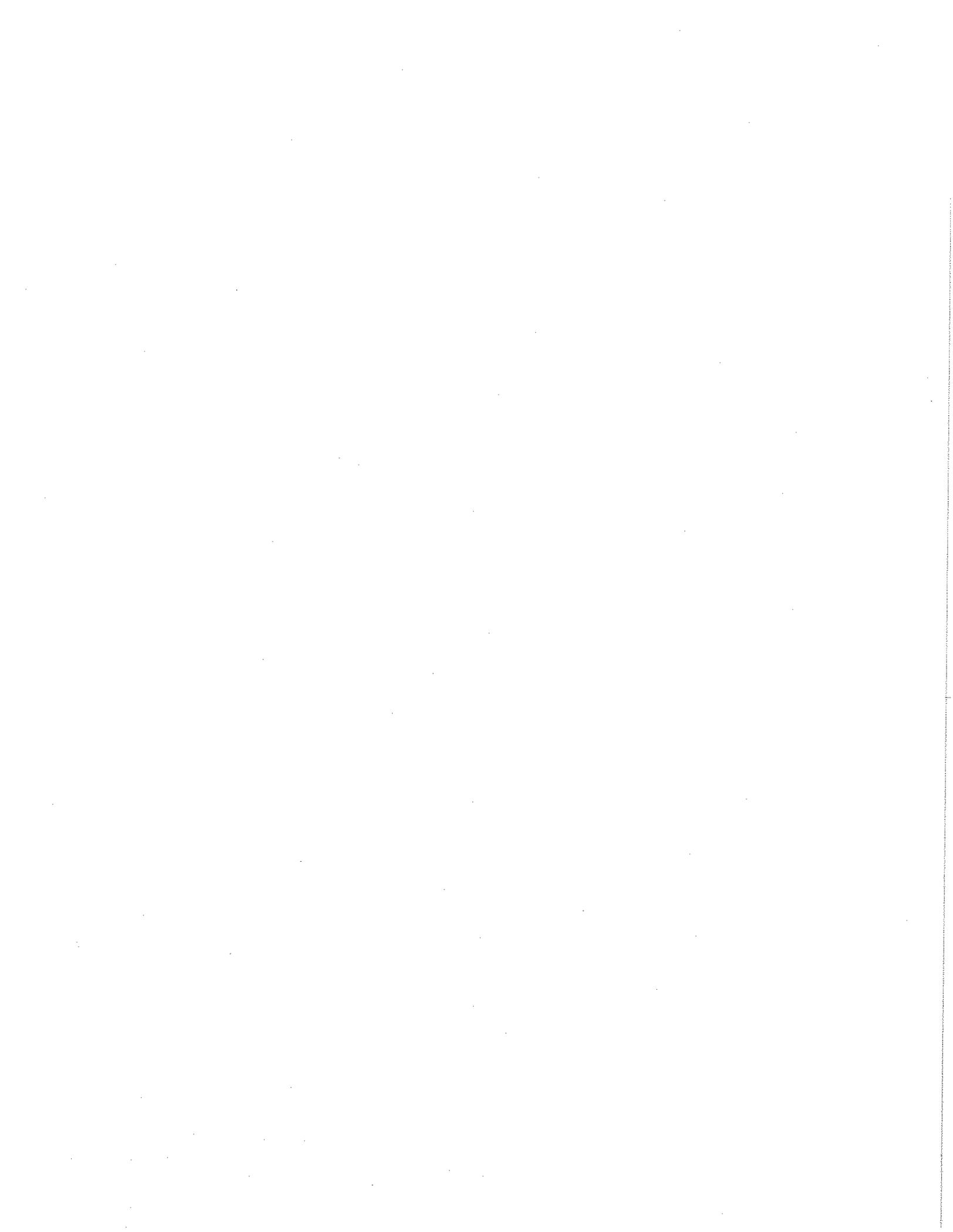
Montessori schools accredited by the American Montessori Society or the Association of Montessori Internationale are also exempt from certain regulatory provisions. Requirements for group size, child-to-staff ratios, and provisions relating to cots do not apply to these schools.

Data on child care not regulated by the state, mainly the use of in-home services including children caring for themselves and younger siblings while their parent(s) are away from home, are very difficult to collect because there is no way for the state to know what type of care parents choose if such care is not licensed. This being the case, it is also difficult to fully gauge how many children are being cared for in either exempt or unlicensed settings throughout the state.

KEY POINTS

CHAPTER FOUR: STATE AGENCY ROLES AND CHILD DAY CARE PROGRAMS

- DPH has 19 staff responsible for regulating family day care homes, while ten staff regulate day care centers and group day care homes.
- DPH budget expenditures for child care regulation totaled \$2.4 million in FY 95; \$1.4 million was state funding and \$1 million federal.
- The Department of Social Services administers various subsidy programs assisting welfare and working-poor parents with child care costs; increases child care availability through various programs; and promotes quality child care through education and training programs.
- 6,300 families on welfare -- representing approximately 10,000 children -- received a state child care subsidy on a monthly basis in FY 95. State and federal expenditures for such subsidy programs totaled \$28.6 million.
- 4,300 low- and moderate-income working families -- representing 6,900 children -- participated in the Child Care Certificate program on a monthly basis in FY 95.
 - Program closed to new applicants since mid-1993
 - State funding for program totaled \$10.2 million, plus an additional \$8.3 million from federal block grants
- \$18 million in state and federal funding created the equivalency of 4,250 child care slots in 91 licensed facilities during FY 95.
- Other agencies, including the state Department of Education and local health agencies, are involved in the child day care system.



STATE AGENCY ROLES AND CHILD DAY CARE PROGRAMS

There is no single state agency solely responsible for child care programs in Connecticut. Child day care regulation, programs, and services cross agency lines and are currently administered by three main departments -- public health, social services, and education. Each department plays unique role in the overall child care system.

The history behind the state's involvement in child day care and the responsibilities of the various departments providing services was described in Chapter II. This chapter examines the current organization of state child care regulation and programs. It also details the current duties and responsibilities of the various agencies involved in child care.

Department of Public Health

The Department of Public Health is responsible for regulating all licensed child care facilities throughout the state. According to the department, the regulatory standards applied by the state to child care settings serve to provide a minimum level of quality. As the demand for new or revised standards increases, the regulatory standards enforced by the state change as well. State child care regulations were last revised effective August 1995.

As shown in Table IV-1, the department's Day Care Licensing unit, which is the unit responsible for regulating child care facilities, had actual FY 94 General Fund expenditures of almost \$829,000 and received just under \$100,000 in federal funding. There was a total of 19 state funded positions -- two of which performed community nursing duties that did not include child day care -- and two federally funded positions for that fiscal year.

During FY 95, General Fund expenditures were estimated to have increased to \$1.43 million and federal funding to roughly \$1 million, for total FY 95 expenditures of \$2.4 million. State-funded positions for that year were expected to increase to 32, and federally funded positions to 18. These positions included additional staff other than child care inspectors. The large increase in state and federal funding and positions between FYs 94 and 95 is due to the additional staff that transferred from DSS to DPH when DPH became responsible for the family day care licensing program at the beginning of FY 95, and to increased federal funding from the Social Services Block Grant.

Table IV-1. Day Care Licensing Budget and Staffing Resources – FYs 1994-97.

<i>Fiscal Year</i>	<i>General Fund Expenditures</i>	<i>State Funded Positions</i>	<i>Federal Funding</i>	<i>Federally Funded Positions</i>
1994	\$828,796	19	\$97,254	2
1995 (Estimated)	\$1,430,006	32	\$996,994	18
1996 (Approp.)	\$1,456,383	32	\$1,041,819	18
1997 (Approp.)	\$1,458,971	32	\$1,088,743	18

Note: The large increase in funding and positions from FY94 to FY95 is due to the transfer of family day care home licensing from DSS to DPH in July 1994 and increased federal block grant funding.
Sources of Data: Department of Public Health and 1995-1997 Office of Fiscal Analysis Budget.

Although not shown in the table, the bulk of the division's General Fund expenditures is for personal services. In FY 94, 92 percent of these expenditures (\$764,000) went toward personal services. In FY 95, it is expected that personal services will consume 87 percent of those funds. The appropriations for fiscal years 1996 and 1997 show General Fund personal services expenditures at 88 percent for each year.

As of late-1995, there were 29 filled child day care *inspector* positions within the Day Care Licensing unit responsible for overseeing licensed facilities and enforcing state regulations. Ten licensing staff were responsible for regulating day care centers and group day care homes, and 19 staff regulated family day care homes, including one who handles complaints and does not have a full inspection caseload.

Part of the regulatory process includes physical inspections of the child care facilities. According to the Governor's 1995-97 budget, 780 of the 1,560 licensed group day care homes and day care centers licensed during 1994 were inspected. These facilities operate on a biennial inspection cycle, meaning one-half of the facilities are inspected annually. Inspections of family day care homes, which are not mandatory for every home according to statute, were completed by the Department of Social Services during that year. However, beginning in FY 95, the Department of Public Health began regulating such homes.

In addition to licensing and inspecting child care facilities, the Day Care Licensing unit is responsible for handling complaints made against child care providers. Such complaints can involve a variety of allegations made against a provider.

Table IV-2 shows the different types of complaints received by the division from July 1, 1994, to June 30, 1995, for group day care homes and day care centers. In total, 311 complaints were received against licensed and illegal day care centers and group day care homes during that year.

Table IV-2. Complaints Received by DPH Against Group Day Care Home and Center Providers--FY95.

<i>Type of Complaint</i>	<i>Number of Complaints with this Allegation</i>	<i>Percentage of Complaints with this Allegation</i>
Illegal Operation	5	2%
Health and Safety	61	20%
Poor Supervision	86	28%
Over Capacity	2	1%
Child Abuse/Neglect	21	7%
Inappropriate Discipline	32	10%
Other	103	33%

N=311

Source of Data: Department of Public Health.

The public health department also provided information about complaints filed against family day care home providers during FY 95. Overall, DPH received 486 complaints against licensed and unlicensed family day care home providers. The types of complaints are outlined in Table IV-3. (Complaints may allege more than one type of problem.)

Table IV-3. Complaints Received by DPH Against Family Day Care Home Providers -- FY 95.

<i>Type of Complaint</i>	<i>Number of Complaints with this Allegation</i>	<i>Percentage of Complaints with this Allegation</i>
Illegal Operation	156	32%
Health and Safety	89	18%
Poor Supervision	96	20%
Over Capacity	82	17%
Child Abuse/Neglect	73	15%
Inappropriate Discipline	21	4%
Other	83	17%

N=486

Note: Some complaints alleged multiple violations.

Source of Data: Department of Public Health.

Department of Public Health policies for day care centers and group day care homes state that once a complaint is received, the licensing specialist assigned to the facility must first assess the complaint. If a complaint involves a life-threatening situation or suspected child abuse, an investigation is to begin within 24 hours or one business day. When a complaint involves a circumstance that may be hazardous to the health and safety of a child, an investigation must begin no later than three business days following receipt of the complaint. Investigations are required to begin within 10 business days for all other complaints. The specialist is also responsible for coordinating efforts for resolving the complaint with other agencies having jurisdiction over these matters if necessary.

Once an investigation is concluded, a report of findings is prepared. According to complaint investigation policies, the report along with a complaint intake form completed when the complaint is received, are submitted to the licensing supervisor within five business days following the investigation.

The report of findings includes recommendations for action to be taken by the department, which has several ways of dealing with substantiated complaint allegations depending on the severity of the violation. Enforcement actions for minor, nonrecurring violations may include a citation issued to the license holder who is then required to file a deficiency correction report with the department. The department has the ability to conduct unannounced inspections to confirm that the provider has made the necessary changes outlined in the correction plan.

License denial, suspension, and revocation are more formal enforcement actions invoked by the department. These actions are used against providers whose violations are serious or repetitive, including those convicted of certain crimes, or who do not show a willingness or capacity to comply with the state's licensing requirements. Civil penalties of up to \$100 per day for each day the provider does not comply with licensing requirements may be levied against the provider. Follow-up inspections to ensure compliance are also conducted by the department.

In FY 95, three such formal actions were taken by DPH against group day care homes and day care centers. During that same year, 25 licensure actions were taken against family day care homes, including six revocations and one suspension.

The public health department may notify a provider in writing any time the provider's license is denied, suspended, or revoked. According to legislation passed during the 1995 session, if a provider does not agree with such action, he or she may file a written request with the department to hold a hearing. These requests must be made within 30 days after the provider receives the initial notification from the department. Hearings are to be held within 60 days from the date the department receives the request.

As mentioned, civil penalties may be levied against family day care homes, group day care homes, or day care centers for noncompliance with licensing requirements following the hearing requested by a provider. Prior to imposing civil penalties, the department is required to notify the provider of the statutes violated, issues or charges against the provider made in a statement, the maximum penalty that may be imposed, and the provider's ability to request a hearing. If, after a hearing, the department finds the provider committed the alleged violations, a civil penalty may be ordered.

Recent legislation also changed the availability of information made public during an investigation. All records obtained by the department in connection with an investigation involving a license action are not subject to the freedom of information (FOI) law for 30 days from the beginning of the investigation, when the investigation (or other informal disposition) is completed, or when a hearing is convened -- whichever is earlier. Formal charges issued by the department to a provider are subject to FOI. Moreover, records which are normally public cannot be deemed confidential merely because they have been obtained in connection with an investigation.

To protect persons reporting alleged problems or violations and the confidentiality of an investigation, names of the persons filing a complaint may not be disclosed. There are certain circumstances, however, when someone's name can be disclosed including: 1) when the person consents to disclosure; 2) a judicial or administrative proceeding results from the report or complaint; or 3) a license action results from the report or complaint.

Department of Social Services

The Department of Social Services is the state's lead agency for child day care. DSS also administers various programs aimed at assisting welfare and working-poor parents with child care costs, increasing the availability of child care slots, and promoting quality child care through parental education and provider training. To guide the department as lead agency, C.G.S. Sec. 17b-733 mandates it fulfill the following responsibilities:

- 1) annually identify existing child day care services and maintain an inventory of all available services;
- 2) provide technical assistance to corporations and private agencies in the development and expansion of child day care services for families at all income levels, including families of their employees and clients;
- 3) study and identify funding sources available for child day care including federal funds and tax benefits;

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- 4) study the cost and availability of liability insurance for child day care providers;
 - 5) provide, in conjunction with the Department of Education, ongoing training for child day care providers including preparing videotaped workshops and distributing them to cable stations for broadcast on public access stations, and seek private donations to fund such training;
 - 6) develop for recommendation to the governor and the General Assembly measures to provide incentives for the private sector to develop and support expanded child day care services;
 - 7) provide, within available funds and in conjunction with the JOBS program, child day care to public assistance recipients;
 - 8) develop and implement, with assistance from the Child Day Care Council and the Departments of Public Health, Education, Children and Families, Economic Development, and Consumer Protection, a state wide, coordinated child day care training system for providers and staff in child day care centers, group day care homes, and family day care homes;
 - 9) plan and implement a unit cost reimbursement system for state-funded child day care services; and
 - 10) report annually to the governor and the General Assembly on the status of child day care in Connecticut. Such report is to include:
 - an itemization of the allocation of state and federal funds for child care programs;
 - the number of children served under each program so funded;
 - the number and type of such programs, providers, and support personnel;
 - salaries and other provider compensation;
 - state activities to encourage partnership between the public and private sectors;
 - average payments issued by the state for both part-time and full-time child care;
 - range of family income and percentages served within each range by such programs; and
 - age range of children served.

Child care subsidy programs. DSS administers several programs aimed at providing child care subsidies to welfare and low-income working parents with children under age 13, or under 18 for children with special needs (children requiring extraordinary supervision due to

medical, physical, behavioral, psychological, or environmental problems). The subsidy programs are funded through state and federal sources.

Three subsidy programs: Job Connection Child Care, Work Related Child Care, and Transitional Child Care are associated with the Aid to Families With Dependent Children (AFDC) program under Title IV-A of the federal Social Security Act. Another program -- the Child Care Certificate program -- is designed to assist low-income, working parents not on welfare with their child care costs. Each program, described briefly below, has specific eligibility requirements and guidelines. The programs build upon each other and operate on a "continuum of need" basis. A full description of the programs is provided in Appendix B.

The *Job Connection Child Care* (JCCC) program is designed for AFDC recipients who are participating in subsidized employment or training approved by the Department of Social Services through its Job Connection program. As a result of this assistance, parents are able to attend their required employment or training programs.

DSS pays child care costs up to the local market rate established for the area where care is provided, as long as the rate does not exceed the maximum payment established by the department. Maximum child care payments for JCCC participants are \$325/month per child and \$435 for each child with special needs.

Payments are made directly to providers if care is given in a group day care home or day care center. When care is provided within a family day care home setting, payment can either go directly to the parent, or the provider at the parent's request. Payments are made to the parent when care is given by a provider exempt from being licensed. However, under a revised system being established, DSS will be making all payments to providers. Parents are *not* required to contribute to their child care costs when participating in the JCCC program.

Requirements for the *Work Related Child Care* (WRCC) program are identical to the JCCC requirements. The only difference is that parents participate in nonsubsidized programs.

The *Transitional Child Care* (TCC) program provides child care subsidies to AFDC recipients who transition off of welfare because of regular employment or increased earnings. The program is designed to assist parents with child care costs allowing them to accept or maintain employment and stay off welfare.

There are currently two versions of the TCC program -- standard and enhanced. The standard version, in effect prior to the welfare reform waiver implemented in October 1994, allows parents to receive child care subsidies for a maximum of one year regardless of income. Under the enhanced version initiated as a result of the waiver, parents can receive child care subsidies for an unlimited time as long as their gross income does not exceed 75 percent of the state median income level.

A contribution toward child care costs by parents is required under this program, regardless of which version they are enrolled. The amount is based on a sliding fee scale used by DSS and remains the same no matter how many children receive child care. The scale is based on family size and gross income and differs between the pre- and post-waiver versions of TCC. The fee scale used for the pre-waiver TCC program is shown in Appendix C and the post-waiver version in Appendix D.

As a result of the 1994 waiver, payments for JCCC, WRCC, and TCC child care in a licensed setting are made directly to providers. Parents receive the payment when the child care used is exempt from licensure. As mentioned, however, DSS is currently establishing a system whereby all subsidy payments would be made to directly to providers.

The *Child Care Certificate* (CCC) program, formerly known as the Purchase of Service program, provides child care subsidies to the following groups of parents:

- low- and moderate-income parents who are working or participating in job education or training;
- teen parents attending high school;
- parents whose time duration in the pre-waiver TCC program has expired; and
- pregnant women in substance abuse treatment programs.

In order to be eligible for CCC benefits, a person's income must fall below 75 percent of the state median income (see Appendix D for income levels), and the person cannot be eligible for any of the AFDC child care subsidy programs. The Department of Social Services must also approve the child care provider used by the parent. Providers exempt from state licensure are required to meet basic health and safety requirements specified by the department, similar to the welfare subsidy programs. However, these requirements are limited.

The Child Care Certificate program is a discretionary program, unlike JCCC, WRCC, and TCC, which are entitlement programs. In other words, if all program funding for CCC is expended prior to the end of the fiscal year, a separate request of the legislature for additional funding must be made. In fact, due to budgetary constraints, the program has been closed to new applicants -- other than parents transitioning off of the TCC program and teenage mothers with children requiring care -- since August of 1993.

Program subsidies are determined by taking the difference between the provider's fee, up to the local market rate, and the contribution made by the child's parent(s). Parents receiving CCC benefits are required to contribute between two and 10 percent of their gross earned and unearned income, depending on family size, toward the cost of child care. The contribution amounts are based on the same sliding fee scale used for the enhanced version of the Transitional Child Care program. Appendix D shows the complete fee scale used for the Child Care Certificate program.

The number of families receiving the direct child care subsidies for FYs 92-95 is shown in Table IV-4 below. The statistics in the table are average number of monthly cases.

<i>Type of Subsidy</i>	<i>FY 92</i>	<i>FY 93</i>	<i>FY 94</i>	<i>FY 95</i>
Job Connection Child Care	2,100	1,688	2,062	2,496
Work Related Child Care	425	719	1,086	2,268
Transitional Child Care	634	890	1,259	1,515
Child Care Certificate	3,500	5,700	5,800	4,300

Source of Data: Department of Social Services

Local market rates. Child care subsidies given to parents are based on local market rates (LMRs.) The federal government stipulates that states must determine local market rates for child care in order to receive federal funding.

The state is required to follow the local market rate methodology established by the 1988 federal Family Support Act to be eligible for federal reimbursement of child care expenditures. The methodology is based on several factors, including a requirement that payments for child care not exceed the 75th percentile of rates within various local market areas. In other words, the LMR is the rate 75 percent of the providers charge below and 25 percent charge above at the time rates were solicited. To receive federal reimbursement, states must follow this methodology and claim reimbursement only for expenditures that do not exceed the 75th percentile of the local market rate.

In 1990, the federal Child Care Development Block Grant (CCDBG) and Title IV-A At-Risk programs were created. Connecticut receives funding from both sources, which is used for various programs including the Child Care Certificate program. Although the state was required to use the same LMR methodology as the Family Support Act to receive At-Risk program funding, CCDBG regulations are not that specific. Connecticut, however, applies the same local market rate methodology to all its direct subsidy programs as a way of creating and operating a "seamless" child care reimbursement system.

The Family Support Act allows states to set maximum reimbursement levels for child care subsidies and create a separate rate for children with special needs. This is the reason maximum subsidy rates are set at \$325 per month, and \$435 per month for special needs children, for the JCCC, WRCC, and pre-waiver TCC programs. Local market rates for these programs are

provided in Appendix E. LMRs for the Child Care Certificate program are shown in Appendix F. It should be noted that rates for the AFDC programs are rounded to the nearest dime from the CCC rates, and the rates for "other" providers are based on the lowest rate for licensed providers in that category.

Contracts and grants. The Department of Social Services purchases child care services through contracts and grants with various community action agencies, private agencies, municipalities, and other state agencies. For example, DSS provides funding to 33 community-based organizations, schools, and municipalities (contractors) as a way of supporting programs for school aged children. The department's goals for funding such programs include increasing availability of school age child care slots, enhancing the quality of the programs operated by the contractors, and maintaining affordability through the direct funding of program operations.

Organizations assisting child care providers with training also receive grants through DSS. However, these grants are solely through federal funds since the state has not funded training for child care providers since FY 93. Federal block grant money administered by DSS also helps fund organizations that provide different types of support and development for children.

A significant amount of state and federal funding goes to 39 contractors who operate 91 child care facilities throughout the state. Such facilities, known as state-funded centers, have been receiving direct funding for roughly 25 years.

Funding for state-funded centers creates the equivalency of 4,250 full-time (25+hours per week) child care slots in more than 36 municipalities throughout the state. The vast majority of these slots is for preschool services only. In addition, enrollment preference is given to low- and moderate-income parents who work or attend job education or training programs.

Arrangements with state-funded centers are provided through contracts between the center (via a municipality or community action agency) and the department. There is no standard formula for determining the amount of funding provided to a center, which is based on historical allocations. Payments are made on a quarterly basis.

Similar to the direct subsidy programs administered by the department, parents are required to contribute to the child care cost at state-funded centers. Family fees are based on family size and gross income. There are different contribution rates for infant/toddler, preschool, and school age programs. The rates, provided in Appendix G, have been in effect since October 1, 1993.

Utilization rates for contractual child care services for FYs 92-95 are shown in Table IV-5 below.

Table IV-5. DSS Contractual Services for Child Care -- FYs 1992-95.

<i>Type of Contract</i>	<i>FY 92</i>	<i>FY 93</i>	<i>FY 94</i>	<i>FY 95</i>
State Funded Centers (1)	7,231/7,868	7,231/7,868	7,340/7,948	7,304/7,948
School Age Child Care (2)	33/3,000	33/3,000	32/2,996	33/2,996
Enhancement Services (3)	900	1,000	1,000	1,000
Provider Training (4)	3,110	2,452	2,597	2,600

(1) # of families / # of children

(2) # of programs / # of slots

(3) Estimated # of families served

(4) # of child care providers -- does not include newsletter mailing to 7,000 providers.

Source of Data: Department of Social Services.

Training. As a mandate of the Child Care Development Block Grant, Public Act 91-292 required DSS to implement a state wide, coordinated child care training system for providers and staff. The department, the Child Day Care Council, the Center for Career Development at Wheelock College, and a representative from the community-technical college system, have recently developed and begun implementing a system for professional career development in early child care and education called "Connecticut Charts a Course."

Connecticut Charts a Course is designed to create a personnel registry system allowing providers to document their training and relevant experience via a state wide data base. The data base can then be used for licensing purposes and to track a provider's completion of certain training requirements developed as part of the Connecticut Charts a Course system.

The system also creates a progressive training grid that builds upon core knowledge and competency areas. A link between existing educational standards used by the state and national standards is made within the training system. Each time a provider receives the proper training to meet the requirements at a certain level within the system, he or she is qualified for particular positions within family day care homes, group day care homes, and/or day care centers. The professional career development program is strictly voluntary on the part of providers.

Business tax credits for child care. DSS, along with the Department of Revenue Services (DRS), administers two tax credit programs for businesses. The programs provide credits for businesses that either provide child care subsidies to their employees, or develop and maintain a child day care facility.

DSS is responsible for approving the *maximum* tax credit amounts that can be claimed by a company. All *actual* tax credit claims are processed through the Department of Revenue Services after expenditures are made by a company. The amount approved by DSS is a maximum amount and may not equal the actual credit claimed by a company. A statutory cap of \$2 million is placed on the total amount of credits DSS can approve in any one fiscal year.

DSS accepts child care tax credit applications from October of the previous tax year to June of the current tax year. The department is required to approve or disapprove applications within 60 days. Preference is given to companies documenting the highest percentage of low income employees (gross income from that employer not exceeding 50 percent of the state's median income level) expected to benefit from the program.

Tax credits claimed by a business providing child care subsidies to its employees are equal to 50 percent of the total subsidy. Companies applying for the *subsidy* tax credit must provide DSS with: 1) the name of each employee who receives a subsidy; 2) the name and address of the day care provider and type of care; 3) the child care expense amount to be subsidized; 4) the annual gross salary of the employee; 5) the number of children expected to benefit from the subsidy; and 6) the number of weeks of care expected to benefit each child.

The child care *facility* tax credit program allows businesses to receive a credit equal to 40 percent of the company's cost of establishing a child care facility on or near its work site. However, the credit may not exceed \$20,000 in any tax year. Credits are granted for planning, site preparation, construction, or the renovation or acquisition of existing child care facilities and may include the cost of equipment purchased in support of the facility.

Businesses regularly engaging in the construction or operation of child day care facilities are not eligible to participate in the program. Businesses applying for a facility tax credit must indicate to DSS whether the facility will be operated under a license from DPH, if the facility will be operated by the applicant on a not-for-profit basis, and whether any other company will seek a tax credit for sharing the cost of establishing the same facility. If more than one business seeks a tax credit for the same facility, then each must seek a proportional share of the credit.

As illustrated in Table IV-6, the number of business claiming child care tax credits between 1989 and 1992 has increased from 14 to 34. In addition, businesses claimed just under 2 percent of the \$2 million in child care subsidy and facility tax credits available in 1989. Forty percent of the available credit was used in 1992. Figures for 1993 are currently being calculated by DRS, and 1994 figures will not be available until sometime in 1996.

Table IV-6. Child Day Care Tax Credits: 1989-1992.

<i>Year</i>	<i>Total Tax Credit Avail</i>	<i>Subsidy Tax Credit Claimed</i>	<i>Facility Tax Credit Claimed</i>	<i>Total Credits Claimed</i>	<i>% Claimed of Total</i>
1989	\$2,000,000	\$14,804	\$19,438	\$34,242	1.7%
1990	2,000,000	194,344	78,418	272,762	13.6%
1991	2,000,000	85,468	36,585	122,053	6.1%
1992	2,000,000	709,527	90,013	799,540	40%

Sources of Data: Department of Social Services, Department of Revenue Services

Budget and staff resources. Child care subsidy programs within DSS are mostly administered on a regional basis. The department currently has employees at five regions throughout the state responsible for case management and customer service functions. It also has a core child care team of four people located at the department's central office responsible for overseeing programs, and providing planning and coordination on a state wide basis in support of the department's role as lead agency. Table IV-7 provides annual DSS child care expenditures for fiscal years 1991 through 1995.

Department of Education

In addition to DSS and DPH, the state Department of Education plays a role within the state's child day care system. The department performs a limited review of licensure applications for day care centers and group day care homes, implements a nutritional program for children, provides consultation and technical assistance to child care providers aimed at improving the quality of child care, and administers the Head Start and Family Resource Center programs.

There are two interagency agreements in place between SDE and the public health department specifying the roles of each agency. One agreement stipulates that SDE will review child day care license applications received by DPH to ensure the qualifications of each head teacher and early childhood education consultant employed by the facility meet specific state requirements. This review is to ensure quality through examination of the staff credentials for head teachers and consultants. The department has two employees (education consultants) responsible for providing consultation and making recommendations to the public health department.

The education department previously reviewed the educational program components for day care facilities as well. However, SDE and DPH recently agreed that since the public health department was already conducting these reviews as part of its child care provider application review, it should continue to perform this function. The education department, however, continues to have the ability to develop standards for child care providers' educational programs.

CT Department of Social Services
 Child Care Annual Expenditures
 SFY 1991 – 1995

	SFY 1991	SFY 1992	SFY 1993	SFY 1994	SFY 1995
STATE FUNDS					
Personal Services					
Central and Regional Staff	1,143,519	949,248	932,525	752,984	0
Contracts					
Provider Training	132,200	133,169	128,250	0	0
School Age Child Care	346,300	346,000	346,300	346,300	346,300
Child Day Care Centers	11,430,298	10,845,979	10,845,979	10,845,979	10,845,979
Information & Referral	379,000	379,000	379,000	379,000	379,891
Head Start (1)	657,618	556,434	0	0	0
Family Resource Centers (1)	764,250	750,000	0	0	0
Subsidy Programs					
Child Care Certificate	13,817,781	9,678,104	13,719,091	18,096,592	10,243,589
Job Connection Child Care	3,970,126	4,091,213	3,376,099	4,363,043	5,345,203
Work Related Child Care	333,723	754,401	1,352,535	2,169,155	4,913,863
Transitional Child Care	603,377	1,452,001	2,104,260	3,181,012	3,998,198
Sub – Total STATE FUNDS	33,578,192	29,935,548	33,184,039	40,134,065	36,073,023
FEDERAL FUNDS					
Personal Services					
Central and Regional Staff (2)	1,478,272	1,424,873	1,625,142	1,745,281	783,714
Contracted Services					
Provider Training (3)	197,511	253,125	251,985	538,582	488,582
School Age Child Care (4)	103,192	167,609	169,609	920,807	848,162
Early Childhood Services (5)	0	0	938,787	1,997,134	1,193,359
Child Day Care Centers (6)	7,451,232	8,620,726	7,405,566	8,947,460	7,158,940
Information & Referral (7)	225,000	225,000	250,000	324,599	250,000
Licensing Personnel (8)	130,000	130,000	196,000	196,000	1,100,000
Subsidy Programs					
Child Care Certificate (9)	0	0	5,250,000	5,759,505	8,339,040
Job Connection Child Care (10)	3,970,125	4,091,213	3,376,099	4,363,043	5,345,203
Work Related Child Care (10)	333,722	754,400	1,352,534	2,169,154	4,913,863
Transitional Child Care (10)	603,377	1,452,000	2,104,260	3,181,011	3,998,198
Sub – Total Federal Funds	14,492,431	17,118,946	22,919,982	30,142,576	34,419,061
Total All DSS Funds	48,070,623	47,054,494	56,104,021	70,276,641	70,492,084

- (1) Transferred to CT Department of Education
- (2) Includes funding from the Social Services Block Grant (SSBG) and the Child Care and Development Block Grant (CCDBG) programs
- (3) Includes funding from the now obsolete Title IV–A Enhancement Training Grant, SSBG, CCDBG and the Child Development Associate (CDA) programs
- (4) Includes funding from the Dependent Care Grant and CCDBG programs
- (5) Includes funding from the CCDBG program
- (6) Includes funding from the SSBG program
- (7) Includes funding from the SSBG and CCDBG programs
- (8) Funding from the CCDBG and SSBG programs transferred to DPHAS
- (9) Includes funding from the CCDBG and Title IV–A, At–Risk Child Care Programs
- (10) Includes funding from the Aid to Families with Dependent Children Child Care Program

Source: Ct Dept of Social Services July, 1995

In addition, SDE used to visit new center and group day care home programs within the first six months of operation, but has discontinued this practice.

Other SDE responsibilities outlined in the interagency agreement with DPH include providing regional training for child care staff, providing resource information to new child care centers, and meeting on a predetermined basis with DPH day care licensing staff. A separate agreement between the two departments further specifies that DPH will annually monitor the nutrition standards of roughly 70 family day care homes participating in the federal food program whenever DPH is in the home as part of an inspection.

Other State Agencies

Several other state agencies have roles in child day care in addition to those described above. For example, the Commission on Children and the Permanent Commission on the Status of Women are concerned with child day care issues, and each tries to incorporate those issues into its broader functions.

The Child Day Care Council, under the Department of Social Services for administrative purposes only, plays a considerable role regarding child day care issues within the state. The council, established by state statute in 1967, currently has 21 members representing a cross-section of the child care community. Its main functions are to: 1) make recommendations to the Department of Public Health regarding child day care regulations covering licensing, operation, program, and professional qualifications; 2) advise the Department of Social Services in areas such as grants management and planning and development; 3) study child day care issues; and 4) serve as a public forum holding public hearings to seek input from concerned citizens, and make recommendations to the legislature. The council is required to meet at least 10 times per year.

Local Health Departments

According to state law, the Department of Public Health is required to use the assistance and consultative services from municipal building, fire, and health departments in licensing child care facilities. These agencies currently play a role in the licensing process for child day care and group day care facilities. Family day care homes are not subject to any conditions by local officials regarding the operation of the home, if the home is already in compliance with local codes and ordinances. At present, there are no references to inspections by local public health officials in the regulations governing family day care homes.

When applying for an initial day care center or group day care home license, part of the application process includes inspection and approval from the local health department where the facility is located. A current fire marshall's certificate of approval, along with written verification of compliance with local building codes, zoning, requirements, and health ordinances, are required

prior to obtaining a license from DPH. Further, a copy of the completed day care center or group day care home license application is required to be on file with the local health department.

Resource and Referral Services

Access to information about child day care facilities, programs, availability, and providers is important to parents when selecting child care services. Without readily available and accurate data, consumers can be left with little or no reliable information to use when selecting child care. Resource information for providers who require training or continuing education is also important.

There are various sources of information regarding child day care settings available to consumers in Connecticut. State agencies play a role in disseminating child care information to consumers and providers, as do various state and national child care associations. The business community, through a state wide collaboration, also has access to information referral services.

One of the main sources of child care information and resource referral is Child Care INFOLINE. INFOLINE is a United Way program under contract with DSS to provide child care information to residents and providers state wide. The program helps parents with their child day care problems, and offers providers a guide to training and continuing education programs available throughout the state. INFOLINE's services are provided at no-cost and the program operates a toll-free telephone number for the public.

The Department of Social Services has a contract with INFOLINE to provide several different types of services. Funding for the most recent contract with INFOLINE totaled \$630,000 for fiscal year 1995. The contract requires INFOLINE to:

- develop an information clearinghouse and data base for all licensed child care facilities throughout the state;
- provide child care information, counseling, and referral services to state residents, including technical assistance to child care providers;
- provide consumer education services that include distributing booklets and developing billboards;
- collect training information from providers, maintaining an inventory of such information, and developing marketing strategies to educate providers of this service;
- provide coordination of regional child care groups involved in provider training; and

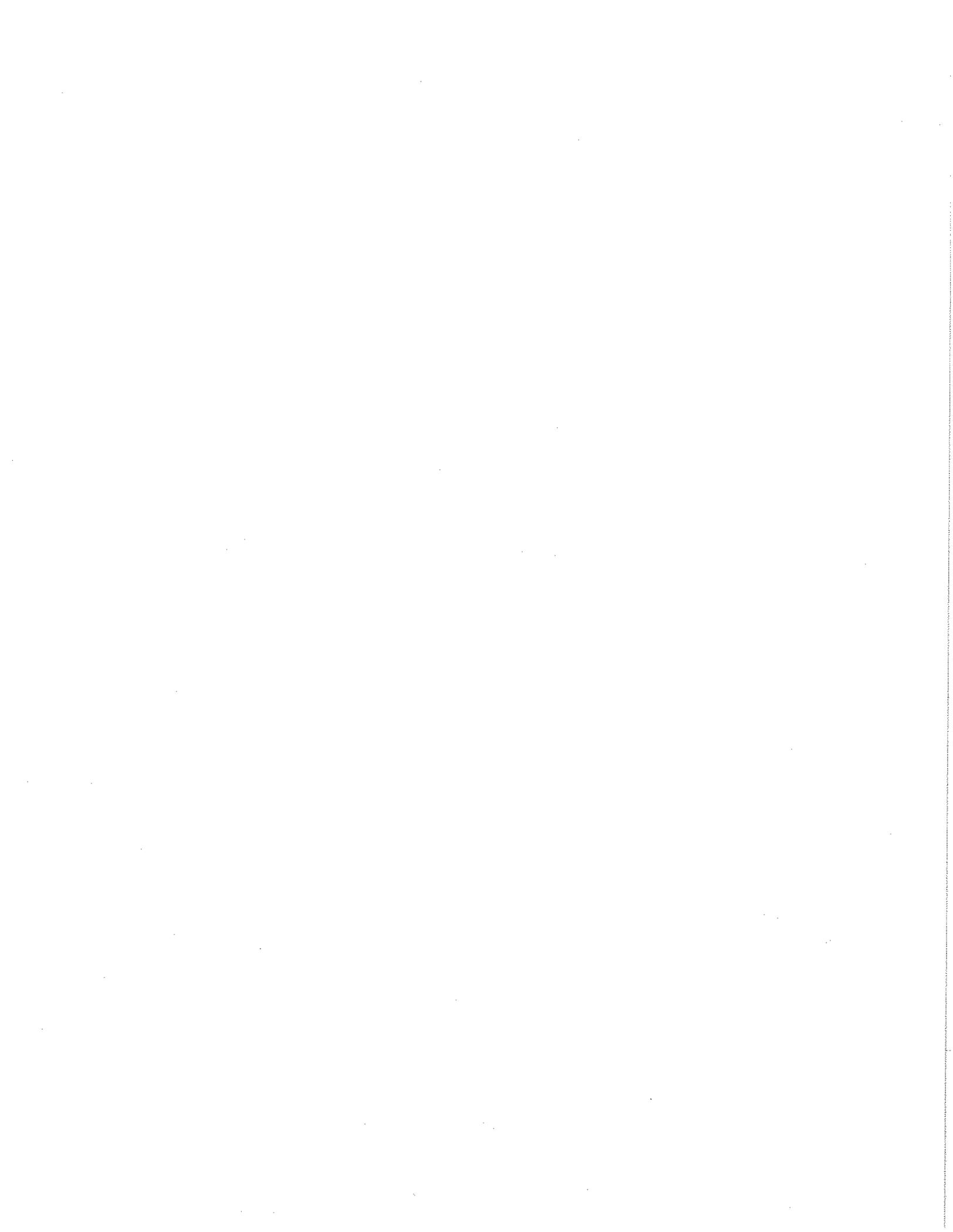
-
- offer enhanced resource and referral services to parents who have children with special needs and low income families.

INFOLINE is also responsible for conducting the market survey to determine child care rates throughout the state. The results of the survey are used by DSS to develop local market rates which are then used for reimbursing parents enrolled in the department's child care subsidy programs.

Aside from INFOLINE, DSS provides financial support to other groups which offer information and resource referral services. For example, the Cooperative Extension Service System at the University of Connecticut publishes a quarterly newsletter on child care using the funding it receives from DSS. The newsletter is available to the public. Further, the Department of Public Health provides INFOLINE with licensing information on a regular basis for its data base.

In addition to INFOLINE, numerous child care associations both state wide and nationally serve as resource and referral sources. Associations such as the Connecticut Association for the Education of Young Children and the Family Day Care Home Associations Network, provide consumers with information on such matters as how to select child care, how to determine if facilities offer appropriate services for parents' needs, and what to look for in child care staff and programs.

The Connecticut Consortium for Business and Family, formerly known as the Connecticut Consortium for Child Care, is a collaboration of businesses throughout the state working to solve child care problems and disseminate information to employees. The group meets to discuss family and work issues affecting business and employees. The consortium is staffed by INFOLINE and the Capitol Region Education Council. Similar to the state wide consortium is the Hartford Child Care Collaborative, which brings together several businesses in the Hartford area to discuss and address child care issues and concerns faced by employees and employers.



KEY POINTS

CHAPTER FIVE: FINDINGS AND RECOMMENDATIONS

Regulation

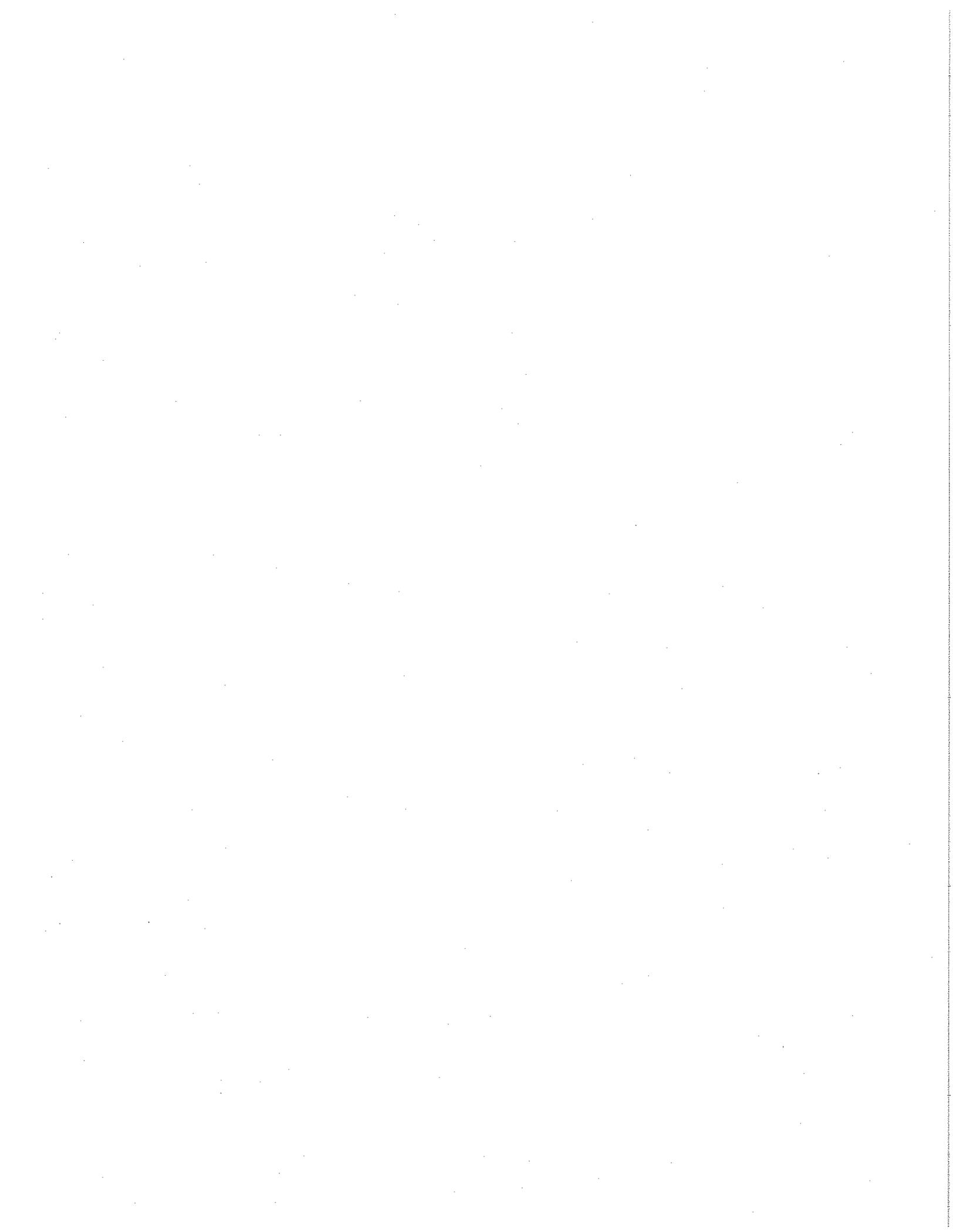
- DPH records showed day care centers and family day care homes operating with expired licenses signifying an inefficient license renewal system.
- File analysis revealed three-quarters of the day care center license renewals examined not submitted in accordance with state regulatory time frames.
- DPH completed its license renewal process on or before the expiration date in two-thirds of the files reviewed; other applications submitted timely lacked complete information slowing overall review process.
- Criminal background check information was missing from three-quarters of the files analyzed.
- Complaint resolution procedures are adequate and followed in most instances; overall record keeping and condition of complaint files was poor.
- Regular inspection of all family day care homes not required by statute; records showed long periods of time between inspections for some homes.
- DPH required by law to assist center providers in attaining and maintaining state regulatory requirements; no similar requirement exists for family care providers.

Economic Support Programs

- New unit rate reimbursement system designed by DSS is four years behind schedule, being implemented over a very short time frame for how complicated system is, and appears initially to favor families receiving child care subsidies as opposed to low- and moderate-income working families.
- Vast majority of parents receiving child care subsidies in FY 95 chose some form of care exempt from state regulation.
- Child care business tax credit program is significantly underutilized.

System Wide Planning and Coordination

- No central agency currently responsible for overall child care policy planning and coordination on a state wide basis rendering system diffuse and uncoordinated.
- State lacks long-term strategic planning on a continuous basis.
- Data collection necessary to produce comprehensive and reliable child care demand information is non-existent; child care supply data is incomplete.
- Child Day Care Council has important function, but is frequently hampered by procedural issues, has members no longer affiliated with group originally chosen to represent, and appears to lack clear goals and objectives.



FINDINGS AND RECOMMENDATIONS

Several child care programs are administered by the state. These programs range from licensing child care providers to assisting welfare recipients and lower income working parents afford child care. The state also conducts planning to ensure the coordination of services and programs statewide.

Various state agencies, including the Department of Public Health and the Department of Social Services, are involved in administering child day care programs. Program review committee findings and recommendations regarding the state licensing system and economic support programs, as well as the agencies administering these programs, follow. The current structure for statewide child care planning and coordination is also discussed.

REGULATION

Roughly 6,800 child care settings are licensed statewide -- 1,600 day care centers and group day care homes, and 5,200 family day care homes. Because of physical dissimilarities between the different types of facilities, separate sets of statutes and regulations govern centers and family day care homes. As a result, the level of regulation and administrative processes used by DPH to regulate the facilities differ.

Several key indicators of the regulatory system's efficiency and effectiveness include timeliness of the license application process, frequency and thoroughness of inspections, and whether complaints are fully investigated and resolved in a timely manner. These indicators were examined in several ways. First, DPH data for centers and family day care homes showing license expiration dates were analyzed to determine if licenses lapse past their expiration dates. Second, records for 59 randomly selected licensed day care centers (not family day care homes) were reviewed for timeliness and thoroughness of the application, inspection, and complaint processes. And third, committee staff accompanied DPH licensors on inspections of day care centers and family day care homes to observe the inspection process firsthand. Analysis of day care centers is presented first, followed by a review of family day care homes.

Day Care Centers

Day care center licenses are to be renewed every two years. DPH records were analyzed to determine whether license renewal applications are submitted timely and processed prior to their expiration dates. A completely efficient system would indicate that no licenses lapse past their expiration dates.

Using a September 1, 1995, cut-off date, data obtained from DPH showed licenses for 105 of the 1,632 centers listed (6.4 percent) had expired. Sixteen licenses showed expiration dates of six months or longer. Table V-1 summarizes information about the expired licenses.

<i>Months Past Expiration Date</i>	<i>Number of Licenses</i>	<i>% of Total Licenses (n=1,632)</i>
One month or less	18	1.1%
2 to 4 months	48	2.9%
5 to 6 months	23	1.4%
More than six months	16	1.0%
TOTAL	105	6.4%

Source of Data: DPH, 1995.

The program review committee found one of the main reasons day care center licenses lapse is because providers submit their applications close to or after the license expiration date. Regulations for day care centers/group day care homes require providers to submit their renewal applications at least 60 days prior to license expiration. This is to give DPH time to complete the renewal applications process. If providers submit late or incomplete applications, the approval process is slowed.

The sampled 59 centers were analyzed to determine how timely providers were in submitting their last license renewal application. The date DPH received renewal applications from providers was discernable in 40 of the 59 files sampled.

Using the 60-day period as a guideline, 23 percent of the applications reviewed were submitted within the required time frame. Sixty-seven percent were submitted on or before the license expiration date but less than 60 days prior to expiration, which does not comply with the

regulation. An additional 10 percent of the applications were actually submitted after the license expiration date. In total, 77 percent of renewal applications reviewed were not submitted in accordance with state regulation. On average, renewal applications in the sample were submitted 34 days before the date of expiration.

With the vast majority of centers sampled not following the requirement to submit their applications at least 60 days before the license expiration date, administrative delays occur. As a result, the time licensors have to act on an application before the license expires, including conducting the necessary background checks and inspections, is compressed.

Further analysis of the sample showed DPH completed the renewal application process on or before the license expiration dates for two-thirds of the applications submitted on time. It should be mentioned, however, when the actual license renewal applications are submitted on time they may not include complete information, thus slowing processing time. An additional 10 percent of the applications reviewed were processed prior to the expiration date even though they were submitted late.

With most providers sampled submitting late renewal applications, the program review committee believes this significantly hampers the licensing process. Therefore, **the committee recommends the Department of Public Health begin imposing late fees when day care center renewal applications are not submitted within the 60-day time frame stipulated by state regulation.**

Record keeping. The application process for a day care center renewal license is detailed, and requires a thorough review by DPH and involves other agencies. License renewals require criminal background checks by the state police to be conducted for child care staff noted in the application. The state Department of Education is also involved in reviewing renewal applications in certain circumstances. These steps, along with other necessary procedures, take time to complete, which is why applications are required to be submitted 60 days before expiration. Giving providers incentive to comply with the regulation should help ensure the renewal process is completed timely and licenses do not lapse past expiration.

Day care center regulations require centers be inspected on an unannounced basis every two years. Dates for the three most recent unannounced inspections in the sampled files were analyzed to see if this requirement was followed. Inspections were counted as the three most recent times a licensor was physically present at a facility, if that contact was noted in the files.

The program review committee found the time between the first and second most recent inspections averaged 450 days. The average time between the second and third inspections was 425 days. This indicates that, on average, DPH inspectors made contact with providers more often than the required one inspection every two years.

Providers found out-of-compliance with licensing regulations as a result of an inspection are cited for the deficiencies. In most instances, written proof is required showing the provider corrected the deficiencies and is in compliance with all regulatory requirements. Based on the inspection reports in the files for the 59 centers examined in detail, 50 should have contained deficiency correction reports; 42 (84 percent) actually did.

Providers are generally given one month to correct deficiencies found during an inspection. File analysis showed 59 percent of the providers submitted their deficiency correction reports either on or before the required date in files. On average, providers submitted their correction reports 11 days after the due date.

For six files, the renewal application was approved prior to receiving a deficiency correction report. According to the day care licensing unit, there is nothing prohibiting licenses from being renewed before a correction report is received. If an inspector judges the deficiencies cited in the renewal inspection do not impede proper care of the children or operation of the facility, the license can be renewed prior to receiving the compliance report. However, there was no indication this determination was specifically made in the six cases analyzed.

Moreover, background checks are to be completed as part of each license renewal. However, 75 percent of the files reviewed did not contain this information. When asked why such a high percentage of files did not contain current background check information, the department said that oftentimes the forms are filed separately from the provider's file to reduce paper. In addition, as mentioned above, the date DPH received a renewal application could not be determined in one-third of the files examined.

The Legislative Program Review and Investigations Committee recommends the day care licensing unit strengthen its overall record keeping procedures for licensing files. All files should clearly indicate when renewal applications are received. Files should also indicate whether a license renewal application is approved without receiving a deficiency correction report when one is required following an inspection. In addition, files should contain criminal background information for all employees currently employed by a day care center.

Complaints. Complaint information for day care centers and group day care homes is kept with a provider's individual file. Until recently, the day care unit's practice was not to keep a separate record or accounting of complaints on a yearly basis. Therefore, a random sample of complaint files for a specific year could not be collected. Instead, complaint information had to be collected whenever a complaint form was included in the sampled license application files. In total, a review of 60 complaints taken from the sampled license application files was conducted.

The complaint resolution process includes contacting the provider, gathering information about the complaint, and completing a report of the investigation. Complaint files were analyzed to see if proper information was collected and how well the complaint resolution process was followed.

Overall, the condition of the complaint files and the department's record keeping system was poor. Information including final outcomes of complaint investigations and corrective actions taken by DPH, was missing from the files. In fact, final disposition of the complaint process could not be determined for one-quarter of the complaints analyzed.

The complaint forms analyzed showed contact was made with the provider following the complaint in 52 of the 60 complaints reviewed. An actual site visit by a state public health inspector was the most frequently used method to investigate a complaint, occurring in 83 percent of the complaints sampled. Telephone contact with a provider was made 15 percent of the time. In one complaint, a letter was sent to the provider.

Internal complaint resolution procedures require investigations to *begin* within 24 hours (or one business day) for complaints involving life threatening situations, including alleged abuse or neglect. Investigations for complaints involving circumstances that may be hazardous to a child's health or safety must begin within three business days. All other complaint investigations are to begin within 10 business days following the complaint.

Eleven of the 60 complaints examined included abuse or neglect allegations. An average 1.6 days passed from the time DPH received the complaint to when the investigation began and DCF was notified. This response time is within the required procedures for such complaints. Because the complaint forms did not differentiate among complaints considered hazardous and those considered general, it could not be determined if the procedures for such complaints were strictly followed. However, the average time from the complaint date to when first contact was made with the provider was seven days for all non-abuse or neglect complaints, which falls within the 10-day requirement.

Analysis of 40 complaints with discernable dates showed the time between the complaint filing date to when it was closed by DPH (not including joint investigations with the Department of Children and Families), averaged 11 days. The unit's procedures also require a report of findings to be included in the compliant file. However, 11 percent of the files requiring such reports did not include them. When deficiencies were found by an inspector and a compliance report was required, it took an average of 10 days from the inspection date to when DPH received the report. From there, DPH averaged four days to verify the corrections and close the investigation.

Overall, the program review committee found the unit has adequate complaint resolution procedures in place. Analysis of the files showed the vast majority of the unit's complaint responses fall within the guidelines stipulated in those procedures. However, overall record keeping and the condition of complaint files must be enhanced, and aggregate complaint information should be collected on a regular basis.

The day care licensing unit is aware of these issues and is currently taking steps to strengthen the process under a reorganized day care unit. New forms have recently been designed to capture more detailed complaint information. In addition, there is now a manager specifically assigned to monitor the complaint resolution process. This person is also beginning to collect performance statistics on complaints. Although it is too early to determine the result these changes will have on the effectiveness of the complaint process, the program review committee believes such steps are necessary and should help strengthen the overall complaint resolution process.

Family Day Care Homes (FDCHs)

Family day care regulation is a relatively new responsibility for DPH. The department began regulating family day care homes as of July 1994. Prior to that, family day care homes were regulated by the Department of Social Services. As a result of the consolidation, family day care home inspectors transferred from DSS to DPH.

In addition to the regulatory transfer, the duration of a family day care home license recently changed from one year to two years beginning in 1996. An analysis of family day care home license expiration dates as of September 1, 1995, was conducted. The results showed that almost 21 percent of the 5,129 family day care homes on record with DPH at that time had expired licenses, and 152 were expired six months or longer. When asked why this number was so high in comparison to day care centers, the public health department said its family day care home data at that time were not reliable due to a computer malfunction. Revised figures for licenses expired as of November 1, 1995, were provided in mid-December, and are presented in Table V-2.

Table V-2. Family Day Care Homes with Expired Licenses as of November 1, 1995.		
<i>Months Past Expiration Date</i>	<i>Number of Licenses</i>	<i>% of Total Licenses (n=5,129)</i>
One month or less	72	1.4%
2 to 4 months	75	1.5%
5 to 6 months	34	.7%
More than six months	38	.7%
TOTAL	219	4.3%

Source of Data: DPH, 1995.

As the table shows, just over 4 percent of family day care home licenses lapsed past their expiration dates. This does not seem to be an overly high number in relation to the total number of licensed homes. However, the program review committee found one of the main reasons for lapsed licenses is because there is no real incentive for providers to submit timely renewal applications. Unlike regulations for day care centers, family day care home regulations do not specify a time frame when license renewal applications are to be submitted. The regulations simply say that such renewal applications must be made before the expiration date.

Renewing family day care home licenses is also a relatively simple process. Providers complete a short application form and submit it to DPH with a nominal fee. Requiring providers to submit their applications in sufficient time prior to expiration should help ensure that licenses do not lapse. DPH must also make sure applications are acted upon in a timely manner once they are received.

Therefore, the program review committee recommends the Department of Public Health require a specific time limit in advance of license expiration for family day care home providers to submit their renewal applications. It is further recommended that once the time limit is set, the department impose late fees when providers do not meet the required deadline.

The family day care home inspection process was reviewed in terms of frequency of inspections. As a result of the review, the committee believes the present system does not fully ensure all such homes are inspected on a recurring basis. Current law does not require annual inspections of all family day care homes on a regular basis. Instead, one-third of family day care homes are to be inspected by DPH every year. This does not mean all homes are required to be inspected every three years. Rather, the department is to inspect a third of its caseload on an annual basis.

The day care unit has said it attempts to visit all homes at least every three years, starting with those going the longest time between visits. However, licensing records provided by DPH showed at least 65 providers had not had full inspections in three years. The records also showed at least 51 cases when more than three years lapsed between any type of site visit by an inspector. A site visit includes any time a licensor makes a visit to the family day care home, including full inspections, follow-up inspections, complaint inspections, or technical assistance visits. Although these figures are relatively small compared to the overall number of family day care homes, they show some providers may go for several years without being seen by a state licensor under the current inspection system.

How often inspections occur is an important component of regulating family day care providers. Under current law, long periods of time could pass before a family day care provider

is inspected by the state. To better ensure that basic health and safety needs of children are met in family day care homes, the committee believes the state should be required to regularly inspect such facilities. **Therefore, the program review committee recommends that C.G.S. Sec. 19a-87b be amended to require unannounced inspections of all family day care homes be conducted at least every two years.**

Biennial inspections would ensure family day care homes are inspected on a regular basis, and that providers could not go long periods of time without being visited by a state licensor. In addition, the actual inspection process, as observed by committee staff, does not seem overly burdensome to family day care providers. Inspections include a record review of each child in care and a walk-through of the home to check for health and safety violations. The inspections are unannounced, and take approximately two hours to complete. The program review committee believes the recommended inspection cycle does not place additional hardship on providers, but serves as a method to better ensure that the basic health and safety needs of children are met. Moreover, a more consistent inspection schedule would be implemented for *all* child care facilities licensed by DPH.

Currently, 18 family day care home inspectors have an average caseload of approximately 290 providers. According to DPH data, each inspector averaged 147 inspection attempts in FY 95, and of those attempts actually completed an average of 104 inspections. The licensing unit has said that since spot inspections are unannounced, there is no guarantee a provider will be home, which is one of the main reasons two-thirds of the inspection attempts were actually completed.

Under the new inspection schedule, each inspector would need to complete an average 145 inspections per year, increasing the licensing unit's annual, unannounced inspections by 738 (41 inspections times 18 inspectors) from FY 95. On a weekly basis, the recommended system adds 14 inspections for the 18 staff members, or less than one inspection per inspector. Overall, approximately two additional hours, which is the average time to complete one inspection as observed by committee staff, would be needed each week per inspector to implement a biennial inspection process, not including administrative and traveling time.

Standards put forth by the National Association of the Education of Young Children specify yearly caseloads for family day care home inspectors should not exceed 150 per licensor (exclusive of other responsibilities). Under the revised inspection process, the state would continue to achieve this standard.

The public health department is also centralizing the day care licensing program and streamlining the workload of its inspectors. New procedures are being implemented to relieve family day care home inspectors of some administrative work. The procedures are designed to give inspectors more time in the field to conduct inspections and work with providers. The

program review committee believes this reorganization would help the department better meet the recommended biennial inspection schedule.

Field Visits

Licensing specialists for centers and family day care homes were accompanied as they conducted inspections for new facilities, license renewal/spot inspections, and complaint inspections. A total of 12 inspections were observed with six different inspectors.

Several conclusions were drawn from observing the inspections. First, the inspection methods and processes used by inspectors were applied uniformly to each provider regardless of the type of inspection conducted or the type of provider. Second, inspections of new facilities all included a description of the regulations to the provider and an announced physical inspection of the facility. The renewal and spot inspections observed were all conducted on an unannounced basis, and each included an examination of records and physical plant. Complaint inspections were also unannounced and conducted in what seemed to be a comprehensive manner. Third, the inspections included some form of technical assistance to providers to ensure they complied with state regulations. Such assistance is required by law for centers and group day care homes, but not family day care homes.

Although assistance is given to FDCH providers by state inspectors, there is no formal requirement to do so. C.G.S. Sec. 19a-82, however, requires the public health department to provide consultative services to day care centers and group day care home licensees and applicants, but does not mention family day care homes. These services aim at assisting providers to meet and maintain regulatory standards. **The Legislative Program Review and Investigations Committee, therefore, recommends C.G.S. Sec. 19a-82 be amended to include family day care homes.**

As a result of the field visits, it was also concluded that spot inspections and complaint inspections for family day care homes were at times very difficult to conduct. Providers were unable to devote their full attention to the inspection process and continue caring for the children. Legally, one family day care home provider can care for up to six children at any one time and up to nine children before and after school hours. Because of this, and depending on the time of day the inspection is done (i.e., when the children are awake or asleep), providers may not be able to fully concentrate on the inspection and comments made by the inspector and care for the children at the same time. However, as long as inspections are done during regular business hours, which is the time most children are present at the facility, this problem cannot be avoided.

Day Care Licensing Reorganization

In October 1995, the public health department reorganized its entire child care licensing program. As a part of the overall reorganization, the department closed its regional offices and

centralized administrative processes by moving all inspectors and files to the central office in Hartford. The stated reasons for this move were to effect projected cost savings of \$376,000 and streamline administrative processes.

Several issues have been raised as a result of the consolidation. One concerns the outposting of state cars used by the inspectors. There was a time after the centralization move when all state cars used by inspectors for field work were located in Hartford. All inspectors were required to travel to Hartford to pick-up their cars, travel back to their territory (which included areas more than one hour away from Hartford), conduct their field work, and travel back to Hartford to drop off their state car. Some inspectors reported spending more time traveling than conducting inspections. However, an agreement was reached between the department and the union rectifying the situation.

Another issue is the overall communication with the provider community regarding the move. The program review committee believes the department should inform its provider clients of important changes, such as the closing of regional offices, in a timely and effective manner. The reorganization and regional office closings, however, were not adequately communicated to providers and mixed signals were sent to the public. For example, DPH informed one provider association and the day care council of the move before it occurred, and before all details of the move were finalized (e.g., outposting of the cars). As a result, there was increased confusion on part of providers because some were informed of the move beforehand, while others were not. To avoid similar confusion in the future, **the program review committee, therefore, recommends DPH increase and strengthen its formal lines of communication with the child day care providers it licenses.**

The committee realizes that internal organizational changes are the prerogative of the department. However, the effects of such changes must be balanced with the needs of the public and the department's obligation to provide regulatory services in an effective and efficient manner.

The move by DPH to eliminate a regional service delivery system and centralize the child day care licensing function also runs contrary to Special Act 92-20. The special act specifically calls for the decentralization of service delivery operations by certain agencies, including DPH, to provide as much autonomy as possible to each regional office enabling the office to respond effectively to the particular service needs of the region. The move to centralize child care regulation does not conform with the intent of the special act.

ECONOMIC SUPPORT FOR CHILD CARE

The Department of Social Services uses a combination of state and federal funds to administer various programs aimed at increasing the access to and supply of child care statewide. Examples of these programs include grants to child care centers, direct subsidies to help parents afford child care, and tax credit programs to encourage businesses to help their employees with the cost of child care. After examining several of these programs, the program review committee found improvements are necessary, as described below.

State-Funded Child Care Centers

One of the single largest state expenditures for child care goes to state-funded centers. DSS contracted with 39 different municipalities and community agencies for child care slots around the state at a cost of roughly \$18 million (including federal funds) for FY 95. As previously mentioned, there are currently 91 centers with an aggregate capacity of 4,250 slots that receive state funding.

A breakdown of current slots by age group and service delivery region is provided in Table V-3. It should be noted that slot capacity does not equal slot utilization. In other words, if one child fills a slot in the morning and another child fills the same slot in the afternoon, two children actually used one slot. Current information from DSS shows that 7,300 families with just under 8,000 children utilized the 4,250 state-funded center slots in FY 95. No center is totally funded by the state.

Table V-3. State-Funded Child Care Slots by Age Group and DSS Service Delivery Area.				
<i>REGION</i>	<i>INF/TODDLER</i>	<i>PRE-SCHOOL</i>	<i>SCHOOL AGE</i>	<i>TOTAL FUNDED SLOTS</i>
East	11	428	61	500
North Central	114	1,049	131	1,294
Northwest	0	437	10	447
South Central	44	904	80	1,028
South West	83	788	110	981
TOTAL	252	3,606	392	4,250

Source of Data: Department of Social Services, 1995.

Parents who use state-funded centers are required to make some form of contribution toward the cost of their child's care. State law requires that fees be developed by the state with consultation from the centers receiving funding. The current sliding fee schedule used for state-funded centers takes into account a parent's family size and yearly income compared with state median income (SMI) levels.

Although the state median income levels are revised annually, the most recent fee schedule used for state-funded centers is more than two years old. A new schedule is being developed and should be completed in early 1996. Nevertheless, there is no set time frame as to how often parent fees are revised. **Therefore, the program review committee recommends DSS and state-funded centers review sliding fee schedules on an annual basis.**

Unit rate reimbursement. State-funded day care centers receive state financial assistance in the form of a grant to provide care for children "disadvantaged by reasons of economic, social or environmental conditions." Until recently, the actual funding received under contract by each center was determined by expenses related to running the program, like salaries, equipment, and food. There was no standard formula to determine a per slot cost, which resulted in variations among centers as to how much they received.

The contract amount theoretically covered the costs of providing child care services that a center did not receive from other sources.⁸ One other such source was fees collected from low- and moderate-income families. These families were charged based on a sliding fee scale that accounted for the family's income level, size, and the age of the child. Low- and moderate-income families enrolled in the Child Care Certificate program (families not on welfare but with incomes below 75 percent SMI) were not permitted to use their certificates at the centers. For families receiving AFDC, the contract funds were the primary funding source for the day care centers. (An AFDC family was charged a minimum fee of \$7 per week per child by the centers, for which the family would be reimbursed by DSS.)

In 1990, the Connecticut Commission to Study the Management of State Government (known as the Thomas Commission) found "the distribution of Child Day Care grant funding is not sufficiently related to need." The Commission recommended the implementation of a unit-of-service-cost reimbursement system, which the 1991 legislature mandated in Public Act 91-371. Specifically, the legislation required [DSS] to "plan and implement" such a system effective October 1, 1991. According to the commission report, the objectives of the reimbursement system were to: 1) maximize utilization of the available day care capacity; and 2) improve the cost effectiveness of state-funded child care operations.

Despite several attempts, a unit rate reimbursement system is only now being implemented. DSS recently established weekly per slot rates for infants/toddlers (ages 0-2), preschoolers (ages 3-5), and school age children (ages 6-11). Rates are established for each of the department's five service delivery regions. Table V-4 shows the individual weekly rates.

⁸ State-funded centers have always sought outside funding sources and in-kind contributions (e.g., free rental space) since no center is wholly funded by the state.

**Table V-4. Unit Rate Weekly Reimbursement Levels by DSS Service Delivery Region:
January 1996 through December 1996.**

CHILD'S AGE →	INFANT/TODDLER SLOTS			PRESCHOOL SLOTS			SCHOOL AGE SLOTS		
	<i>Max. Rate</i>	<i>Standard Rate</i>	<i>Title I Rate</i>	<i>Max. Rate</i>	<i>Standard Rate</i>	<i>Title I Rate</i>	<i>Max. Rate</i>	<i>Standard Rate</i>	<i>Title I Rate</i>
East	\$170	\$121.80	\$137.10	\$131	\$77.90	\$86.80	\$98.40	\$41.40	\$46.50
North Central	170	121.80	137.10	132	78.50	87.50	105.00	45.40	51.10
Northwest	170	121.80	137.10	135	80.30	89.50	111.80	49.20	57.30
South Central	175	125.40	141.10	131	77.90	86.50	98.40	41.40	46.50
Southwest	205	146.90	165.20	140	83.20	92.90	109.10	46.70	52.50

Source of Data: Department of Social Services, 1995.

The standard rate is the rate per slot that DSS actually pays each center (except for centers in certain towns with greater populations of low-income families, where the "standard" rate is higher, and called the Title I rate.)⁹ The standard weekly rate per slot (x 52), multiplied by the actual number of slots, is the contract amount paid to a center and thus is comparable in character to the amount paid to a center under the old funding mechanism. The difference is that now, the contract amount is based on a standard per slot amount that is the same for each center in a region, as opposed to being based on general program costs, which varied from center to center. Another difference is that the contract amount calculated under the new reimbursement system for a center may be more or less than the amount the center received under the old system.

The maximum rate represents the "market rate" determined by DSS in conjunction with INFOLINE. This rate supposedly is comparable to rates paid in the private sector, which theoretically reflect competitive, actual per slot costs. Under the new unit rate reimbursement system, the centers are supposed to "charge" the maximum rate for each slot. Under the new system, the centers may now use other DSS child care assistance resources previously unavailable to them to make up the difference between the per slot reimbursement (standard rate) and the maximum or market rate.

The following three tables illustrate the effect of the unit cost reimbursement system on three hypothetical families. The families are identical in their makeup and geographic location, but differ in their access to subsidized child care assistance.

⁹ Title I towns are eligible for grants to Local Education Agencies determined by the state Department of Education under Title I of the Elementary and Secondary Education Act. The towns include: Bridgeport, Deep River, Hartford, New Britain, New Haven, New London, Norwich, Stamford, Waterbury, and Window.

Table V-5. Impact of Unit Reimbursement System in Hypothetical Case of a One-Parent AFDC Family with a One-Year Old. (Living in the North Central Region)		
	<i>Non-State Funded Day Care Provider</i>	<i>State-Funded Day Care Center</i>
<u>Pre-Unit Rate System</u>	Provider or parent (depending on type of day care) is paid by DSS at the market rate or \$75 per week per child (whichever is lower), if the parent is in the: Job Connection Child Care Program; Work Related Child Care Program; or Transitional Child Care Program	Center paid a lump sum contract amount based on historical program costs, which varied from center to center.
<u>Unit Rate System</u>	No Change	Center paid a lump sum contract amount based on a per-child per week rate of \$121.80 (standard rate). The center may also obtain \$48.20 from the parent's \$75 per week AFDC child care subsidy to obtain maximum rate. ($121.80 + 48.20 = \$170.00$ maximum rate)

Table V-6. Impact of Unit Reimbursement System in Hypothetical Case of a One-Parent, Low- or Moderate-Income Family with a One-Year Old in Child Care Certificate Program. (Living in the North Central Region)		
	<i>Non-State Funded Day Care Provider</i>	<i>State-Funded Day Care Center</i>
<u>Pre-Unit Rate System</u> (Due to budget limits, certificate program has been closed to many new applicants since August 1993.)	Amount of subsidy is difference between the provider's fee, up to local market rate and the contribution made by child's parent (between 2-10% of gross income) <i>Example:</i> $\$145$ (LMR) - $\$3$ (2% of gross family income of $\$8,062/52$)= $\$142$ as value of certificate	Not allowed to use certificates here
<u>Unit Rate System</u>	No Change	Allowed to use certificates, which would be valued at difference between \$170 (maximum, or market rate) and contribution made by child's parent. <i>Example:</i> $\$170$ (LMR)- $\$3$ (2% of gross family income of $\$8,062/52$)= $\$167$ as value of certificate AND $\$167 - 121.80$ (standard rate)= $\$45.20$ is amount over standard rate already paid to center through contract that center could collect to get up to maximum rate.

Table V-7. Impact of Unit Reimbursement System In Hypothetical Case of One-Parent, Low- or Moderate-Income Family with a One Year old NOT Receiving Any Child Care Subsidy. (Living in North Central Region)		
	<i>Non-State Funded Day Care Provider</i>	<i>State Funded Day Care Provider</i>
<u>Pre-Unit Rate System</u>	No state subsidy	Parent pays for portion of cost based on sliding fee schedule, which together with the contract funds theoretically pays the program costs.
<u>Unit Rate System</u>	No state subsidy	\$121.80 would be paid for child; remaining \$48.20 per week would have to be paid by the parent (or funded elsewhere by the center). Change from old system is that all parents will pay same amount, not means-based amount.

The legislative program review committee identified two concerns about the unit reimbursement system. First, the system is being implemented over a very short period of time, too short for how complicated the program is. Even the Thomas Commission recognized the need for deliberate planning and execution by recommending that once the unit cost reimbursement system was designed, a one-year pilot project be conducted to “allow each... center to recognize how their funding would be affected by the introduction of the new funding process.” The commission also had specific recommendations about how to ensure the “significant planning and communication” that would be needed among the players to actually implement such a system.

Second, the system initially appears to make families receiving AFDC and lower income families receiving child care subsidies more attractive as clients because of the subsidy assets they bring with them, as opposed to low- and moderate-income families receiving no such assistance. Only experience will tell if the new system negatively impacts those families, but the program review committee believes it is something that should be monitored by DSS.

Subsidy Programs

The Department of Social Services administers four child care subsidy programs. Three are AFDC child care programs offering assistance to parents on welfare and participating in employment or training programs, or transitioning off of welfare but still in jeopardy of returning to AFDC. The fourth program, the child care certificate (CCC) program, offers assistance to parents not on welfare but who have incomes below 75 percent of SMI. This program has been closed to new applicants since mid-1993 other than teenage mothers and persons transitioning off of welfare.

Program administration. Because federal funding sources for the child care subsidy programs administered by DSS differ, policies and procedures including applications, intake processes, eligibility rules, and subsidy amounts vary by program. DSS, aware of the confusion among subsidy recipients caused by the discrepancies, is trying to create an integrated or "seamless" system. An integrated system should simplify administration and provide continuity when recipients transfer from one program to another. However, federal approval is required before many of the changes are implemented.

The department also recently hired a consultant to examine the automation of the child care subsidy payment system. Another consultant will be hired to design and program the new child care management information system. The system is being developed to increase efficiency through automation and provide the support necessary to combine the subsidy programs and funding streams into a uniform child care delivery system. Scheduled completion of the system is mid-1996.

Care used by subsidy recipients. Current federal and state requirements allow subsidy recipients to choose the type of care for their children. This care includes relatives and other types of care exempt from state regulation. DSS estimates that between 80 and 85 percent of families receiving AFDC child care subsidies -- representing an average of 8,500 children per month -- choose some form of exempt child care. About half of child care certificate program participants -- representing an average of 2,150 children per month -- choose exempt care.

Oversight of unlicensed providers receiving subsidized child care payments is limited. However, parents receiving child care subsidies are legally free to choose the type of care for their children. It would be difficult within current resources to regulate relative and other forms of exempt care. Even if the resources were available, the policy question remains as how best to balance regulations of exempt care with a parent's right to choose their child care provider. **The program review committee recommends, therefore, that DSS require its child care subsidy caseworkers to explain to all subsidy recipients the types of child care available, as well as basic health, safety, and quality factors to look for when choosing care.**

The Department of Social Services is undertaking an effort to notify, by mail, providers receiving subsidy payments of the benefits of basic health and safety practices in child care. The committee believes a similar effort should also be made at the time parents apply or reapply for child care subsidies.

Business Child Care Tax Credits

An examination was made of the overall utilization and administration of the child care business tax credit program, including the number of companies participating, dollar amounts companies expended, and the amount of tax credits approved by DSS. The number of children

benefitting from this program and the average annual amount spent per child were examined as well. Companies using the tax credit program were also surveyed to determine program effectiveness and administrative efficiency.

Thirty-six companies used the child care tax credit program in 1994, contributing just under \$2 million to assist their employees with child care, as illustrated in Table V-8. In return, DSS approved slightly more than \$900,000 in child care tax credits to those businesses, or roughly half of the total amount made available by the state.

The table shows the amount of business tax credits for child care approved between 1989 and 1994 more than doubled. Although there has been steady growth in the program overall, tax credit approvals reached a plateau in 1992. However, between 1989-1994, an average of only 35 percent of the \$2 million annually available in child care tax credits to businesses has been approved by DSS.

Table V-8. Child Care Business Tax Credits -- 1989-1994.

<i>Year</i>	<i>Total Credit Available</i>	<i>Subsidy Credit Approved</i>	<i>Facility Credit Approved</i>	<i>Total Approved (# of Firms)</i>	<i>% Approved of Available Credit</i>
1989	\$2 million	\$429,665	\$0	\$429,665 (47)	21.5%
1990	\$2 million	460,512	30,000	490,512 (41)	24.5
1991	\$2 million	503,436	2,858	506,294 (45)	25.3
1992	\$2 million	938,850	0	938,850 (35)	46.9
1993	\$2 million	914,434	0	914,434 (34)	45.7
1994	\$2 million	931,213	5,186	936,399 (36)	46.8
TOTAL*	\$12 million	\$4,178,110	\$38,044	\$4,216,154	35.1%

Note: Amount "approved" is initial credit limit granted to companies by DSS. Actual credit claimed by companies is made through the Department of Revenue Services, and may be less than the DSS-approved amt.

* Accumulated amounts

Source of Data. Department of Social Services, 1995.

As shown in Table V-9, more than 6,000 children and approximately 5,000 employees (parents) have benefitted from the tax credit program since 1989. The substantial increase in credits approved from 1991 to 1992 was caused in part by firms providing more child care subsidies to their employees.

Table V-9. Number of Children and Employees Served by Firms Accessing the Business Child Care Tax Credit Program: 1989-94.

<i>Year</i>	<i>Children Served</i>	<i>Employees Served</i>	<i>Employees Below 50% SMI*</i>	<i>Avg Contribution per Firm (# Firms)</i>
1989	516	398	--	\$23,908 (47)
1990	458	356	--	50,930 (41)
1991	889	645	--	44,064 (45)
1992	1,518	1,102	196	63,156 (35)
1993	1,270	1,350	15	59,757 (34)
1994	1,447	1,047	104	54,110 (36)
TOTAL	6,098	4,898	315	\$47,835

* Category not recorded until 1992.

Source of Data. Department of Social Services, 1995.

In addition to examining program utilization, a survey of the businesses participating in the program was conducted (see Appendix H for full survey results). A total of 26 business owners representing parent firms and subsidiaries, were surveyed. Twenty of the owners returned surveys, for a 77 percent response rate.

Survey responses regarding administration of the child care business tax credit program showed the program is well regarded by most businesses using it. Of the 20 companies responding to the survey:

- 90 percent rated DSS program administration as either “excellent” or “good”;
- 95 percent rated the overall program either “excellent” or “good” in terms of benefitting their company;
- 85 percent believed the application was “not difficult” to complete;
- 56 percent indicated they would not continue to assist their employees with child care costs if the company no longer participated in the tax credit program; and
- 85 percent said the program was “important” or “very important” in their ability to assist employees with child care costs.

Overall, the program review committee found that only *half* of the available child care tax credits were approved, however, most program participants seemed satisfied with the administration of the program. Also, the vast majority of the companies participating in the program in 1994 participated the previous year, indicating new companies are not being attracted to, or using, the program. **Therefore, the program review committee recommends the Department of Social Services develop an aggressive marketing strategy to attract more companies to apply for business child care tax credits. DSS should investigate the possibility of accessing print or televised media to attract new companies, and concentrate on informing large organizations such as accountancy and business associations. The department should also seek input from the Department of Economic Development when developing its marketing strategy.**

SYSTEM WIDE PLANNING AND COORDINATION

Lead Agency for Child Care

Although the Department of Social Services is the state's lead agency for child care, it is unclear, at least in statute, what that designation means in terms of overall planning and coordination. The current broad statutory definition of lead agency does not address whether DSS has specific responsibility for system wide policy planning and coordination of child care. The department is seen as having this role, but is not statutorily required to perform it.

Given the current organizational and administrative design of the state's child day care system, the program review committee found no strong mechanism in place for policy planning and coordination. No central agency is responsible for bringing the various components of child day care together as a system or coordinating service delivery. Attempts made in the past to coordinate the efforts of state agencies for broad policy planning and development purposes have not been fully sustained, rendering the system diffuse and uncoordinated.

The program review committee recommends C.G.S. Sec. 17b-733 be amended to give the Department of Social Services responsibility for system wide policy planning and coordination of child care services in the state. This recommendation creates the formal mechanism necessary to provide appropriate child day care planning and coordination on a system wide basis. Although DSS has done a relatively good job of implementing most of the current statutory provisions required of it as lead agency, its statutory responsibility should include state wide planning and policy development for child day care.

The program review committee also found that DSS, and the system as a whole, lacks a mechanism allowing for on-going communication among state agencies involved in child day care. Attempts have been made, particularly by DSS, to bring agencies together for discussion on particular topic areas, but these have not been sustained.

To function properly as lead agency and coordinate child day care at a system wide level, DSS needs the full cooperation of all the other state agencies involved in this system. Increasing demands on the state's child day care system from welfare reform and prospective federal funding changes require active and effective communication among state agencies involved in planning, regulating, and providing child day care services. **Therefore, the program review committee recommends DSS establish an interagency team consisting of working level staff from all state agencies and commissions involved in the child day care system. The purpose of the team shall be to discuss, plan, and evaluate child day care programs and services in the state. The team shall work on issues affecting the state's child day care system as a whole, including the administration of child care programs, development of a uniform child care system, ensuring quality child day care programs, and regulation of child care facilities by the state.**

Interagency agreements between DSS and such other state agencies and commissions deemed appropriate by DSS, shall be developed specifying the purpose of the team, the specific duties/responsibilities each agency is expected to perform in relation to the team's overall purpose and goals, and any data elements required by DSS to effect its role as lead agency. All necessary interagency agreements should be completed by July 1, 1996, and renewed annually.

The team should meet at least monthly beginning July 1996, and report its progress to the Child Day Care Council at least semi-annually.

This recommendation creates the structure necessary to ensure state agencies within the current child day care system communicate with each other. It also provides for consistent dialogue among these agencies -- a problem impeding overall coordination of policies and services. Having the interagency team periodically report to the Child Day Care Council provides general oversight of the team and ensures it does not operate in a vacuum. The day care council, given its statutory authority to make recommendations regarding child day care policy and regulation in the state, will also help legitimize the function of the interagency team.

Strategic planning. An important component of state wide planning and coordination for child care services is the development of comprehensive short- and long-term strategic plans to develop child care policy and use resources in the most efficient and effective manner possible. The absence of strategic planning results in an uncoordinated system that is reactive rather than proactive.

Some strategic planning is being conducted by DSS as lead agency, including the planning and implementation of the comprehensive state wide training system Connecticut Charts a Course. However, most other planning is done on a short-term basis. The program review committee is unaware of any long-term strategic planning for child care performed by the state on a continuing basis. The most effort put forth seems to be the state's three-year plan required for the federal child care block grant. Yet, with the anticipated changes to the federal block grant process, such a plan may or may not be required in the future.

The program review committee recommends the Department of Social Services develop comprehensive and cohesive short- and long-term goals, objectives, and strategies for child care services on a system wide basis. DSS shall work in conjunction with the Child Day Care Council and appropriate state agencies in developing such state wide goals, objectives, and strategies for child care.

How DSS implements its strategic planning function is an administrative decision. However, such planning cannot be done without assistance from other state agencies and the provider community. Further, the Child Day Care Council is statutorily required to serve as an advisory committee to DSS in the development of the state's Child Care Development Block Grant child care plan and conduct biennial hearings on the plan -- a requirement that has not been followed by DSS. This recommendation will not only promote compliance with C.G.S. Sec. 17b-748 and usage of the day care council as an advisory committee in the development of the state plan for the block grant, but will help DSS better develop short- and long-term strategies for child care.

DSS has also not fulfilled another important statutory requirement relating to overall child care planning. The department is required to annually report to the governor and legislature on the status of child care in the state. The components of the report are broad and incorporate a system wide examination of child care. However, DSS currently does not develop such a status report. **Thus, the program review committee recommends that DSS begin developing the annual report on the status of child day care as required by C.G.S. Sec. 17b-733. The department should produce a report for FY 96 by August 15, 1996.**

The status report can be an important tool in assisting DSS as the lead agency for child care. The reporting requirements are comprehensive enough to ensure the department examines child care services from a broad perspective. Moreover, the fact that DSS has not developed the status report for past years is another indication that insufficient attention is being paid to analyzing the child care system as a whole by the state.

Internal organization. Once the broader, system wide policy planning and coordination mechanisms are in place, DSS needs to have an internal administrative structure to balance its lead

role for planning and coordination, with the resources necessary to administer its own child care programs. Until recently, a federally-funded Child Care Coordinator position provided this capacity. The coordinator examined child care from a system wide perspective and worked with different constituencies -- including various state agencies -- to plan, develop, and coordinate child care services on a state wide basis.

The coordinator position, however, has been vacant since early 1995, and DSS does not plan to refill it in the same capacity. Moreover, the program manager who now heads the department's Child Day Care Team, which is responsible for carrying out the DSS role as lead agency and administering child care programs in support of that role, has responsibilities beyond child day care programs.

For the department to properly perform the planning and coordination components of its enhanced lead agency role outlined above, **the Legislative Program Review and Investigations Committee recommends DSS strengthen its internal staffing capacity for system wide child day care planning and coordination. The department should more clearly delineate broader planning and coordination responsibilities from program administration functions within its internal organization.**

This recommendation calls for DSS to direct its current resources to augment its role as lead agency for child care. A clearer delineation between the agency's program administration role and its system wide planning and coordination role within its internal organizational structure, will enable DSS to better respond to the needs of the overall child day care system.

Recently, a proposal jointly developed by the education and social services departments was submitted for a federal Head Start Collaboration Project grant. The proposed project focuses on the holistic needs of children and building an integrated service delivery system for early childhood development. The proposal discusses the importance of centralized planning and policy development, not just related to child day care, but incorporating other aspects of early childhood development. With state wide initiatives such as this, it becomes even more important for DSS to take a strong role in overall child care planning and coordination.

Data Collection

A key component to proper policy planning and coordination is the collection and analysis of accurate and timely data. Because the child day care system involves different state agencies and commissions, proper data collection has been difficult from a system wide planning perspective.

The program review committee found child care data collection needs to be strengthened. No state agency collects adequate data on children, families, and child day care services from a

macro perspective to allow for effective planning and analysis of child care needs. As mentioned above, while DSS is required to annually report on the status of child day care, it has not. One of the reasons is inadequate data collection. Further, the committee was unable to find a state agency within the child day care system that gathered information on the number of children in the state beyond the decennial census or the number of children likely to need child day care services on a state wide basis. No agency or commission involved in the child care system tracks such data.

Detailed budget information for analyzing child day care as a single "program" is also lacking. Individual agencies within the state's child day care system are capable of collecting budget and program data for their own programs, however, no sustained effort has been made to collect and analyze such information on a system wide basis.

Basic data elements, including the number of children most likely to need child care, must be collected and analyzed to properly develop child day care policy and adequately plan and coordinate child care services on a state wide basis. Collecting accurate and timely data required for child day care planning and coordination must be a priority of DSS as lead agency.

Therefore, the program review committee recommends DSS identify and begin collecting the type of data needed to support its efforts and mission as the state's lead child care agency. Planning for the types of data to be collected and analyzed should be done in conjunction with other agencies -- including the Departments of Public Health and Education, the Commissions on Children and Women, the Child Day Care Council, and the Office of Policy and Management -- that play a role in the state's overall child care system.

As mentioned in Chapter One, adequate data exist on the number of family day care homes and their licensed capacity, but similar information is lacking for day care centers and group day care homes. There is no reason annual statistics on the number of licensed day care center and group day care home slots are not maintained by the public health department. One reason such figures are available for family day care homes but not day care centers, may be due to separate agencies regulating the family day care home and center licensing programs prior to their merger within DPH in mid-1994. Nevertheless, the program review committee believes this information is important for planning purposes, and should be collected and shared with the Department of Social Services as lead child care agency and the child day care council on a regular basis.

The program review committee recommends the Department of Public Health begin tracking the licensed capacity levels for day care centers and group day care homes on an annual basis. This information, along with similar family day care home data, should be frequently shared with the Department of Social Services and the Child Day Care Council for planning purposes.

The program review committee also believes collection and analysis of licensed child care supply, and demand for child care, are key components for proper planning and policy development. Although current information is available from DPH regarding licensed capacity, no state agency is solely responsible for tracking the number of children likely to need child care. As a result, the state does not have comprehensive or reliable information in this area. **Therefore, the program review committee recommends DSS collect and analyze child care supply and demand information on both a state wide and regional basis. The department should include such information in its mandated annual status report on child care.**

Child Day Care Council

The Child Day Care Council has the ability to play a very important and useful role in state wide policy planning, development, and coordination of child care. It is comprised of five state agency representatives and 16 members from the broader child care community, making it an appropriate forum for examining child care on a state wide basis. Membership on the council is voluntary. It has no professional staff and is under DSS for administrative purposes only.

The day care council is statutorily required to meet at least 10 times per year. Public hearings must also be held to gather comments from the general public before the council makes any formal recommendations. The council also sets time aside at the beginning of its meetings to hear from the public.

Several day care council meetings and public hearings were attended, and a review of minutes of selected meetings held in 1994 was made to examine day care council activity. Various members of the council were also interviewed in-depth. From this analysis, the program review committee believes the council needs to address several fundamental deficiencies to maximize its role and fulfill its statutory mandates.

The Child Day Care Council is frequently hampered with procedural issues at its meetings. An inordinate amount of time is spent at the beginning of meetings discussing routine procedures. As a result, the council has a difficult time completing its scheduled agenda on a regular basis, and valuable time is taken away from discussing more fundamental issues affecting the state's child care system.

The council needs to refine, adopt, and follow a set of structured procedures to govern its meetings and hearings. **Thus, the Legislative Program Review and Investigations Committee recommends the Child Day Care Council fully enforce its current internal written policies and procedures. If there are areas that need to be enhanced or clarified, it should identify those areas and delegate responsibility for developing a revised set of operating procedures to a subgroup of the council. If changes are made, a final written set of policies and procedures shall be approved by a majority vote of the council and be in**

place no later than June 30, 1996. Upon completion, each council member shall receive a copy. New members shall also receive copies at the beginning of their service with the council.

Membership. The day care council has 21 members, including five from state agencies. The 16 members appointed by the governor are volunteers and serve at the pleasure of the appointing authority. The statute establishing the council does not specify any length of service for council members. However, there are statutory term limits of one year for the council's chairperson and vice-chairperson.

There is a wide variation in members' lengths of service, as shown in Table V-10. Half of the 14 active members on the council as of July 1995 have served for five years or longer, with one member serving 15 years and another 14 years. There are also council members, either present or past, who are no longer affiliated with the organization they were originally chosen to represent on the council. In addition, several vacancies have remained unfilled for periods of time.

Table V-10. Lengths of Service for Appointed Child Day Care Council Members as of July 1995.

<i>Years on Council</i>	<i>Number of Members</i>
One year or less	0
2	3
3	4
4	0
5	3
6	1
7	0
8	0
9	1
Ten years or more	2
Vacant	2

Source of Data: Child Day Care Council, 1995.

The council should be restructured with specific tenure limits and functional representation. **The program review committee recommends that C.G.S. Sec. 17b-748 be amended to include staggered terms for Child Day Care Council members. Beginning July 1, 1996, one-half of the members shall be appointed for two-year terms, and one-half of the members for four-year terms. Thereafter, members shall serve terms of four years. No member shall serve consecutive terms, and no member shall serve more than two terms. Any member resigning before his or her term expires, or any member who is no longer affiliated with the group or organization from which he or she was appointed, shall be replaced for the remainder of term. Members serving on the council as of July 1, 1996, shall be deemed to have already served one term.**

Terms for members of boards and commissions within the executive branch run co-terminus with the governor or until a successor is chosen unless otherwise specified (C.G.S. Sec. 4-9a(c)). Since there is a separate statute relating to the Child Day Care Council, it supersedes other statutes broadly defining the general make-up of state boards and commissions in such areas as membership terms. However, nothing prohibits the placement of term limits in the day care council's enabling statute.

By limiting terms of appointment, the council can be assured of having regular turnover of its membership, bringing broad experiences and new perspectives to the body. Members no longer representing the organization from which they were originally chosen to serve will be replaced, protecting the functional nature of the council.

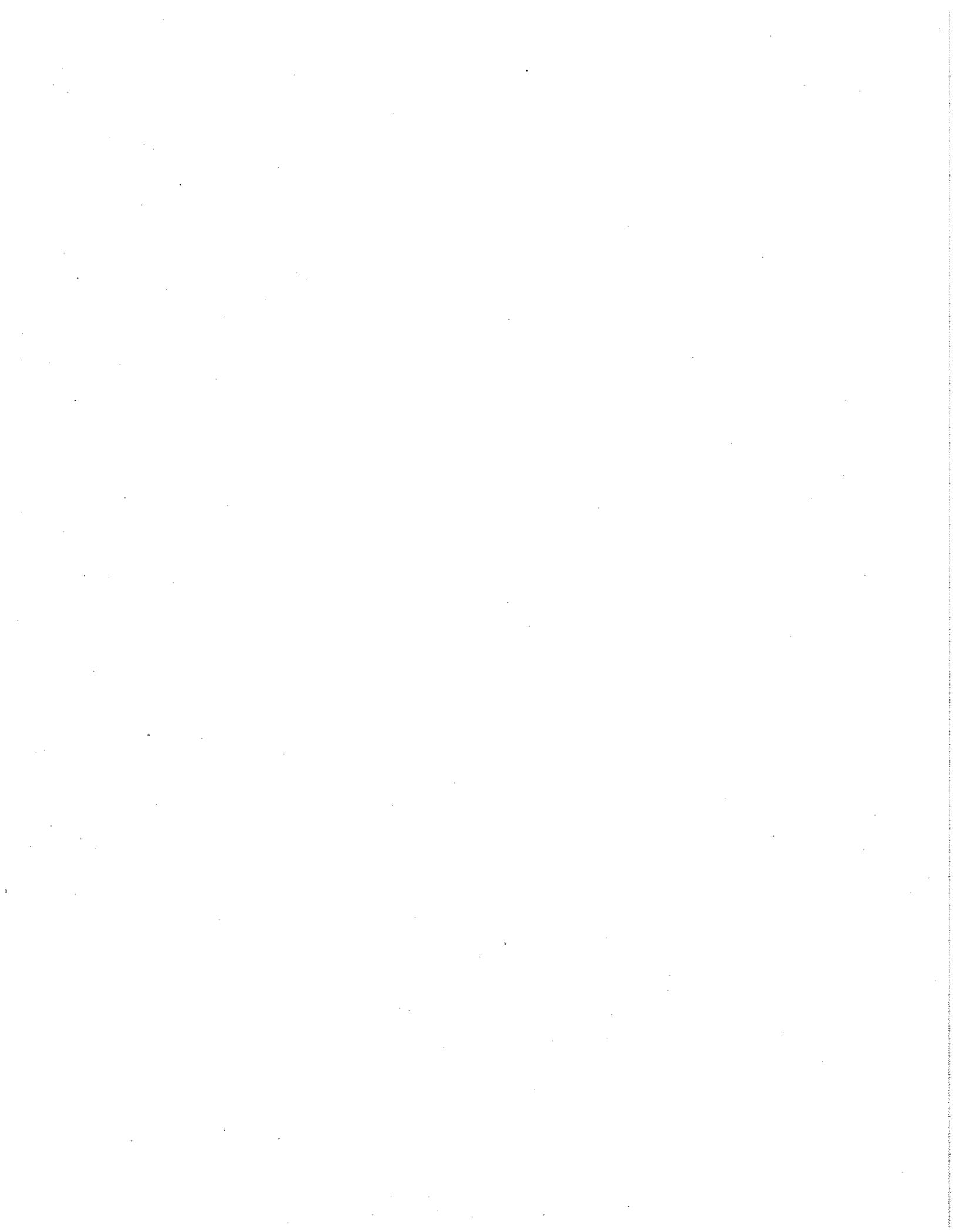
The day care council statute is somewhat unique because the specific constituencies represented on the council are detailed in statute. The program review committee did not specify which specific constituency should serve two or four-year terms because the appointing authority should have this decision. However, the committee believes the lengths of service for current council members should be a consideration when reappointing members in July 1996.

The current Child Day Care Council statute also does not speak to state agency representatives' voting status. Thus, to remove any conflict of interest between agency representatives' professional capacity and their council obligations, **the program review committee recommends C.G.S. Sec. 17b-748 be amended to designate state agency representatives as ex-officio, nonvoting members of the day care council.**

It was observed on several occasions that representatives from state agencies abstained from voting on matters taken up by the council that either affected their agency specifically, or dealt with policy issues that, as state agency representatives, they could not endorse due to possible conflicts of interest. State agencies should serve on the council to provide information and technical assistance, not to have an impact on matters of state policy put forth by the council.

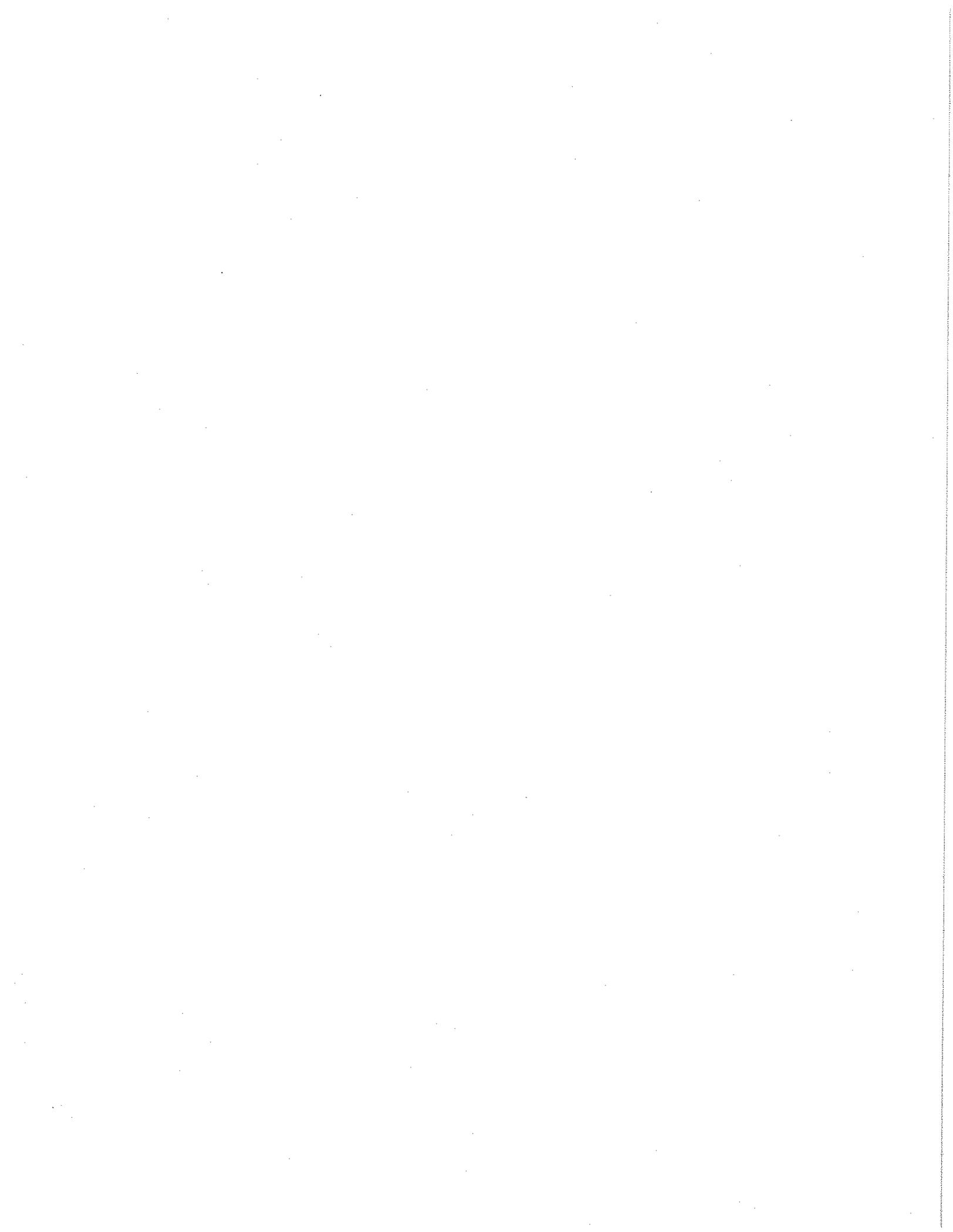
Annual goals and objectives. Although the day care council has the potential to effect real change in the state's child care system, it does not appear to have clear goals and objectives. To increase its effectiveness, the program review committee recommends the **Child Day Care Council develop yearly goals and objectives focused on issues relating to child care policy and coordination on a system wide basis.**

By developing a yearly agenda outlining its goals and objectives, the council will have a clearer focus for dealing with broad policy and coordination issues. Further, information gathered from the council's public hearings could be synthesized into developing such goals and objectives.



APPENDIX A

**GEOGRAPHICAL REGIONS USED FOR ESTIMATING
CHILD CARE DEMAND**



GEOGRAPHICAL REGIONS USED FOR CHILD CARE DEMAND

1. Litchfield County

Barkhamsted
Bethlehem
Bridgewater
Canaan
Colebrook
Cornwall
Goshen
Harwinton
Kent
Litchfield
Morris
New Hartford
New Milford
Norfolk
North Canaan
Plymouth
Roxbury
Salisbury
Sharon
Thomaston
Torrington
Warren
Washington
Watertown
Winchester
Woodbury

2. Windsor Area

East Granby
East Windsor
Enfield
Granby
Hartland
South Windsor
Suffield
Windsor Locks
Windsor

3. West Hartford Area

Avon
Bloomfield
Canton
Simsbury
West Hartford

4. Hartford City

Hartford

5. E. Htfd/Manchester

East Hartford
Manchester

6. Bristol City Area

Bristol
Burlington
Southington

7. New Britain City Area

Berlin
New Britain
Plainville

8. Newington Area

Farmington
Glastonbury
Marlborough
Newington
Rocky Hill
Wethersfield

9. Tolland County

Andover
Bolton
Columbia
Coventry
Ellington
Hebron
Mansfield
Somers
Stafford
Tolland
Union
Vernon
Willington

10. Windham County

Ashford
Brooklyn
Canterbury
Chaplin
Eastford
Hampton
Killingly
Plainfield
Pomfret
Putnam
Scotland
Sterling
Thompson
Windham
Woodstock

11. Danbury City Area

Bethel
Brookfield
Danbury
New Fairfield
Ridgefield
Sherman

12. Greenwich Area

Greenwich
New Canaan
Weston
Wilton

13. Stamford City

Stamford

14. Norwalk City Area

Darien
Norwalk
Westport

15. Fairfield Area

Easton
Fairfield
Monroe
Newtown
Redding

16. Stratford Area

Shelton
Stratford
Trumbull

17. Bridgeport City

Bridgeport

18. Waterbury City

Waterbury

19. Naugatuck Area

Cheshire
Middlebury
Naugatuck
Oxford
Prospect
Southbury
Wolcott

20. Meriden City Area

Meriden
Wallingford

21. Hamden Area

Ansonia
Beacon Falls
Bethany
Derby
Hamden
North Haven
Seymour
Woodbridge

22. West Haven City Area

Milford
Orange
West Haven

23. New Haven City

New Haven

24. East Haven Area

Branford
East Haven
Guilford
Madison
North Branford

25. Middlesex County

Chester
Clinton
Cromwell
Deep River
Durham
East Haddam
East Hampton
Essex
Haddam
Killingworth
Middlefield
Middletown
Old Saybrook
Portland
Westbrook

26. Norwich City Area

Bozrah
Colchester
Franklin
Griswold
Lebanon
Ledyard
Lisbon
Lyme
Montville
North Stonington
Norwich
Old Lyme
Preston
Salem
Sprague
Voluntown

27. New London City Area

East Lyme
Groton
New London
Stonington
Waterford



APPENDIX B

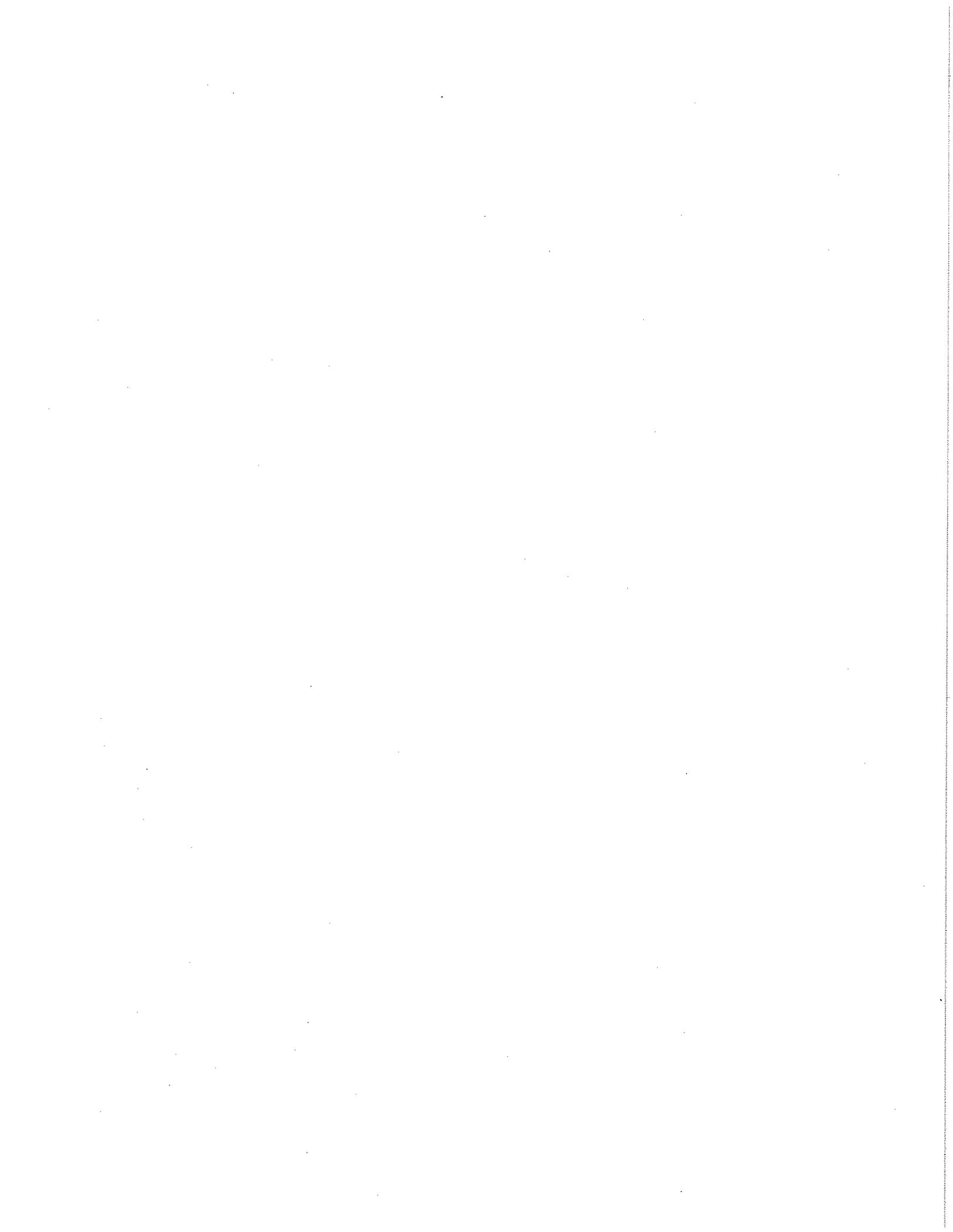
REQUIREMENTS FOR STATE CHILD CARE SUBSIDY PROGRAMS



CHILD CARE SUBSIDIES FOR CHILDREN UNDER AGE 13 AND CHILDREN WITH DOCUMENTED SPECIAL NEEDS

For AFDC Families NOT Participating in Welfare Reform Waiver				
Requirements	Job Connection (JCCC)	Work Related Child Care (WRCC)	Transitional Child Care (TCC)	Child Care Certif (CCC)
Eligible Children	AFDC recipients and children not eligible for AFDC due to SSI or Foster Care payments	AFDC recipients and children not eligible for AFDC due to SSI or Foster Care Payments	Dependent children of the AFDC parent/caretaker	Children living in the home who are not eligible for JCCC, WRCC, or TCC
Parents/Caretakers	AFDC recipients	AFDC recipients	Ineligible for AFDC due to employment	Must not be eligible for JCCC, WRCC, or TCC
Reason Child Care is Needed	Job Connection education or training	Employment	Employment	- Employment - Education, job training or substance abuse treatment
Income/Assets	AFDC standards apply	AFDC standards apply	No limits	Income must be <75% SMI
Duration of Subsidy	Not limited	Not limited	12 months	Not limited
Eligible Providers	- Licensed child care centers, group homes, or family homes - Close relatives, in-home care and licensed-exempt providers	- Licensed child care centers, group homes, or family care homes - Close relatives, in-home care and licensed-exempt providers	- Licensed child care ctrs, group homes, or family care homes - Close relatives, in-home care and licensed-exempt providers	- Licensed child care ctrs, group or family care homes - Close relatives, in-home care & exempt providers
Amount of Subsidy	Amount charged up to local market rate	Amount charged up to local market rate	Amount charged up to local market rate, minus family fee	Amount charged up to local market rate, minus family fee
Monthly Payment Limit	\$325 per child, \$425 special needs	\$325 per child, \$425 special needs	\$325 per child, \$425 spec. needs	None
Family Fee	No fee required	No fee required	\$5 to \$315 per month based on gross earned income	2% to 10% of gross earned and unearned income
Payments Issued to: - centers/group homes - family homes - exempt providers	- Provider - Parent or provider at parent's req - Parent	- Provider - Parent or provider at parent's req - Parent	- Provider - Parent or prov. at parent's req - Parent	- Provider - Provider - Provider
Source of Funds	50% State / 50% Federal	50% State / 50% Federal	50% State / 50% Federal	State / Federal shares varies
Entitlement Program	Yes	Yes	Yes	No

Source: Department of Social Services, Revised January 1995.



APPENDIX C

**SELECTED ANNUAL FEDERAL POVERTY INCOME GUIDELINES
AND
TCC (PRE-WAIVER) FAMILY CONTRIBUTION AMOUNTS**



**SELECTED ANNUAL FEDERAL POVERTY INCOME GUIDELINES AND
TCC (PRE-WAIVER) FAMILY CONTRIBUTION AMOUNTS**

Family Size	1	2	3	4	5	6	7	8	9	10	11	12
100% POV	\$7,470	\$10,030	\$12,590	\$15,150	\$17,710	\$20,270	\$22,830	\$25,390	\$27,950	\$30,510	\$33,070	\$35,630
125% POV	9,338	12,538	15,738	18,938	22,138	25,338	28,538	31,738	34,938	38,138	41,338	44,538
150% POV	11,205	15,045	18,885	22,725	26,565	30,405	34,245	38,085	41,925	45,765	49,605	53,445
175% POV	13,073	17,553	22,033	26,513	30,993	35,473	39,953	44,433	48,913	53,393	57,873	62,353
200% POV	14,940	20,060	25,180	30,300	35,420	40,540	45,660	50,780	55,900	61,020	66,140	71,260
225% POV	16,808	22,568	28,328	34,088	39,848	45,608	51,368	57,128	62,888	68,648	74,408	80,168
250% POV	18,675	25,075	31,475	37,875	44,275	50,675	57,075	63,475	69,875	76,275	82,675	89,075
275% POV	20,543	27,583	34,623	41,663	48,703	55,743	62,783	69,823	76,863	83,903	90,943	97,983
325% POV	24,278	32,598	40,918	49,238	57,558	65,878	74,198	82,518	90,838	99,158	107,478	115,798

Source: Department of Social Services

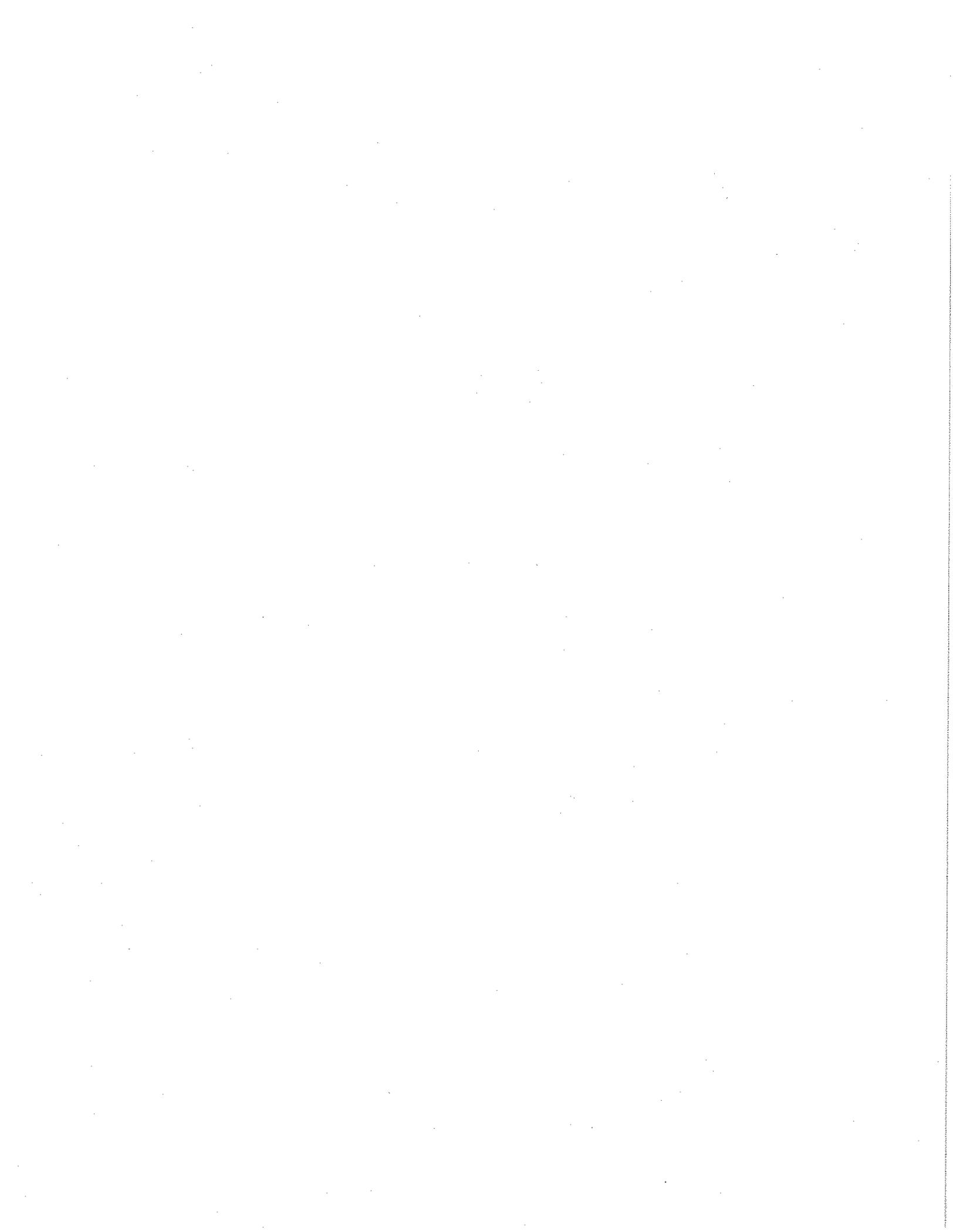
Gross Monthly Earnings as a Percentage of Federal Poverty Level	Monthly Family Share
≤ 100%	\$5
>100% to ≤ 150%	\$10
>150% to ≤ 175%	\$25
>175% to ≤ 200%	\$50
>200% to ≤ 225%	\$125
>225% to ≤ 250%	\$175
>250% to ≤ 275%	\$225
>275% to ≤ 325%	\$300
>325%	\$315

Source: Department of Social Services.



APPENDIX D

**SELECTED ANNUAL STATE MEDIAN INCOME LEVELS AND
TCC (Post-Waiver) / CCC FAMILY CONTRIBUTION AMOUNTS**



**SELECTED ANNUAL STATE MEDIAN INCOME LEVELS AND
TCC (POST-WAIVER) & CCC FAMILY CONTRIBUTION AMOUNTS**

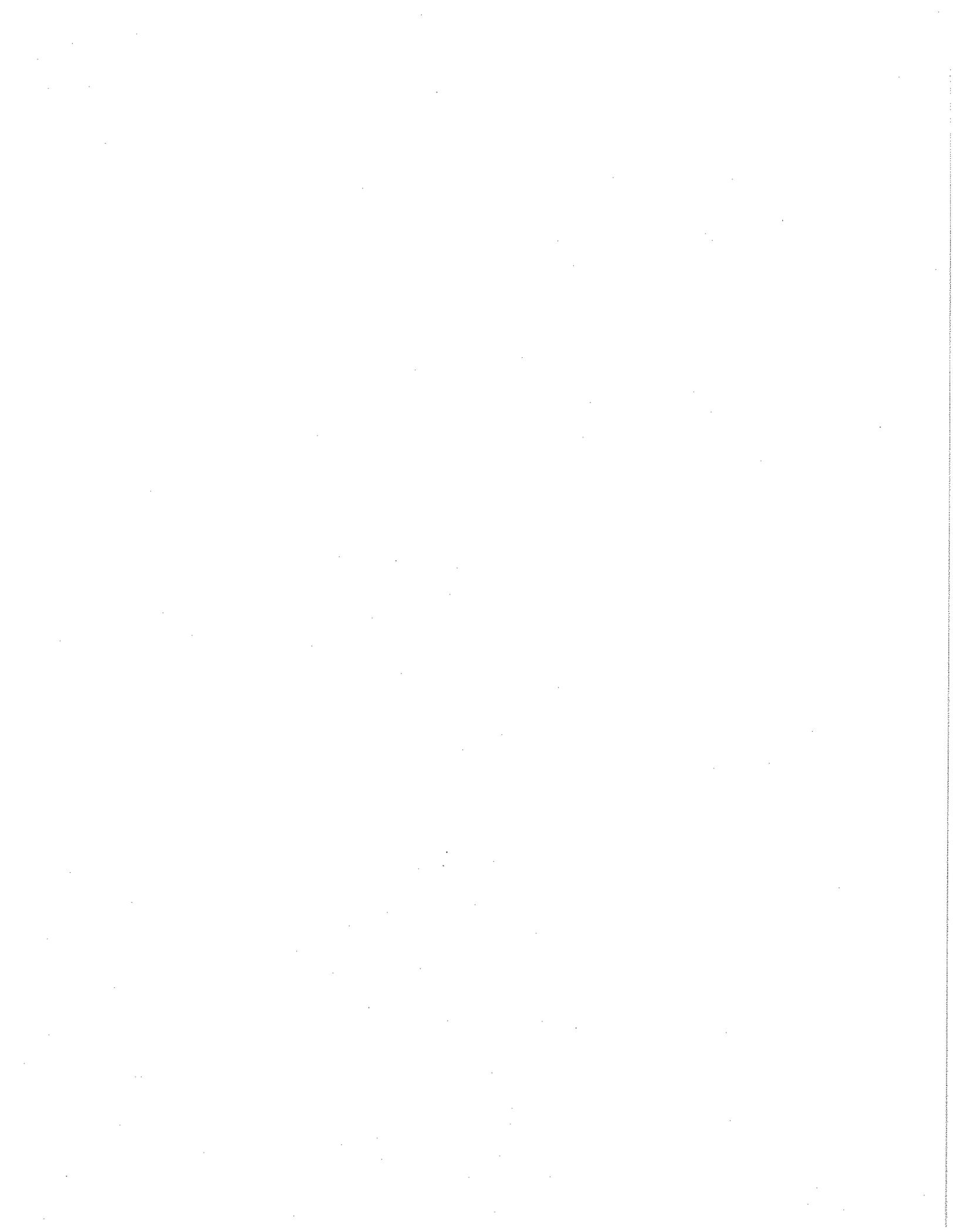
Family Size	20% SMI	30% SMI	40% SMI	50% SMI	75% SMI
1	\$6,166	\$9,249	\$12,332	\$15,415	\$23,122
2	8,063	12,095	16,126	20,158	30,237
3	9,960	14,941	19,921	24,901	37,351
4	11,858	17,786	23,715	29,644	44,466
5	13,755	20,632	27,510	34,387	51,581
6	15,652	23,478	31,304	39,130	58,695
7	16,008	24,012	32,016	40,019	60,029
8	16,363	24,545	32,727	40,909	61,363
9	16,719	25,079	33,438	41,798	62,697
10	17,075	25,612	34,150	42,687	64,031
11	17,431	26,146	34,861	43,577	65,365
12	17,786	26,680	35,573	44,466	66,699

Source: Department of Social Services

**TCC (Post Waiver) and CCC Family Contribution Amounts
Effective July 1, 1995**

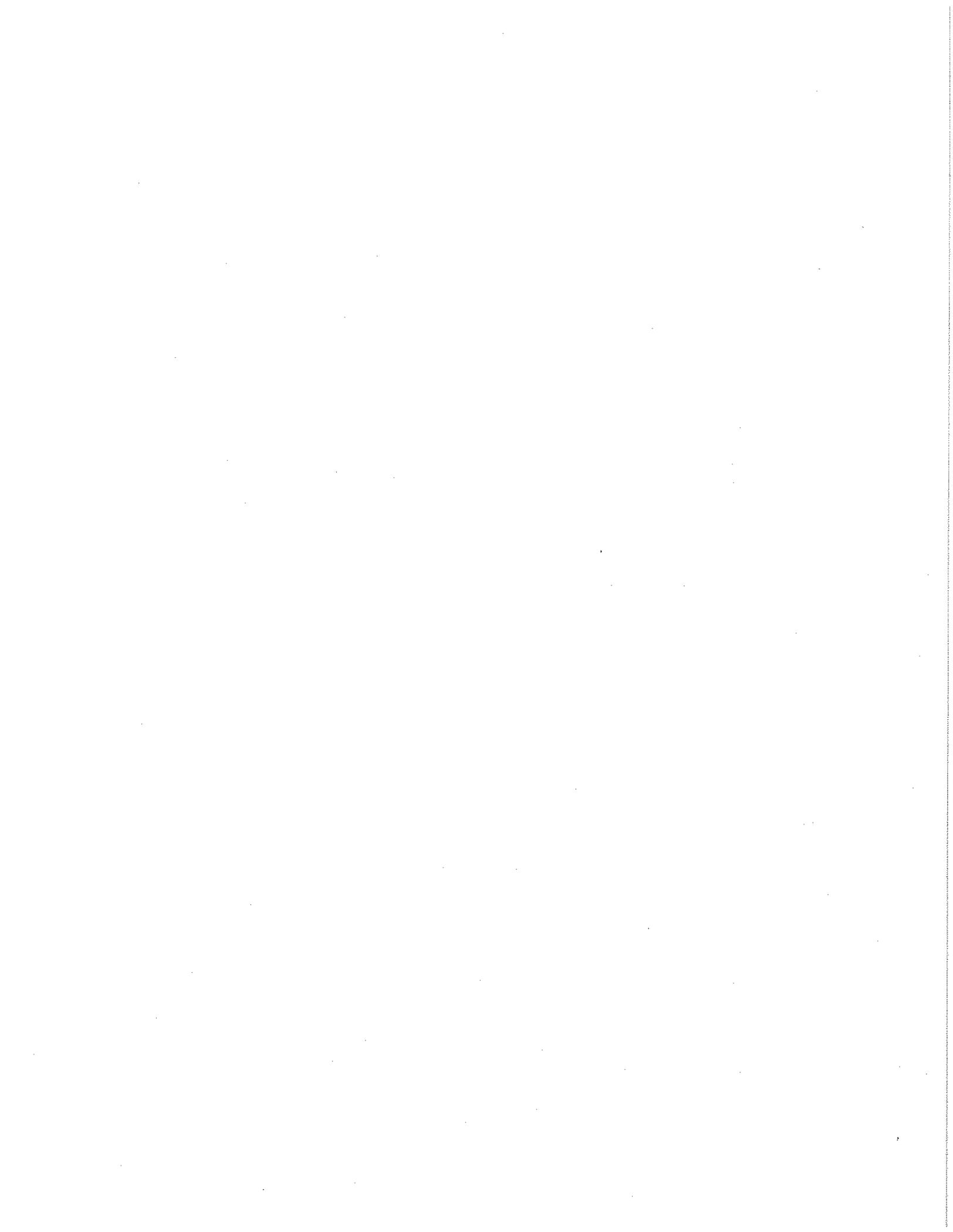
<i>Family Gross Annual Income Range</i>	<i>Family Share</i>
\$0 to Less Than 20% SMI	2%
20% SMI to Less Than 30% SMI	4%
30% SMI to Less Than 40% SMI	6%
40% SMI to Less Than 50% SMI	8%
50% SMI to Less Than 75% SMI	10%

Note: SMI = State Median Income
Source: Department of Social Services.



APPENDIX E

**AFDC CHILD CARE SUBSIDY PROGRAMS:
LOCAL MARKET RATE SCHEDULE**



**DEPARTMENT OF SOCIAL SERVICES
REGION A**

<u>TYPE OF CARE</u>	<u>SETTING</u>	<u>PART-TIME</u>	<u>FULL-TIME</u>
Infant/Toddler	Center	\$4.60/hr	\$4.60/hr
Infant/Toddler	Group	4.80/hr	4.80/hr
Infant/Toddler	Family	3.60/hr	3.60/hr
Infant/Toddler	Other	3.60/hr	3.60/hr
Preschool	Center	\$2.90/hr	\$2.90/hr
Preschool	Group	3.30/hr	3.30/hr
Preschool	Family	3.60/hr	3.60/hr
Preschool	Other	2.90/hr	2.90/hr
B/A School	Center	\$3.00/hr	\$3.00/hr
B/A School	Group	3.00/hr	3.00/hr
B/A School	Family	4.00/hr	4.00/hr
B/A School	Other	3.00/hr	3.00/hr
Special Needs	Center	\$5.00/hr	\$5.00/hr
Special Needs	Group	5.30/hr	5.30/hr
Special Needs	Family	3.90/hr	3.90/hr
Special Needs	Other	3.90/hr	3.90/hr

KEY TO USING LOCAL MARKET RATES

Other: In-home care, care provided by relative or any other eligible setting which is not licensed.

Part-time: Less than 100 hours per month.

Full-time: 100 hours per month or more.

Infant/Toddler: Children under age three.

Preschool: Children ages three to five.

Before/After School: School age children over five years of age.

**DEPARTMENT OF SOCIAL SERVICES
REGION B**

<u>TYPE OF CARE</u>	<u>SETTING</u>	<u>PART-TIME</u>	<u>FULL-TIME</u>
Infant/Toddler	Center	\$4.10/hr	\$4.10/hr
Infant/Toddler	Group	3.70/hr	3.70/hr
Infant/Toddler	Family	3.10/hr	3.10/hr
Infant/Toddler	Other	3.10/hr	3.10/hr
Preschool	Center	\$2.70/hr	\$2.70/hr
Preschool	Group	2.90/hr	2.90/hr
Preschool	Family	2.90/hr	2.90/hr
Preschool	Other	2.70/hr	2.70/hr
B/A School	Center	\$3.00/hr	\$3.00/hr
B/A School	Group	3.00/hr	3.00/hr
B/A School	Family	4.00/hr	4.00/hr
B/A School	Other	3.00/hr	3.00/hr
Special Needs	Center	\$4.60/hr	\$4.60/hr
Special Needs	Group	4.10/hr	4.10/hr
Special Needs	Family	3.50/hr	3.50/hr
Special Needs	Other	3.50/hr	3.50/hr

KEY TO USING LOCAL MARKET RATES

Other: In-home care, care provided by relative or any other eligible setting which is not licensed.

Part-time: Less than 100 hours per month.

Full-time: 100 hours per month or more.

Infant/Toddler: Children under age three.

Preschool: Children ages three to five.

Before/After School: School age children over five years of age.

**DEPARTMENT OF SOCIAL SERVICES
REGION C**

<u>TYPE OF CARE</u>	<u>SETTING</u>	<u>PART-TIME</u>	<u>FULL-TIME</u>
Infant/Toddler	Center	\$3.60/hr	\$3.60/hr
Infant/Toddler	Group	2.70/hr	2.70/hr
Infant/Toddler	Family	2.90/hr	2.90/hr
Infant/Toddler	Other	2.70/hr	2.70/hr
Preschool	Center	\$2.60/hr	\$2.60/hr
Preschool	Group	2.70/hr	2.70/hr
Preschool	Family	2.70/hr	2.70/hr
Preschool	Other	2.60/hr	2.60/hr
B/A School	Center	\$2.00/hr	\$2.00/hr
B/A School	Group	2.00/hr	2.00/hr
B/A School	Family	3.00/hr	3.00/hr
B/A School	Other	2.00/hr	2.00/hr
Special Needs	Center	\$3.90/hr	\$3.90/hr
Special Needs	Group	3.00/hr	3.00/hr
Special Needs	Family	3.10/hr	3.10/hr
Special Needs	Other	3.00/hr	3.00/hr

KEY TO USING LOCAL MARKET RATES

Other: In-home care, care provided by relative or any other eligible setting which is not licensed.

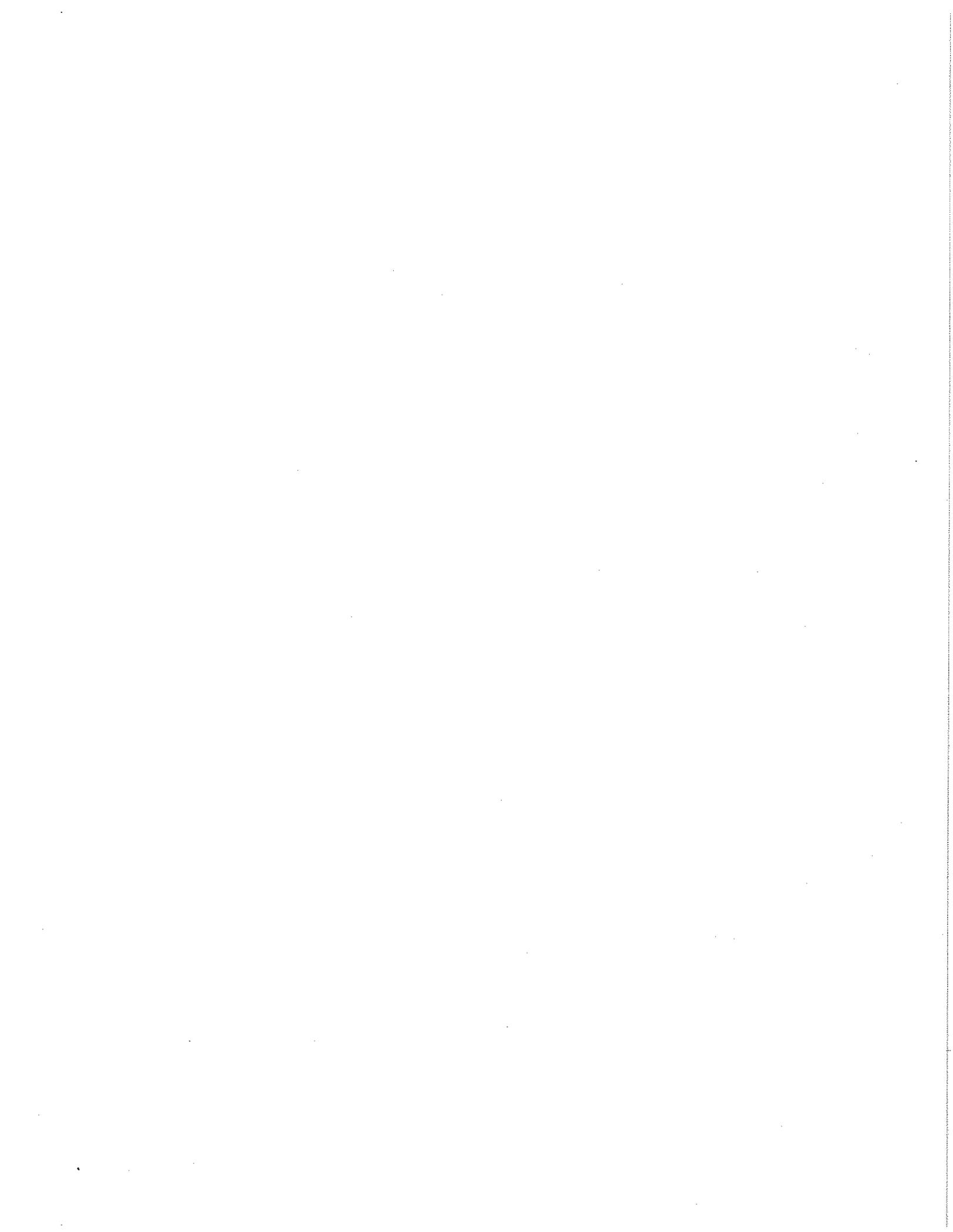
Part-time: Less than 100 hours per month.

Full-time: 100 hours per month or more.

Infant/Toddler: Children under age three.

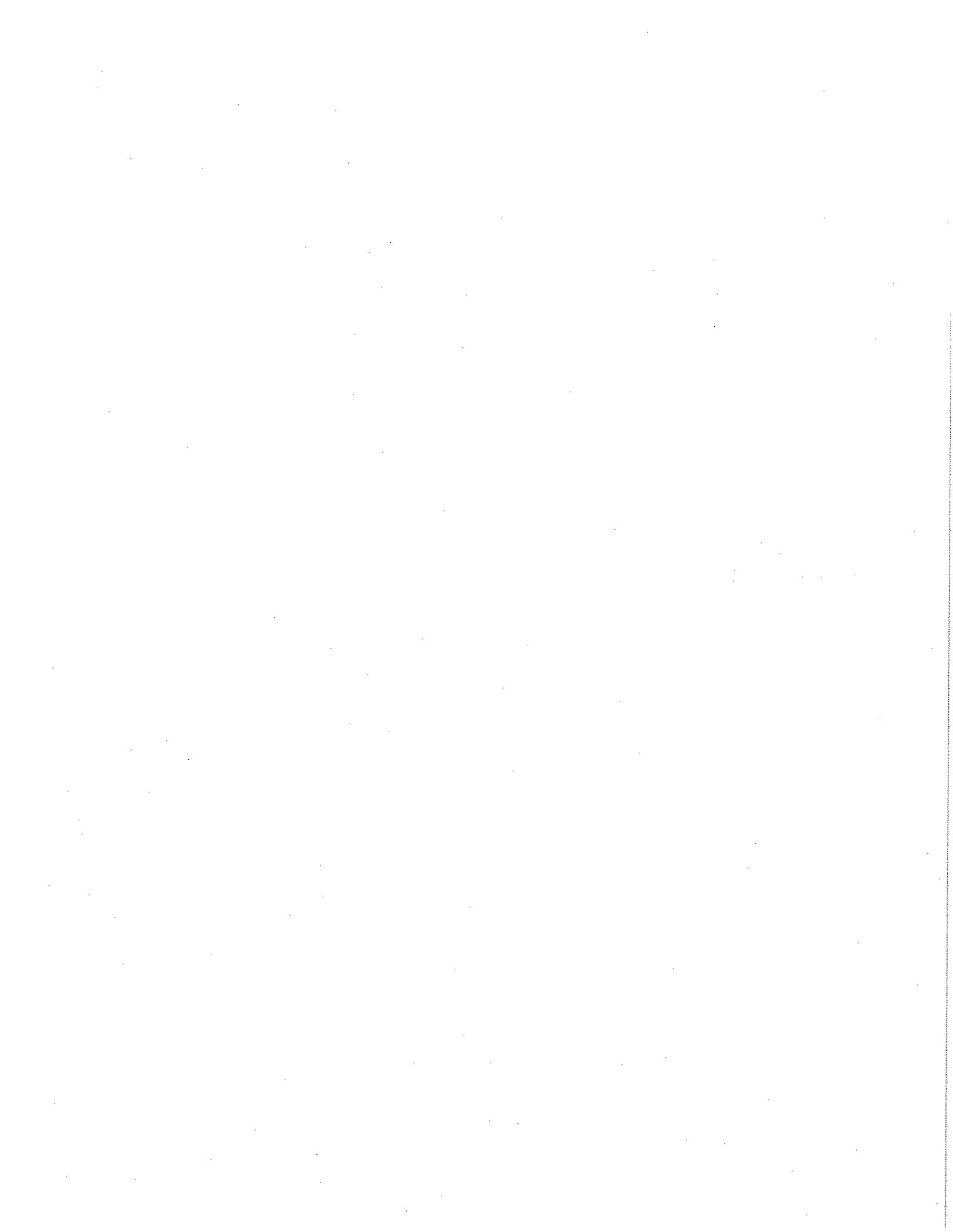
Preschool: Children ages three to five.

Before/After School: School age children over five years of age.



APPENDIX F

**CHILD CARE CERTIFICATE PROGRAM:
LOCAL MARKET RATE SCHEDULE**



CHILD CARE CERTIFICATE PROGRAM

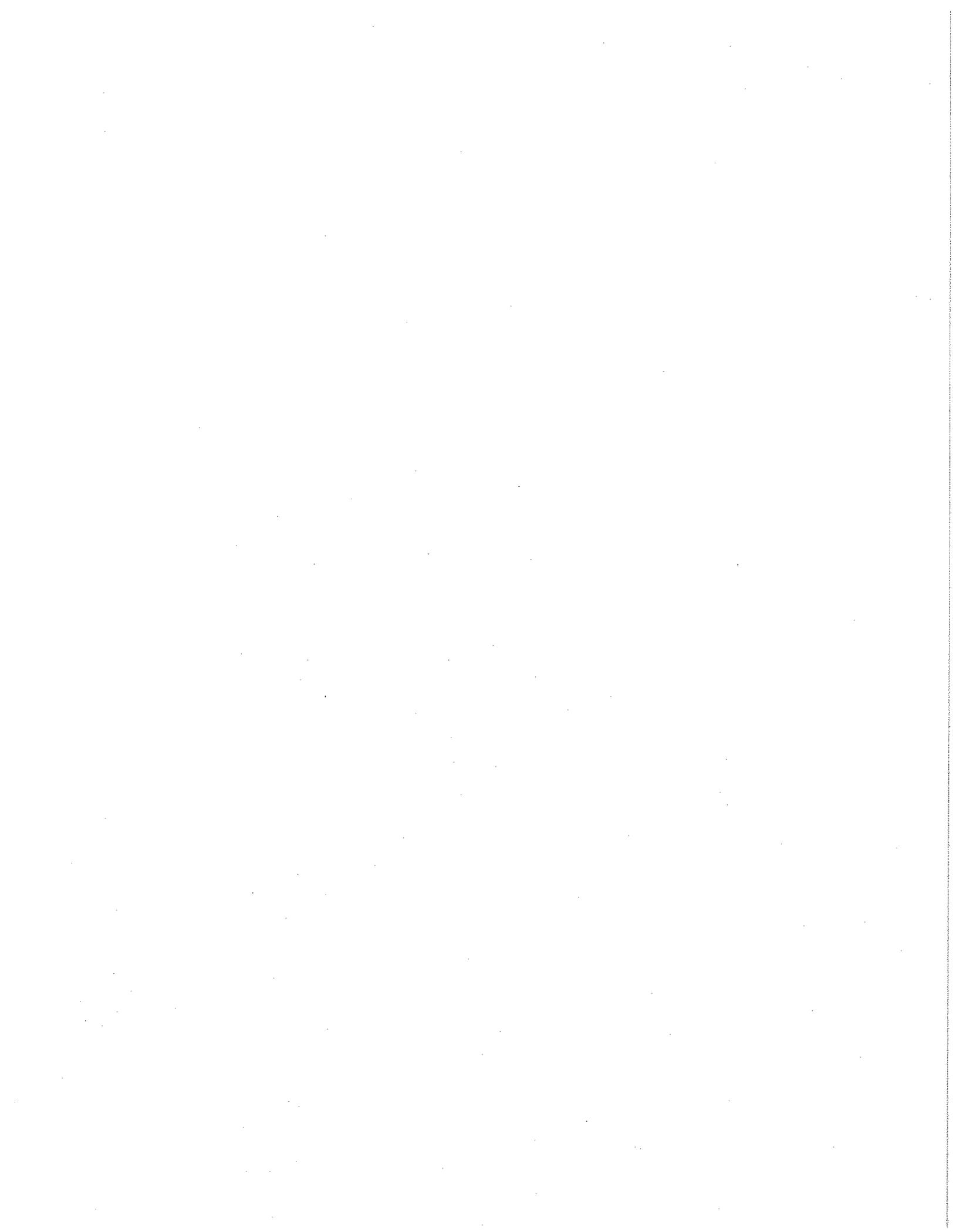
MARKET RATE SCHEDULE

<u>REGION A</u>	<u>INFANT/TODDLER</u>		<u>PRESCHOOL</u>		<u>SCHOOL-AGE</u>	
	PT	FT	PT	FT	PT	FT
Center	4.57/hr	160.00/wk	2.86/hr	115.00/wk	3.00/hr	105.00/wk
Group Home	4.60/hr	168.00/wk	3.29/hr	140.00/wk	3.00/hr	105.00/wk
Family Day Care	3.57/hr	125.00/wk	3.57/hr	125.00/wk	4.00/hr	140.00/wk
Relative's Home	2.43/hr	85.00/wk	2.14/hr	75.00/wk	2.14/hr	75.00/wk
Child's Home	2.43/hr	85.00/wk	2.14/hr	75.00/wk	2.14/hr	75.00/wk

<u>REGION B</u>	<u>INFANT/TODDLER</u>		<u>PRESCHOOL</u>		<u>SCHOOL-AGE</u>	
	PT	FT	PT	FT	PT	FT
Center	4.14/hr	145.00/wk	2.71/hr	105.00/wk	3.00/hr	105.00/wk
Group Home	3.71/hr	130.00/wk	2.86/hr	118.00/wk	3.00/hr	140.00/wk
Family Day Care	3.14/hr	110.00/wk	2.86/hr	100.00/wk	4.00/hr	105.00/wk
Relative's Home	2.43/hr	85.00/wk	2.14/hr	75.00/wk	2.14/hr	75.00/wk
Child's Home	2.43/hr	85.00/wk	2.14/hr	75.00/wk	2.14/hr	75.00/wk

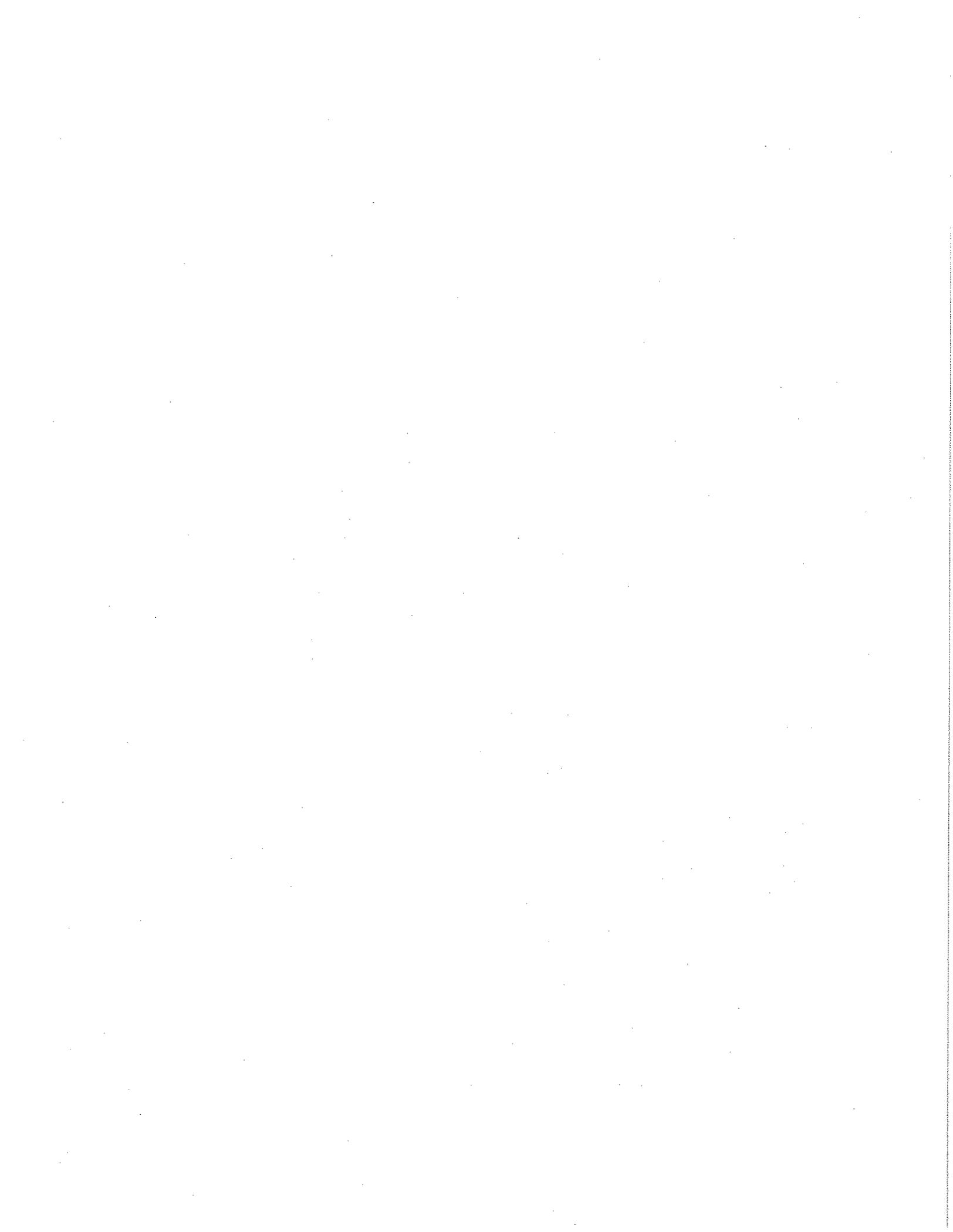
<u>REGION C</u>	<u>INFANT/TODDLER</u>		<u>PRESCHOOL</u>		<u>SCHOOL-AGE</u>	
	PT	FT	PT	FT	PT	FT
Center	3.57/hr	125.00/wk	2.57/hr	100.00/wk	2.00/hr	75.00/wk
Group Home	2.71/hr	95.00/wk	2.71/hr	100.00/wk	2.00/hr	75.00/wk
Family Day Care	2.86/hr	100.00/wk	2.71/hr	95.00/wk	3.00/hr	105.00/wk
Relative's Home	2.43/hr	85.00/wk	2.14/hr	75.00/wk	2.14/hr	75.00/wk
Child's Home	2.43/hr	85.00/wk	2.14/hr	75.00/wk	2.14/hr	75.00/wk

This schedule is based on market rate surveys conducted by Child Care INFOLINE (May 1991). Full-time care (FT) = 35 hours/week or more; part-time care (PT) = less than 35 hours/week. Infant/Toddlers are children under 2 years in family day care, a relative's home or the child's home and under 3 years in centers and group homes. Region A, B, and C are geographical areas, listed on the reverse.



APPENDIX G

**STATE-FUNDED CHILD CARE CENTERS:
SLIDING FEE SCALES**



Infant/Toddler Fee Schedule

Family Size ---->	1 - 3	4	5	6	7	8	9	10	11	12	FT Fee	PT* Fee
From	0	0	0	0	0	0	0	0	0	0		
To 20% SMI	9,152	10,896	12,639	14,382	14,709	15,036	15,363	15,690	16,017	16,344	8	4.00
From	9,153	10,897	12,640	14,383	14,710	15,037	15,364	15,691	16,018	16,345		
To 25% SMI	11,441	13,620	15,799	17,978	18,387	18,795	19,204	19,612	20,021	20,430	16	8.00
From	11,442	13,621	15,800	17,979	18,388	18,796	19,205	19,613	20,022	20,431		
To 30% SMI	13,729	16,344	18,959	21,574	22,064	22,554	23,045	23,535	24,025	24,516	25	12.50
From	13,730	16,345	18,960	21,575	22,065	22,555	23,046	23,536	24,026	24,517		
To 35% SMI	16,017	19,068	22,118	25,169	25,741	26,313	26,885	27,457	28,029	28,601	33	16.50
From	16,018	19,069	22,119	25,170	25,742	26,314	26,886	27,458	28,030	28,602		
To 40% SMI	18,305	21,792	25,278	28,765	29,419	30,072	30,726	31,380	32,034	32,687	41	20.50
From	18,306	21,793	25,279	28,766	29,420	30,073	30,727	31,381	32,035	32,688		
To 45% SMI	20,593	24,516	28,438	32,361	33,096	33,831	34,567	35,302	36,038	36,773	49	24.50
From	20,594	24,517	28,439	32,362	33,097	33,832	34,568	35,303	36,039	36,774		
To 50% SMI	22,881	27,240	31,598	35,956	36,773	37,591	38,408	39,225	40,042	40,859	58	29.00
From	22,882	27,241	31,599	35,957	36,774	37,592	38,409	39,226	40,043	40,860		
To 55% SMI	25,169	29,963	34,758	39,552	40,451	41,350	42,248	43,147	44,046	44,945	66	33.00
From	25,170	29,964	34,759	39,553	40,452	41,351	42,249	43,148	44,047	44,946		
To 60% SMI	27,457	32,687	37,917	43,147	44,128	45,109	46,089	47,070	48,050	49,031	74	37.00
From	27,458	32,688	37,918	43,148	44,129	45,110	46,090	47,071	48,051	49,032		
To 65% SMI	29,746	35,411	41,077	46,743	47,805	48,868	49,930	50,992	52,055	53,117	82	41.00
From	29,747	35,412	41,078	46,744	47,806	48,869	49,931	50,993	52,056	53,118		
To 70% SMI	32,034	38,135	44,237	50,339	51,483	52,627	53,771	54,915	56,059	57,203	91	45.50
From	32,035	38,136	44,238	50,340	51,484	52,628	53,772	54,916	56,060	57,204		
To 75% SMI	34,322	40,859	47,397	53,934	55,160	56,386	57,612	58,837	60,063	61,289	99	49.50
From	34,323	40,860	47,398	53,935	55,161	56,387	57,613	58,838	60,064	61,290		
To 80% SMI	36,610	43,583	50,557	57,530	58,837	60,145	61,452	62,760	64,067	65,375	107	53.50
From	36,611	43,584	50,558	57,531	58,838	60,146	61,453	62,761	64,068	65,376		
To 85% SMI	38,898	46,307	53,716	61,125	62,515	63,904	65,293	66,682	68,072	69,461	115	57.50
From	38,899	46,308	53,717	61,126	62,516	63,905	65,294	66,683	68,073	69,462		
To 90% SMI	41,186	49,031	56,876	64,721	66,192	67,663	69,134	70,605	72,076	73,547	124	62.00
From	41,187	49,032	56,877	64,722	66,193	67,664	69,135	70,606	72,077	73,548		
To 95% SMI	43,474	51,755	60,036	68,317	69,869	71,422	72,975	74,527	76,080	77,633	132	66.00
From	43,475	51,756	60,037	68,318	69,870	71,423	72,976	74,528	76,081	77,634		
To 100% SMI	45,762	54,479	63,196	71,912	73,547	75,181	76,815	78,450	80,084	81,719	140	70.00

* PT (Part Time) – Less than 25 Hours/Week

Preschool Fee Schedule

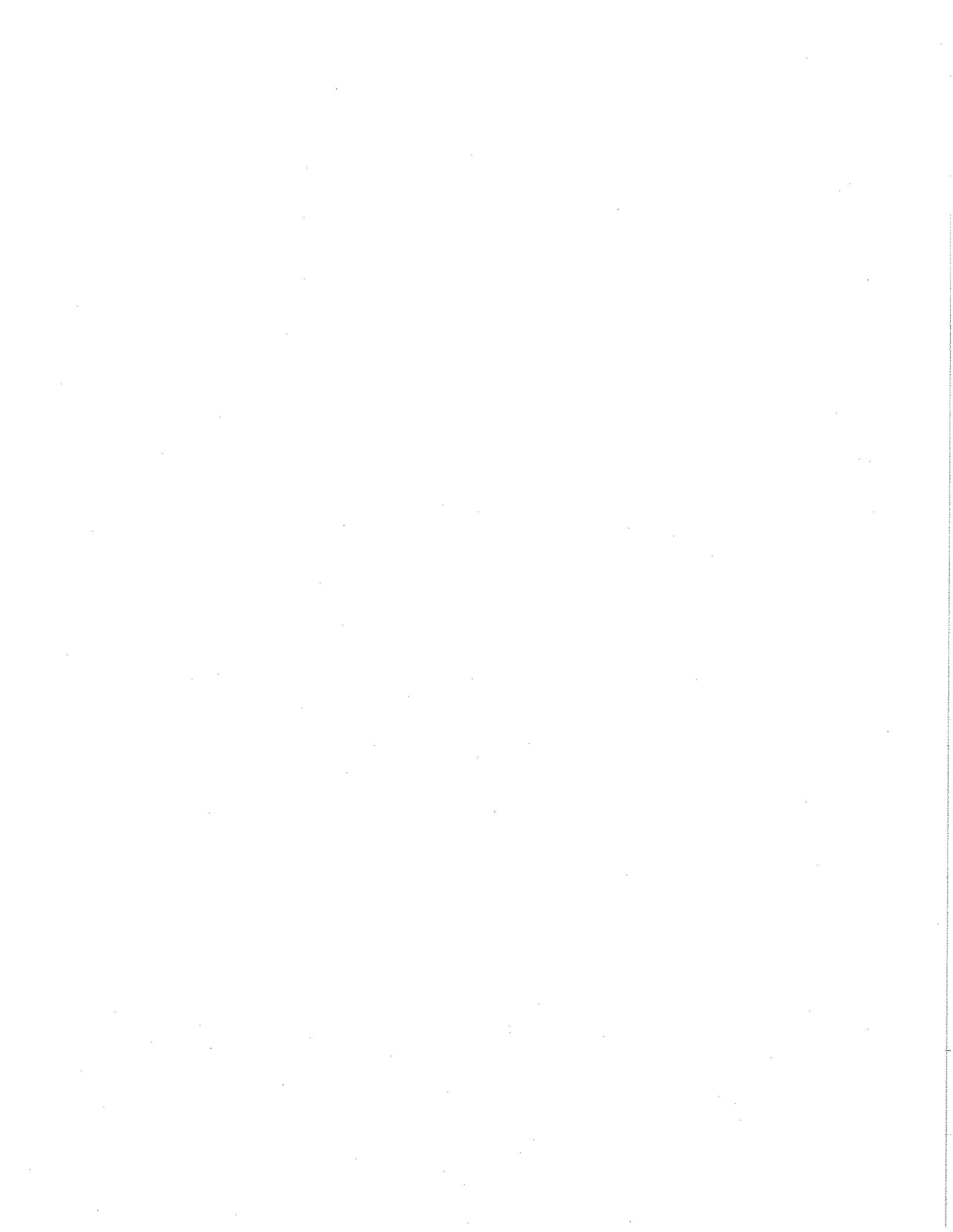
Family Size ---->	1 - 3	4	5	6	7	8	9	10	11	12	FT Fee	PT* Fee
From	0	0	0	0	0	0	0	0	0	0		
To 20% SMI	9,152	10,896	12,639	14,382	14,709	15,036	15,363	15,690	16,017	16,344	7	3.50
From	9,153	10,897	12,640	14,383	14,710	15,037	15,364	15,691	16,018	16,345		
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To 35% SMI	16,017	19,068	22,118	25,169	25,741	26,313	26,885	27,457	28,029	28,601	29	14.50
From	16,018	19,069	22,119	25,170	25,742	26,314	26,886	27,458	28,030	28,602		
To 40% SMI	18,305	21,792	25,278	28,765	29,419	30,072	30,726	31,380	32,034	32,687	36	18.00
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To 45% SMI	20,593	24,516	28,438	32,361	33,096	33,831	34,567	35,302	36,038	36,773	44	22.00
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To 50% SMI	22,881	27,240	31,598	35,956	36,773	37,591	38,408	39,225	40,042	40,859	51	25.50
From	22,882	27,241	31,599	35,957	36,774	37,592	38,409	39,226	40,043	40,860		
To 55% SMI	25,169	29,963	34,758	39,552	40,451	41,350	42,248	43,147	44,046	44,945	58	29.00
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From	32,035	38,136	44,238	50,340	51,484	52,628	53,772	54,916	56,060	57,204		
To 75% SMI	34,322	40,859	47,397	53,934	55,160	56,386	57,612	58,837	60,063	61,289	88	44.00
From	34,323	40,860	47,398	53,935	55,161	56,387	57,613	58,838	60,064	61,290		
To 80% SMI	36,610	43,583	50,557	57,530	58,837	60,145	61,452	62,760	64,067	65,375	95	47.50
From	36,611	43,584	50,558	57,531	58,838	60,146	61,453	62,761	64,068	65,376		
To 85% SMI	38,898	46,307	53,716	61,125	62,515	63,904	65,293	66,682	68,072	69,461	102	51.00
From	38,899	46,308	53,717	61,126	62,516	63,905	65,294	66,683	68,073	69,462		
To 90% SMI	41,186	49,031	56,876	64,721	66,192	67,663	69,134	70,605	72,076	73,547	109	54.50
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* PT (Part Time) – Less than 25 Hours/Week

School Age Fee Schedule

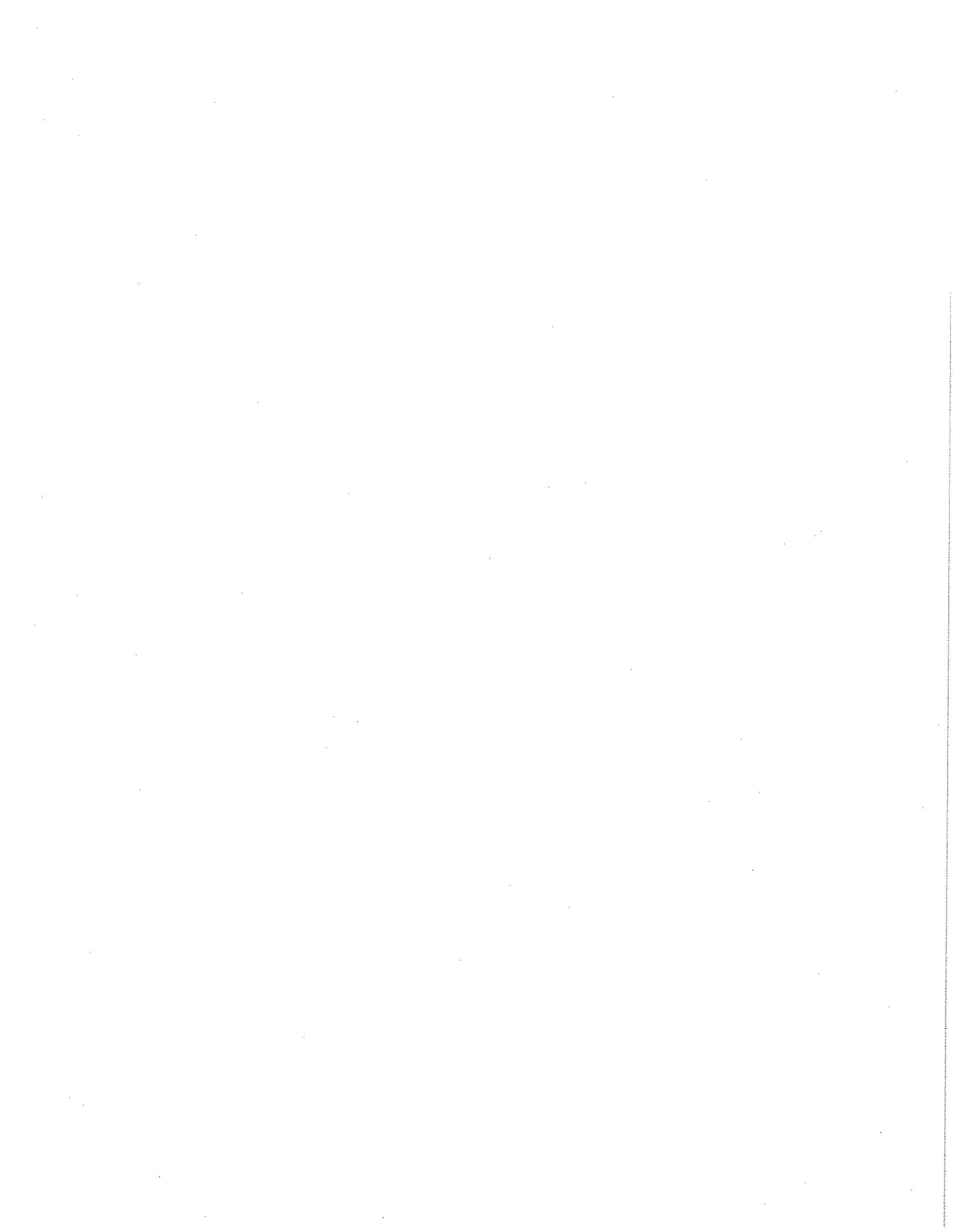
Family Size ---->	1 - 3	4	5	6	7	8	9	10	11	12	FT Fee	PT* Fee
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To 100% SMI	45,762	54,479	63,196	71,912	73,547	75,181	76,815	78,450	80,084	81,719	114	57.00

* PT (Part Time) - Less than 25 Hours/Week



APPENDIX H

CHILD CARE BUSINESS TAX CREDIT SURVEY



**LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE
CHILD CARE BUSINESS TAX CREDIT SURVEY**

N=20 (Unless otherwise noted)

1. Is your company:

100% For profit
0% Not-for-profit
0% Other (please describe) _____

2. How many employees does your company employ:

20% 25 or fewer
20% 26-50
10% 51-100
30% 101-500
20% More than 500

3. How long has your company used the state child care business tax credit program? 5.5 (avg.) years. (N=19)

4. How would you rate the overall child care business tax credit program in terms of benefitting your company:

50% Excellent
45% Good
5% Fair
0% Poor

5. Which of the following statements best describes your opinion of the child care business tax application:

85% Application was not difficult to complete.
15% Application was somewhat difficult to complete.
0% Application was difficult to complete.

6. How would you rate the performance of the *Department of Social Services (DSS)* in terms of its administration of the child care business tax credit application approval process:

60% Excellent
30% Good
10% Fair
0% Poor

7. How would you rate the performance of the *Department of Revenue Services (DRS)* in terms of its processing the actual child care business tax credit:

45% Excellent
40% Good
15% Fair
0% Poor

8. Which of the following best describes your company's tax filing procedure with regard to the child care business tax credit?

50% Credit generally taken for current expenditure year.
10% Credit generally carried back in order to receive tax refund for a prior year.
20% Credit generally carried forward to lessen future tax liability.
20% Company varies its use of when credits are taken.

9. Would your company continue to assist employees with child care costs if it did not participate in the child care business tax credit program? 44% YES 56% NO (N=18)

10. How important is the child care business tax credit program to the company's ability to assist employees with child care costs?

55% Very important
30% Important
15% Somewhat important
0% Not important

11. How did your company find out about the child care business tax credit program?

55% State agency (presentation, pamphlet, other)
0% Television
10% Newspaper
0% Radio
0% Newsletter
5% Trade association (please list)
30% Other (please list)

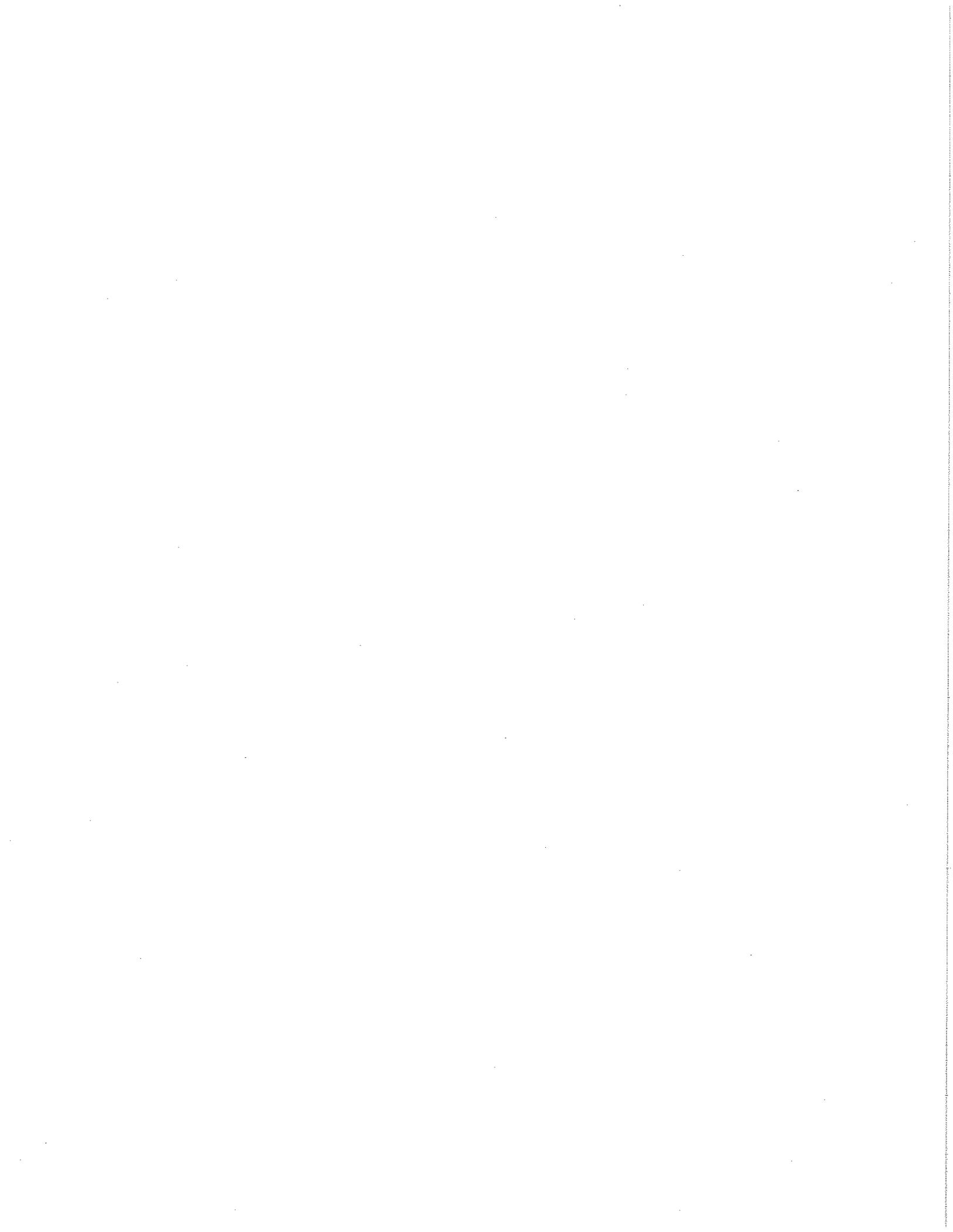
12. If the source of your company's initial attention to the child care business tax credit program was a state agency, please identify the agency: (N=11)

73% Department of Social Services
18% Department of Revenue Services
9% Department of Economic Development
0% Other (please list)

13. Other comments you would like to make:

APPENDIX I

AGENCY RESPONSES AND COMMITTEE COMMENTS





STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

*Senator Eileen M. Daily, Chairperson
Representative Anne P. Dandrow, Chairperson
Program Review and Investigations Committee
Legislative Office Building, Room 506
Hartford, CT 06106*

Dear Senator Daily and Representative Dandrow:

I have taken the opportunity to review the final draft report, Child Day Care Services in Connecticut, prepared by your committee staff. I pledge my agency's support and cooperation to implement the recommendations that pertain to our agency and will work with committee members to make appropriate legislative changes.

The child care system and service components are very complex and require coordination. This is a role that our department is prepared to lead. I am very pleased with your recommendation to amend current state statutes and clarify our role for "systemwide policy planning and coordination of child care services".

I would like to compliment Brian Beisel, Associate Analyst for the comprehensive and professional work contributed to the completion of this report and the earlier briefing completed in August, 1995.

My staff have previously submitted clarifications to your August, 1995 briefing report and I have attached our comments and clarifications to your final draft report.

Thank you for the opportunity to comment. I will be happy to assist your continued review and deliberations. I have assigned Peter Palermino, Program Manager for the DSS Child Care Team (424-5006) to work with your committee members and staff as appropriate.

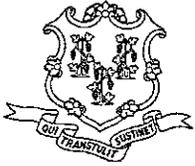
Sincerely,

Joyce A. Thomas
Joyce A. Thomas
Commissioner

*c: Governor John G. Rowland
OPM Secretary Reginald L. Jones*



MAR 26 1996



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

JOYCE A. THOMAS
COMMISSIONER

TELEPHONE
(203) 424-5008

FAX
(203) 424-5129

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CHILD DAY CARE SERVICES IN CONNECTICUT REPORT

We have prepared our comments and clarifications to follow the format provided in the report. We have offered comments primarily in the sections corresponding to the Department of Social Services.

General Comments

The Department of Social Services compliments the Committee and staff for the comprehensive and professional review undertaken over the past year. The child care system is complex and we believe this report raises several important topics that will be discussed during the legislative session. We recognize that not all child care components received the attention required in a comprehensive study but understand the limitations of staff resources and Committee priorities. In particular, the implications for welfare reform in Connecticut will dramatically impact the child care system. The DSS Child Care Team is prepared to implement the several recommendations identified in the report and work with the Committee staff as appropriate.

Section 1 - Demand and Availability

DSS agrees with the Committee's recommendation that "supply and demand" data be collected and analyzed. DSS has begun discussions with the Department of Public Health to develop an appropriate methodology. We have been analyzing the number and income levels of families with children under 13 in order to estimate child care need.

We plan to meet with Committee staff to review the methodology utilized in this report. In estimating child care need, this report addressed only children in employed households. This excludes unemployed families and parents receiving AFDC.

The report compares its statistics on the need for child care with licensed capacity as reported by the Department of Public Health. This is a perennial data problem, because licensed capacity is not the true capacity of the system. The report indicates some of the problems of reporting capacity by discussing how providers often fill a slot with more than one child on a part-time basis. The bigger problem, however, is overestimating capacity because licensing capacity is based on the space dimensions of the facility rather than the intent or staffing of the provider.

Child Care INFOLINE conducted a study (October 1994) of child care openings in order to

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estimate true capacity and compare that data to licensed capacity. This study provided more accurate data and subsequent studies will address the problem even more directly. We caution the committee about relying on data on licensed capacity in evaluating how well the system can accommodate the need for child care.

The information collected for the 27 geographical regions was very interesting. DSS, along with the other health and human service state agencies, coordinates its services and programs in five geographical areas. We are currently analyzing data within the context of our five geographical regions.

Section 2 - Economic Support for Child Care and Systemwide Planning and Coordination

DSS supports the recommendations in this section. We would like to remind Committee members that DSS recently completed and distributed its Annual Report for state fiscal year 1994-1995. All legislators received copies.

Recent Developments

We thank you for including the summary on the department's new unit rate reimbursement for state supported child care centers. Your summary helps many to understand our legislative mandate and how this system can benefit families seeking quality child care in child care centers. We continue to work cooperatively with the directors of the state supported child care centers and monitor the implementation of the unit rate system during this transition year.

Though the report was unable to highlight other important projects and initiatives undertaken by DSS in the current state fiscal year, we have attached a section from our recent Annual Report that identifies these initiatives.

ADDENDUM

Legislative Program Review and Investigations Committee Comments on Department of Social Services Response

Pages I-2 and I-3: Demand and Availability

As noted on page eight of the report, child care demand estimates include children living with their single, unemployed parents who are looking for work. The demand figures do not include children of parents who have left, or never belonged, to the labor force.

Capacity and utilization of licensed child care slots are two different ways to examine availability. Capacity, as used in the report, is defined as the actual number of slots licensed by the Department of Public Health, whereas utilization relates to how such slots are filled by a provider (e.g., part-time, full-time, or not at all.) Although utilization of day care centers and group day care homes can be based on a facility's space dimensions as stipulated by regulation, family day care homes are not bound by similar space requirements. As such, utilization of family day care homes is determined by the demand for services and the intent of the provider for filling slots.



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF COMMISSIONER

March 7, 1996

The Honorable Eileen M. Daily, Chairperson
The Honorable Ann P. Dandrow, Chairperson
Legislative Program Review and Investigations Committee
Room 506
State Capitol
Hartford, CT 06106

Dear Senator Daily and Representative Dandrow:

The following is in response to the February 27, 1996 draft final report entitled "Child Day Care Services in Connecticut."

The agency appreciates the efforts of Committee staff in compiling this study, and generally agrees with the programmatic findings of the Committee. However, I would like to take this opportunity to comment upon three areas of concern.

On page 66, it is recommended that C.G.S. Sec. 19a-87b be amended to require unannounced inspections of all family day care homes every two years. It is further noted that committee staff believe that no more than one additional licenser would be needed to accomplish this increased workload.

The agency supports the proposed two year family day care inspection cycle, but disagrees with committee staff as to the number of additional positions needed. Center and family day care inspectors already have caseloads equal to or in excess of nationally recommended standards. Committee staff do not include travel or administrative time in calculating the average time needed to complete an inspection. Also, although the report notes that each licenser averaged 104 inspections out of a total on 147 inspection attempts in FY 95, the computed increase in inspector workload associated with the two year inspection cycle fails to factor in this historical inspection completion rate.

Agency calculations indicate the need for from four to six additional inspectors to implement this recommendation. It should also be noted that this recommendation is concurrent with the efforts of DSS and the United Way to launch a large scale recruitment effort to increase the number of licensed family day care homes. This welfare reform initiative will increase the initial inspection caseload of existing staff, further contributing to the need for additional inspectors.



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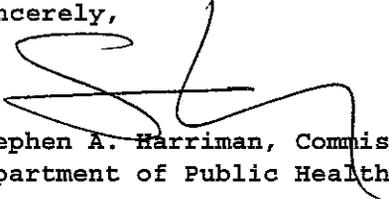
Senator Daily and Representative Dandrow
Page 2 of 2

The second area of concern involves the substance of the report beginning on page 67 and continuing on page 68, regarding day care licensing reorganization. As noted in the report, the reasons for the centralization of the day care functions included costs savings and administrative streamlining. Programmatic issues concerning recordkeeping, fragmentation of files and administrative burdens are all being addressed in part through the resource sharing facilitated by the centralization efforts.

Finally, the imposition of late fees on Child Day Care Centers, Group Day Care Homes and Family Day Care Homes for failure to meet licensure application deadlines will be burdensome to administer, and difficult to enforce with this provider group.

Thank you for the opportunity to comment on the report. Please let me know if you have any questions regarding this information.

Sincerely,



Stephen A. Harriman, Commissioner
Department of Public Health

SAH/wjj

ADDENDUM

Legislative Program Review and Investigations Committee Comments on Department of Public Health Response

Page I-5 and I-6: New Family Day Care Inspection Schedule

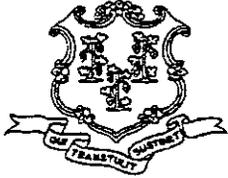
Calculations outlined on pp. 66-67 of the report indicate the additional workload resulting from biennial inspections of family day care homes is minor and should be easily absorbed by the department without additional staff. At the same time, caseload standards put forth by the National Association for the Education of Young Children can be maintained under the biennial inspection schedule. Further, the department's reorganization efforts and streamlining of administrative processes support implementation of the new inspection schedule within existing resources.

Page I-6: Day Care Licensing Reorganization

Although the purpose for reorganizing the day care licensing program may include reasons beyond cost savings and administrative streamlining, larger concerns of the reorganization effort remain. Issues such as effective communication with providers, efficient use of resources regarding out posting of state vehicles, and how well the reorganization plans comply with the intent of Special Act 92-20, need to be addressed by the department.

Page I-6: Late Fees

A workable and effective system requiring providers to follow the regulatory guidelines for when to submit license renewal applications can be implemented. Such a system would increase the efficiency of the license renewal process by providing an incentive for child care providers to submit complete and timely applications. As a result, the department will have adequate time to complete the license renewal process, while ensuring providers' licenses do not expire before being renewed.



STATE OF CONNECTICUT CHILD DAY CARE COUNCIL

March 5, 1996

The Honorable Eileen M. Daily
The Honorable Ann P. Dandrow
Legislative Program Review and Investigations Committee
Room 506 Capitol
Hartford, CT 06106-1591

Dear Senator Daily and Representative Dandrow:

The Child Day Care Council submits the following in regard to the Legislative Program Review and Investigations Committee Report on Child Care Services in Connecticut. Attached you will find the Council's response to each of the 21 recommendations.

Thank you for the opportunity to comment.

Sincerely,

Alfred Bidorini
Chairman

Response to Legislative Program Review and Investigations Report on Child Care Services in Connecticut

Professional child day care is a comprehensive system that supports Connecticut's working families, supplementing the care children receive from their families. It is a vital service, elements of which include:

- **a safe and healthy environment for young children that provides care, nurturing, and education,**
- **affordability,**
- **care giver training, education and experience,**
- **collaboration with human service agencies and services to meet families needs, and**
- **regulation.**

The Child Day Care Services In Connecticut study offers valuable data. It demonstrates a varied and complex service system. As with any information on which future planning is to be based, the Council emphasizes the need for **accurate data and sufficient staffing** supported by **appropriate resources and general expertise** to carry out the recommendations.

Noted is that certain facets of the system were omitted from the scope of the study. These include reference to:

- ◆ **the role of the Department of Education,**
- ◆ **Connecticut Charts a Course: a system to define and record training and education of professionals in the field of early care and education,**
- ◆ **Accreditation: a process that identifies those programs that meet standards of quality child care and education on a National level,**
- ◆ **the role of training and education on care giver competence, and**
- ◆ **child day care's positive developmental outcomes for children and their future social and academic school success.**

Therefore, the *Connecticut Child Day Care Council* makes the following response to the recommendations of the Child Day Care Services Study:

Child Care Demand and Availability

1. Program review committee recommends DPH begin tracking the licensed capacity levels for day care centers and group day care homes on an annual basis. This information, along with similar family day care home data, should be frequently shared with the DSS and the Child Day Care Council for planning purposes.

The Council strongly endorses the effort to gather correct data regarding licensed capacity. For planning purposes we must have accurate data, which has been gathered in a meaningful way. InfoLine is recognized as a valuable resource, but the data currently available regarding capacity is insufficient.

Response to Legislative Program Review and Investigations Report on Child Care Services in Connecticut

2. Program review committee recommends DSS collect and analyze child care supply and demand information on a statewide and regional basis. The department should include such information in its mandated annual status report on child care.

The Council supports this recommendation. Raw data regarding supply and demand presently exists via InfoLine data base. Estimates for demand can be extrapolated from InfoLine case data reports. Such an annual report would be vital to the analysis of child care supply and demand.

Child Care Regulation: Department of Public Health

3. Program review committee recommends DPH begin imposing late fees when day care center renewal applications are not submitted within the 60-day time frame stipulated by state regulation.

The relicensure process includes approvals by local fire and health departments. The process of obtaining these approvals in a timely fashion would be improved by communication from the State Fire Marshal's office and the State Health Department to these local offices. When completing the relicensure process, all licensed providers must be afforded at least the same amount of time to complete their application, as the department requires to process. The Council supports this recommendation, pending the inclusion of a "due process" clause providing that all licensed providers must have the re-licensing packet not less than 120 days prior to the expiration of their license.

4. Program review committee recommends the day care licensing unit strengthen its overall record keeping procedures for licensing files. All files should clearly indicate when renewal applications are received. Files should also indicate whether a license renewal application is approved without receiving a deficiency correction report when one is required following an inspection. In addition, files should contain criminal background information for all employees currently employed by a day care center.

The Council recommends computerization of records to assist in uniformity of all record keeping. Valid criminal background checks must be contained in file as a requirement for licensure. Unless the criminal record is complete, a license is invalid.

5. Program review committee recommends the Department of Public Health require a specific time limit in advance of license expiration for family day care home providers to submit their renewal applications. It is further recommended that once the time limit is set, the department impose late fees when providers do not meet the required deadline.

The Council supports uniformity of regulations between family, center and group settings regarding the timetable for license renewal and the imposition of late fees when providers do not meet the required deadline. (See recommendation #3)

6. Program review committee recommends that C.G.S. Sec. 19a-87b be amended to require unannounced inspections of all family day care homes be conducted at least every two years.

The council fully supports this recommendation as written given sufficient staff resources to meet caseload requirements.

Response to Legislative Program Review and Investigations Report on Child Care Services in Connecticut

7. Legislative Program Review and Investigations Committee recommends C.G.S. Sec. 19a-82 be amended to include family day care homes.

The Council support this recommendation as it reflects a previous recommendation of the Council regarding technical assistance to family day care providers.

8. Legislative Program Review and Investigations Committee recommends DPH increase and strengthen its formal lines of communication with the child day care providers it licenses.

The Council support this recommendation and urges the DPH to:

- ◆ directly communicate in writing to every licensed provider when changes in licensing policy and/or regulations are announced to staff and implemented.
- ◆ reinstate the Department's newsletter.
- ◆ appoint to the Council Regulations Subcommittee a DPH representative who would present changes in regulations in advance to gain support and obtain input from the subcommittee.

Economic Support: Department of Social Services

9. Program review committee recommends DSS and state-funded centers review sliding fee schedules on an annual basis.

The Council agrees that this process should be conducted annually and should be performed by both the DSS and the representatives of the state-funded center directors' group, the CT Child Day Care Forum.

10. Program review committee recommends that DSS require child care subsidy caseworkers to explain to all subsidy recipients the types of child care available, as well as basic health, safety, and quality factors to look for when choosing care.

The Council supports the recommendation that DSS caseworkers inform subsidy recipients of these issues. InfoLine should be the DSS resource to train caseworkers so they can transmit information to clients on child care options. The Council further recommends that InfoLine, the resource and referral agency under state contract, take responsibility for the training of caseworkers and provide counseling to clients as required.

11. Program review committee recommends DSS develop an aggressive marketing strategy to attract more companies to apply for the business child care tax credits. DSS should investigate the possibility of accessing print or televised media to attract new companies, and concentrate on informing large organizations such as accountancy and business associations. The department should also seek input from the Department of Economic Development when developing its marketing strategy.

The Council supports this recommendation. Links with interagency programs such as neighborhood revitalization planning could provide a connection between welfare reform initiatives such as the Jobs First program and the business tax credit.

Response to Legislative Program Review and Investigations Report on Child Care Services in Connecticut

Systemwide Planning and Coordination

12. Program review committee recommends C.G.S. Sec. 17b-733 be amended to give the Department of Social Services responsibility for systemwide policy planning and coordination of child care services in the state.

Adding system wide policy and planning to 17b-733 is consistent with legislatively mandated DSS responsibilities as lead agency for child care. Child care responsibilities require input from child care community experts so that data collection and analysis provide the resources for the development of sound strategic planning and policy. There are many resources available to participate: i.e., CAHS, Child Day Care Council members, CAEYC, CFDCAN, etc.

13. Program review committee recommends DSS establish an interagency team consisting of working level staff from all state agencies and commission involved in the child day care system. The purpose of the team shall be to discuss, plan, and evaluate child day care programs and services in the state. The team shall work on issues affecting the state's child day care system as a whole, including the administration of child care programs, development of a uniform child care system, ensuring quality child day care programs, and regulation of child care facilities by the state.

Interagency agreements between DSS and such other state agencies and commissions deemed appropriate by DSS, shall be developed specifying the purpose of the team, the specific duties/responsibilities each agency is expected to perform in relation to the team's overall purpose and goals, and any data elements required by DSS to effect its role as lead agency. All necessary interagency agreements should be completed by July 1, 1996, and renewed annually.

The team should meet at least monthly beginning in July 1996, and report on its progress to the Child Day Care Council at least semi-annually.

The Council supports this recommendation with a quarterly rather than semi-annual reporting cycle.

14. Program review committee recommends the DSS develop comprehensive and cohesive short-and long-term goals, objectives, and strategies for child care services on a systemwide basis. DSS shall work in conjunction with the Child Day Care Council and appropriate state agencies in developing such statewide goals, objectives, and strategies for child care.

Information for planning goals should come from the information gained at the Child Day Care Council's annual public hearings. A subcommittee of the Council and DSS should plan and implement objectives and strategies. Outcomes of this work would appear in an annual status report on child care in the state of CT.

15. Program review committee recommends that DSS begin developing the annual report on the status of child day care as required by C.G.S. Sec. 17b-733. The department should produce such a report for FY 96 by August 15, 1996.

The council supports this recommendation.

Response to Legislative Program Review and Investigations Report on Child Care Services in Connecticut

16. Program review committee recommends DSS strengthen its internal staffing capacity for systemwide child day care planning and coordination. The department should more clearly delineate broader planning and coordination responsibilities from program administration functions within its internal organization.

The Council supports this recommendation.

17. Program review committee recommends DSS identify and begin collecting the type of data needed to support its efforts and mission as the state's lead child care agency. Planning for the types of data to be collected and analyzed should be done in conjunction with other agencies--including the Departments of Public Health and Education the Commissions on Children and Women, the Child Day Care Council, and the Office of Policy and Management--that play a role in the state's overall child care system.

The Council supports this recommendation.

18. Program review committee recommends the Child Day Care Council fully enforce its current internal written policies and procedures. If there are areas that need to be enhanced or clarified, it should identify those areas and delegate responsibility for developing a revised set of operating procedures to a subgroup of the council. If changes are made, a final written set of policies and procedures shall be approved by a majority vote of the council and be in place no later than June 30, 1996. Upon completion, each council member shall receive a copy. New members shall also receive copies at the beginning of their service with the council.

The Council supports this recommendation. The Council has already initiated steps to review procedures and amend them if necessary. Since 1967, the Child Day care Council has provided a forum for parents of those in child care, child care providers, early childhood education professionals, business and labor organizations and others, to air their views, express their opinions, and voice their concerns for the need for quality child care. During that time, the Council has continually advocated for safe, affordable and accessible child care in the state. As with any diverse deliberative body, such as the Council, viewpoints of individual members have differed. This is as it should be, for without a diversity of opinions and ideas, any such body would have long ago outlived its usefulness.

In the recent past, the Council has played a pivotal role in the merging of family and center child care licensing responsibilities, reviewing and commenting on licensing regulations, and participating in various discussions concerning the future of child care services in Connecticut. The Council also has served as a conduit between child care providers and state agencies. In this role, the Council has been successful at mediating resolutions which have resulted in better care for those children being served.

It is unfortunate that the Legislative Program Review and Investigations Committee report has focused on the Council's immediate problems while neglecting to mention its past accomplishments. The procedural and functional inadequacies pointed out by the report have been recognized by the Council. As such, efforts are underway to resolve these issues and provide an atmosphere which is conducive to carrying out the Council's charge.

Response to Legislative Program Review and Investigations Report on Child Care Services in Connecticut

The Child Day Care Council has withstood the test of time. It has assisted in moving Connecticut's child care system forward, in promoting safe and affordable child care and advancing the state of child care and early childhood development practices while listening to those most knowledgeable - providers, professionals, consumers. The Council will continue to support those efforts which have placed Connecticut's child care services at the forefront of the Nation.

19. Program review committee recommends that C.G.S. Sec. 17b-748 be amended to include staggered terms for Child Day Care Council members. Beginning July 1, 1996, one-half of the members shall be appointed for two-year terms, and one-half of the members for four-year terms. Thereafter, members shall serve terms of four year. No member shall serve consecutive terms, and no member shall serve more than two terms. Any member resigning before his or her term expires, or any member who is no longer affiliated with the group or organization from which he or she was appointed, shall be replaced for the remainder of term. Members serving on the council as of July 1, 1996, shall be deemed to have already served one term.

The Council does not support this recommendation and has set forth its legislative changes to the Select Committee on Children, now RB 5105.

20. Program review committee recommends C.G.S. Sec. 17b-748 be amended to designate state agency representative as ex-officio, nonvoting members of the day care council.

The Council does not support this recommendation. The Commissioners of the state agencies are named to the Council to reflect each agency's mandated responsibilities relative to the child care system. It is in the Commissioner's vested interest that his/her designee represent the department's position. This representation and department's voice through its vote is a vital link between the Commissioner and the child care community.

21. Program review committee recommends the Child Day Care Council develop yearly goals and objectives focus on issues relating to child care policy and coordination on a systemwide basis.

The Council supports this recommendation and recognizes that yearly goals and objectives must be related directly to the annual public hearings. (See recommendation #14.) In November 1995, the council conducted its first retreat to review its mission statement, 1995 public hearing results, and forge key objectives to focus its energies on for SFY 96.