



Healthy Active Living in the Child Care and Development Block Grant

CHILD CARE AWARE® OF AMERICA

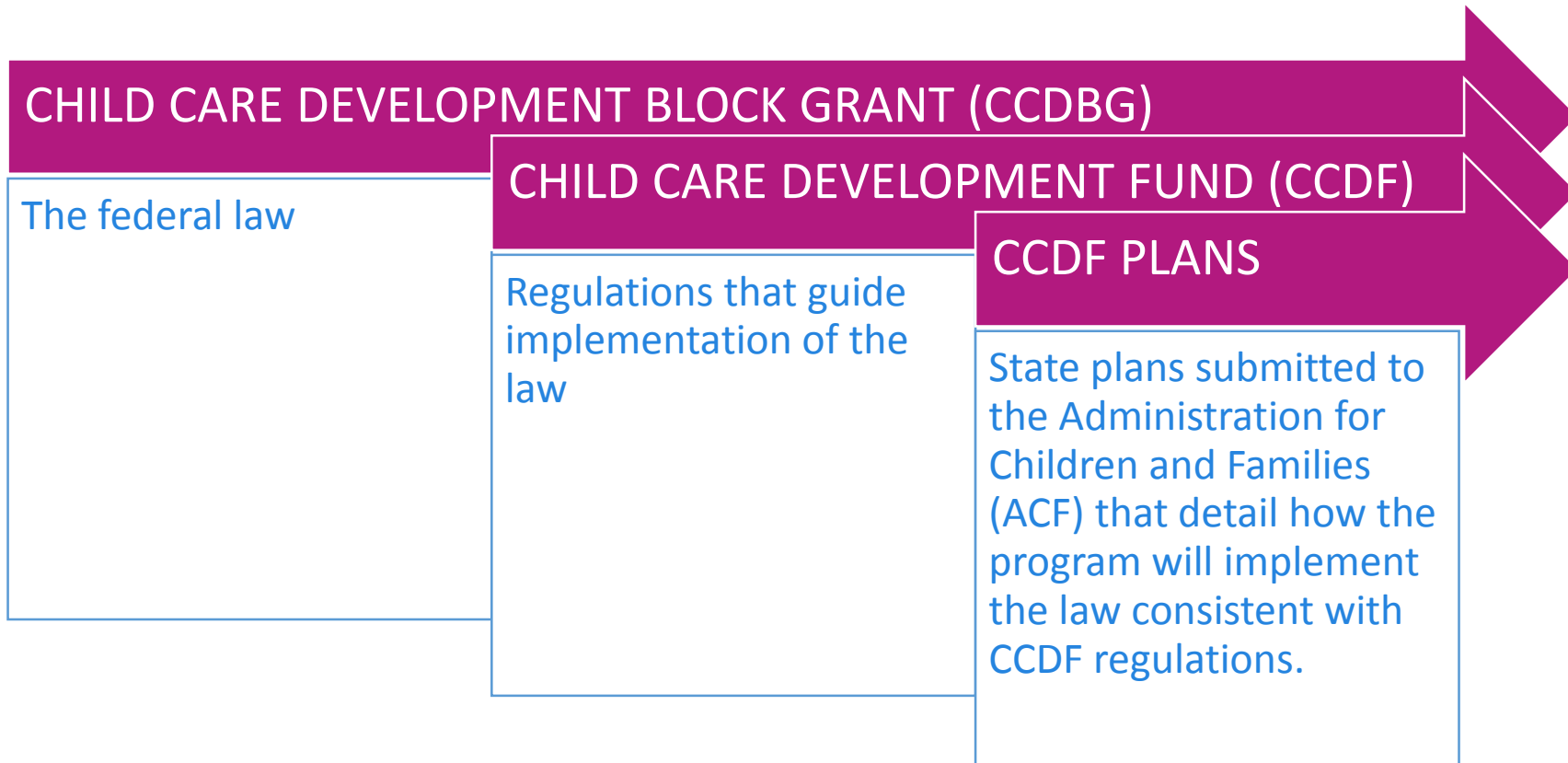


CCDBG OVERVIEW

On November 19, 2014, the President signed the Child Care and Development Block Grant (CCDBG) Act of 2014 S.1086 into law. The law reauthorized the Child Care and Development Fund (CCDF) program for the first time in 18 years and made expansive changes to protect the health and safety of children in child care, promote continuity of access to subsidy for low-income families, and better inform parents and the general public about the child care choices available to them. **This is an opportunity to improve the learning experiences of millions of children every day.**



CCDBG/CCDF RELATIONSHIP



CHILD CARE AND HEALTH OVERVIEW

- Nearly 15 million children of working parents are in some type of child care. On average, they spend 36 hours a week in care.
- Our reports, *We Can Do Better 2013* (Centers) and *Leaving Children to Chance* (2012), revealed states have minimal promotion of health activities.
- 7 states (Alabama, California, Florida, Idaho, Louisiana, South Carolina, South Dakota, and Texas) have NO licensure requirement for addressing physical activity as part of their state measures for family child care homes.
- 5 states (California, Idaho, South Carolina, Wisconsin, and Wyoming) have no licensure requirements.

Policy Recommendation in 2014: Promote healthy children. Encourage states to require healthy foods and snacks, daily physical activity, and limit screen time for children in child care.



SNAPSHOT OF THE CCDF PLAN

- Eight components to the plan
- Highlighted new requirements:
 - Pre-service and ongoing training on health and safety
 - Requires pre-licensure and annual unannounced inspections of licensed CCDF providers; annual inspections of license-exempt providers
 - Requires establishment of professional development and training requirements
 - Requires States to implement Early Learning and Development Guidelines

Draft CCDF Preprint for Public Comment 5-27-15

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

☐ Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2. _____

☐ Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds. Describe _____

☐ Other funds. Describe _____

☐ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

☐ Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds. Describe _____

☐ Other funds. Describe _____

☐ Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

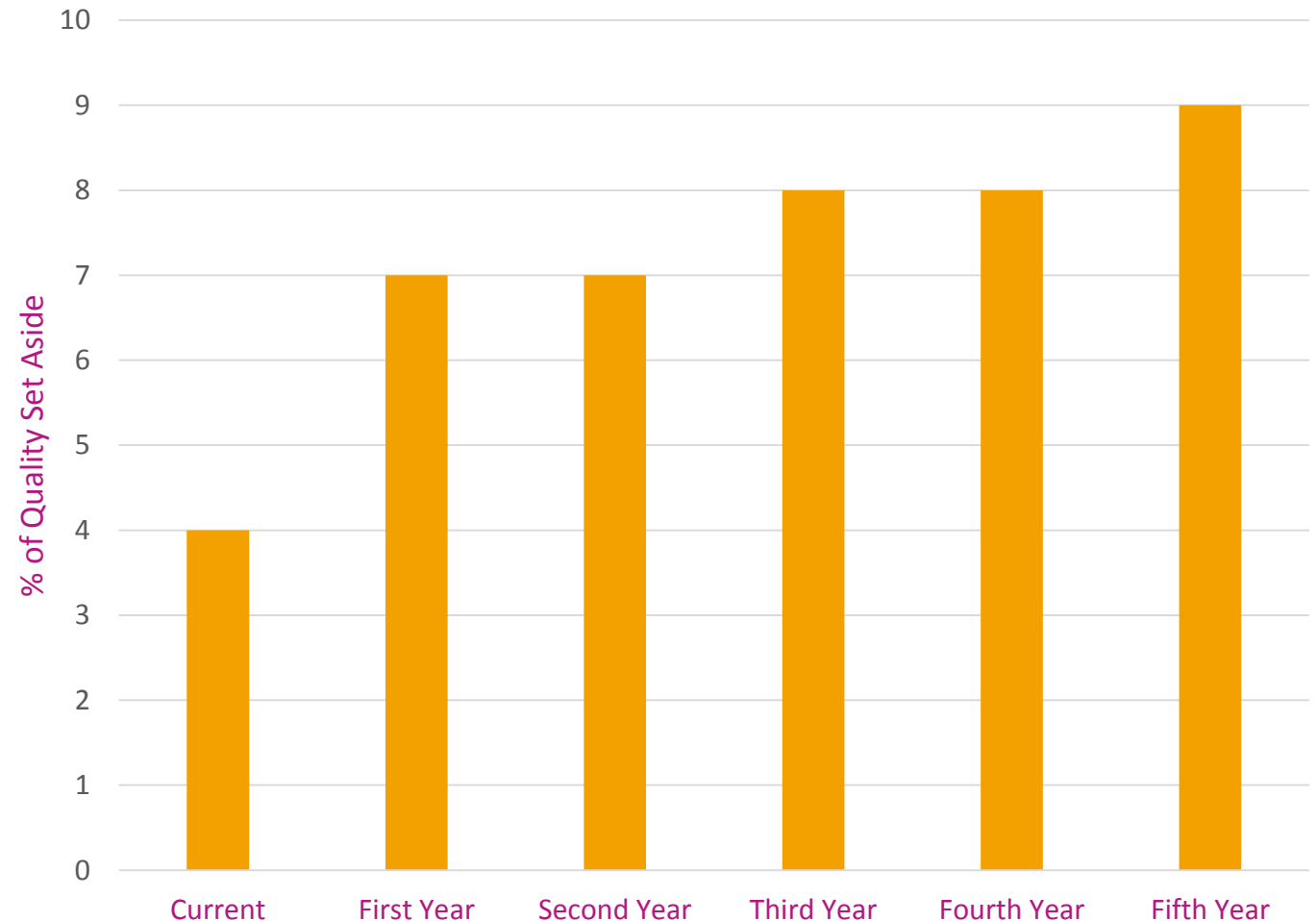
☐ Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds. Describe _____

☐ Other funds. Describe _____

REQUIRED QUALITY SPENDING FOR COMPONENT 7

- States are required to set aside a minimum amount of funding from their allocation for quality activities.
- This required minimum amount was increased in the new bill.



REQUIREMENTS FOR SPENDING QUALITY SET ASIDE

Reserved funds shall be used to carry out at least one of the following activities:

- Supporting **training/professional development** of child care workforce
- Improving upon the development/implementation of the State's **early learning and developmental guidelines** by providing technical assistance to eligible providers that enhances cognitive, physical, social and emotional development
- Developing, implementing or enhancing a tiered **quality rating system**
- Improving the supply and quality of infant and toddler care programs
- **Establishing/expanding a statewide system of child care resource and referral services**
- Facilitating **compliance with State requirements** for inspection, monitoring, training, **health and safety**, and State licensing standards
- Evaluating quality and effectiveness of child care programs
- Supporting providers seeking accreditation by a national body
- Supporting efforts to **develop high-quality health, mental health, nutrition, physical activity and development program standards**
- Carrying out **other activities determined by the State to improve quality of care** for which measurement of outcomes related to provider preparedness, child safety, child well-being, or kindergarten entry is possible

CURRENT USES OF QUALITY SET ASIDE: INDIANA

- Infant Toddler Targeted Fund: Better Baby Care, CCR&Rs, Inclusion Projects, Mentors as Partners
- School Age CCR&R: TA to licensed programs to improve quality, support licensure of unlicensed programs
- T.E.A.C.H. Teacher education scholarships
- Child Care Accreditation Project: financial and technical assistance to increase number of licensed child care settings
- Paths to Quality: a project to verify quality standards through on-site assessments of programs.
- Provider Standards Inspections: ensure that license exempt providers meet health and safety requirements
- Healthy and Safety monitoring and consultations
- Evaluation of QRIS
- Mentors as partners

CURRENT USES OF QUALITY SET ASIDE: NORTH CAROLINA

- Infant Toddler Targeted Fund: TA and training to IT teachers
- School Age CCR&R: TA to licensed programs to improve quality, support licensure of unlicensed programs
- Quality Expansion Targeted Funds: CCR&Rs to provide parent education, referrals, TA, Professional Development, Data Collection, Public Awareness
- Promoting Healthy Social Behaviors
- TEACH Early Childhood Scholarships
- Child Care Wages\$ project: education-based salary supplements
- Promoting Health and Safe Environments for Young Children Project: provides research-based information through online trainings, TA supports, website & database hosting, Child Care Health Consultant trainings, meetings and support
- NC Rated License Assessment Project: voluntary assessments for those attempting to earn higher rating in the NC star licensing system

SECTION 1: DEFINITION OF LEADERSHIP AND COORDINATION WITH RELEVANT SYSTEMS

- Coordination with local or regional CCR&Rs
- Public private partnerships
- Optional use of combined funds



SECTION 2 PROMOTE FAMILY ENGAGEMENT THROUGH OUTREACH AND CONSUMER EDUCATION

- Requirements on what consumer education must include:
 - health,
 - nutrition, and
 - child development
- Website for consumer education required
- Must include linkages to SNAP and CACFP, WIC, Medicaid, CHIP, IDEA, EHS and HS



SECTION 6 RECRUIT AND RETAIN QUALITY WORKFORCE



- Training and PD requirements for staff could be revised to include health, nutrition and obesity prevention
- Quality funds may be used to support health, nutrition and obesity prevention trainings for staff
- Early Learning Development guidelines: If they do not exist, states must develop and implement—opportunity to include health, nutrition and obesity prevention best practices to ensure appropriate development
- State asks about using quality \$ to support TA systems; opportunity to influence TA and push in health, nutrition and obesity prevention as part of physical development and social emotional development

SPOTLIGHT: CCR&R HEALTH WORK

Child Care Aware® of Kansas

Since 2006, Child Care Aware® of Kansas and its network of Child Care Resource and Referral Agencies (CCR&Rs), have supported healthy child care environments across Kansas through the **Healthy Kansas Kids project**.

Early Childhood Wellness Project The ECWP is designed to engage **60** child care providers across the state in year-long, targeted health activities

2013 Evaluation indicate the specialists were successful in engaging participants and helping child care providers to develop and implement safe and healthy child care practices.



SPOTLIGHT: CCR&R HEALTH WORK

Illinois - INCCRRA

Community Transformation Grant

We Choose Health - *Healthy Childcare Initiative*

Under the CDC Community Transformation Grant, INCCRRA hosted two training of trainers in 2012 and 2013.

Intent - To improve the health and well-being of children throughout the state of Illinois in rural communities through the systematic and sustained use of Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) intervention in all local Child Care Resource and Referral (CCR&R) agencies.

FY13: 5 R&Rs hosted 11 trainings for 157 participants

FY14: 13 R&Rs hosted 35 trainings for 445 participants



HEALTHY CHILD CARE, HEALTHY COMMUNITIES

Partnership with Alabama, Colorado, Indiana, Missouri, New York and North Carolina to advocate for healthy active living practices in child care, impacting state plans. Customized assistance will include:

- Needs assessment and data review
- Development and implementation of individualized technical assistance plans
- Sharing of best practice spotlights between states
- Development of health, nutrition, and obesity one-page information documents
- Development of advocacy and/or training tool kits on healthy, active living best practices
- Evaluation of interventions

<http://usa.childcareaware.org/healthychildcare>



SELF-REFLECTION QUESTIONS DEVELOPED



- Designed for State CCDF Administrators
- Encourage thinking beyond compliance with health requirements
- Encourage thought and discussion around the execution of best practices in ECE health