



**New York State
Office of Children and Family Services**

Child Care Resource and Referral Program
2004 - 2008
Report to the Governor
and Legislature

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***Child Care Resource and Referral Program
2004-2008 Report to the Governor and Legislature***

Biennial Report Purpose

Section 410-t, subdivision 3 of New York State (NYS) Social Services Law (SSL) directs the Commissioner of the New York State Office of Children and Family Services (OCFS) to submit a biennial report to the Governor and Legislature concerning the operations of the Child Care Resource and Referral (CCR&R) program. This report covers the four-year period from April 1, 2004 through March 31, 2008.

This report includes the following information:

- A listing of the agencies providing CCR&R services and the respective counties each serves
- Funding amount to each agency for CCR&R services
- Number and characteristics of children and families served
- Improvements in accessibility to early childhood services
- The quality of child care
- The increased availability of early childhood services
- The amount of state and federal funding available for the CCR&R child care services
- Administration and Monitoring of the CCR&R program

Purpose of CCR&R Programs:

NYS SSL Section 410-q, "Child care resource and referral program services," cites the following seven core CCR&R services to be provided to the extent funds are available for such purposes:

- (a) Information and referral services directed at educating parents who contact the agency regarding early childhood services options and methods of selecting the best option for his or her child, including: referring parents or guardians to early childhood services providers; informing parents about the availability of financial assistance and tax credits; referrals for parents in coordinating part-day early childhood services programs to meet the full-day care needs of parents; referrals for parents of preschool children with handicapping conditions pursuant to section 4410 of the education law and Section 2542 of the public health law; providing written information to those who contact the agency seeking information about early childhood services; maintaining a provider resource file and a file of parents currently seeking early childhood services; and publicizing child care resource and referral services as necessary to assure that the availability of those services are known to the community;
- (b) Services directed at expanding the number of available family day care providers and recruiting potential providers, including: providing information on

licensing and registration requirements and available funding sources to potential early childhood services providers and programs; and assisting individuals or organizations to qualify as legal early childhood services providers or programs by providing information on applicable laws and regulations relating to zoning, taxes, insurance, government licensing or registration, and other matters of concern to new providers;

- (c) Services directed at maintaining and providing information and resources on early childhood training and other relevant programs for prospective and current providers;
- (d) Services directed at developing and maintaining provider data bases to determine service utilization and unmet needs for additional early childhood services;
- (e) Facilitating access to the United States Department of Agriculture Child and Adult Care Food Program (CACFP) for providers in the service area;
- (f) Services directed at providing written materials and conducting outreach to employers to encourage their support of child care resource and referral services and other early childhood services; and
- (g) Each agency funded herein shall provide services in a manner responsive to the cultural, linguistic and economic characteristics of the community served.

CCR&R Program Description

OCFS provides funding and supervision to support and enhance the child care services delivered by 37 CCR&R agencies for children and families throughout New York State as specified in Title 5-B, Section 410 p-r, of SSL. Parents, child care providers and employers throughout New York State consider CCR&R agencies an integral component of the child care service system.

CCR&R agencies provide multiple services to the child care community, including:

- Assisting families in making informed decisions about child care by offering them centralized information on available services and by facilitating the process in finding care that meets their needs;
- Educating families regarding the evaluation process necessary to determine quality child care; the assessment data provides families with necessary information when selecting a new child care arrangement and for the important process of monitoring care for their children;
- Assisting families in locating financial aid to pay for care;
- Expanding the supply of child care by working with OCFS Regional Offices and Local Departments of Social Services to recruit and train new providers;

- Working with OCFS Regional Offices to supply Health Care Consultancy services to assist providers in meeting the regulatory requirements of administering medication to children in care;
- Enrolling and monitoring legally-exempt child care providers as required by the NYS Code of Rules and Regulations, Title 18 (NYCRR Parts 415.4 and 415.9);
- Serving as sources of information to employers who want to assist their workers find quality child care

In addition:

- CCR&R agencies facilitate access to the CACFP in their respective service areas;
- CCR&Rs offer training, technical assistance, publicity and other child care services designed to support and enhance providers' expertise to operate successful child care businesses;
- CCR&Rs provide fingerprinting services;
- Seven CCR&R lead agencies provide regional Infant/Toddler services;
- Twenty-nine CCR&Rs have subcontracts with Local Departments of Social Services (LDSS), and one CCR&R has a direct contract with OCFS to provide day care registration and inspection services to family child care providers and school-age child care programs.

Funding of CCR&R Agencies and Counties Served

State Finance Law, Section 163 requires periodic open competitive bids of procurements with public funds. In accordance with a NYS Office of State Comptroller (OSC) directive, the CCR&R and Infant/Toddler Regional Services contracts were subject to a competitive request for proposal (RFP) bid process in 2007. OCFS published the RFP to comply with the OSC directive; and in an effort to continue a statewide project of CCR&R and Infant/Toddler Regional Services that best balanced the provision of services, consideration was given to the unique needs of diverse communities across the state. The 2007 RFP offered monetary incentives to agencies that proposed to provide CCR&R and Infant/Toddler Regional Services to multiple counties. Funding allocations were established for each NYS county based on a combination of demographics and specific variables related to child care supply and demand.

The 2007 RFP resulted in 37 awards to provide CCR&R and Infant/Toddler Regional services to all 57 counties and the five New York City boroughs. Awards to serve multiple counties were provided to CCR&Rs that had demonstrated the capacity and expertise to provide high quality services to diverse geographic communities. Thirty-four of the CCR&R and Infant/toddler Regional services awards resulted in a five-year term contract. The remaining three CCR&R awards, which involved five counties, resulted in one-year contract terms. These awards were done for this time period to allow OCFS to evaluate the delivery of the child care services in these communities and offer technical assistance as needed. In 2008, OCFS released a new RFP that requested provision of CCR&R services to the five counties for which one-year contracts had been awarded. As a result of that RFP, three agencies were awarded four-year contracts to provide the CCR&R services in these five counties.

The 2007 RFP also resulted in awards for the administration of seven Infant/Toddler Regional Resource Centers. Each of these awards was for five- year contract terms. The purpose of these centers is to improve the quality of infant/toddler care within the region in which the award is granted. Those CCR&Rs that assumed the role of the regional lead agency have unique costs for the infant/toddler services they provide. These costs are in addition to those related to other CCR&R services.

The table below lists the amount of funding to CCR&R agencies from 2004 through 2008 and indicates the counties served. In State Fiscal Year 2005/06 and 2006/07, the funding amounts increased for each NYS CCR&R, with the exception of the five boroughs of New York City, in order to meet the mandate to provide legally-exempt enrollment services. The seven Infant/Toddler lead agencies are identified as (I/T lead) on the chart; the allocation for these programs is included in the total annual funding. In 2007/08, funding was reduced to 29 of the 37 CCR&Rs as a result of the 2007 RFP redistribution of county allocations from the available funds. Subsequently, the NYS Legislature provided an annual add-on funding grant to these 29 CCR&Rs as is indicated in parenthesis for this report period. Note that in the 2007/08 column, the first funding amount indicates funding for the base CCR&R contract; and the amount in parentheses indicates State add-on funds to be used by the CCR&Rs on a one-time basis.

CCR&R Agencies	Counties Served	2004/05	2005/06	2006/07	2007/08
Adirondack Community Action Programs, Inc.	Essex	\$89,621	\$89,920	\$95,528	\$76,422+(\$19,027)
Allegany County Community Opportunities and Rural Development, Inc.	Allegany	\$250,399	\$254,273	\$327,658	\$318,607+(\$15,644)
	Cattaraugus				
	Wyoming				
*Capital District Child Care Coordinating Council, Inc. (I/T Lead)	Albany	\$834,540	\$847,946	\$1,102,396	\$1,454,885
	Rensselaer				
	Saratoga				
	Schenectady				
	Fulton Added 07/08				
Montgomery Added 07/08					
Catholic Charities of the Diocese of Albany on behalf of Catholic Charities of Delaware and Otsego Counties, Inc.	Otsego	\$131,693	\$132,368	\$145,354	\$116,282+(\$29,232)
Child Care Resources of Rockland, Inc.	Rockland	\$306,391	\$308,993	\$358,348	\$291,140+(\$67,000)
Child Care Council of Dutchess, Inc.	Dutchess	\$254,096	\$382,824	\$435,550	\$413,153+(\$22,707)
	Putnam Added 05/06				

Child Care Council of Nassau, Inc.	Nassau	\$586,195	\$617,994	\$671,004	\$730,846
Child Care Council of Orange County, Inc.	Orange	\$322,081	\$281,704	\$305,490	\$330,609
*Child Care Council of Suffolk, Inc. (I/T Lead)	Suffolk	\$870,760	\$874,873	\$952,152	\$996,330
Child Care Council of the Finger Lakes, Inc.	Cayuga	\$206,182	\$208,092	\$244,052	\$218,670+(\$25,778)
	Seneca				
*Child Care Council of Westchester, Inc. (I/T Lead)	Westchester	\$703,974	\$779,672	\$905,688	\$925,518
Child and Family Resources, Inc.	Ontario	\$196,393	\$198,035	\$229,258	\$205,413+(\$24,095)
	Yates				
*Child Care Solutions, Inc. (I/T Lead)	Onondaga	\$568,343	\$572,955	\$660,480	\$643,122+(\$17,000)
Chautauqua Opportunities, Inc.	Chautauqua	\$312,269	\$265,732	\$307,314	\$289,865+(\$17,000)
Chemung County Child Care Council, Inc.	Chemung	\$277,683	\$173,808	\$227,056	\$181,644+(\$45,822)
Chenango County Child Care Coordinating Council, Inc.	Chenango	\$118,598	\$119,579	\$138,358	\$110,686+(\$27,846)
*Child Care Council, Inc. (I/T Lead)	Livingston	\$920,992	\$1,101,059	\$1,401,076	\$1,617,311
	Monroe				
	Wayne				
*Child Care Coalition of the Niagara Frontier, Inc. (I/T Lead)	Erie	\$952,698	\$1,146,057	\$1,209,726	\$1,241,961+(\$93,000)
Child Care Coordinating Council of the North Country, Inc.	Clinton	\$260,527	\$263,142	\$312,486	\$283,631+(\$29,156)
	Franklin				
Community Action Planning Council of Jefferson Co., Inc.	Jefferson	\$267,707	\$267,056	\$296,884	\$268,685+(\$28,068)
	Lewis				
Cortland Area Child Care Council, Inc.	Cortland	\$161,139	\$139,746	\$137,460	\$109,967+(\$27,630)
Day Care & Child Development Council of Tompkins County	Tompkins	\$202,497	\$204,801	\$248,556	\$198,852+(\$50,153)
Delaware Opportunities Inc.	Delaware	\$127,798	\$128,986	\$150,606	\$120,484+(\$30,527)
Family Enrichment Network, Inc.	Broome	\$314,698	\$319,786	\$416,488	\$379,106+(\$37,804)
	Tioga				
Family of Woodstock, Inc.	Columbia	\$371,490	\$375,430	\$451,422	\$411,867+(\$39,568)
	Greene				
	Ulster				
Fulmont Community Action Agency, Inc.	Fulton	\$163,480	\$165,093	\$196,564	No longer performing CCRR
	Montgomery				

Integrated Community Planning of Oswego County, Inc.	Oswego	\$160,348	\$162,998	\$213,408	\$185,850+(\$28,000)
Mid-York Child Care Coordinating Council, Inc.	Herkimer				
	Madison				
	Oneida	\$373,582	\$383,611	\$573,624	\$613,791+(8,147)
Niagara Community Action Program, Inc.	Niagara	\$201,687	\$205,770	\$283,064	\$265,116+(\$18,000)
Orleans Community Action Committee, Inc.	Genesee				
	Orleans	\$250,950	\$177,801	\$206,270	\$184,818+(\$21,006)
Putnam County Child Care Council, Inc.	Putnam	\$125,424	No longer performing CCRR		
Pro Action of Steuben and Yates, Inc.	Steuben	\$308,543	\$300,236	\$262,492	\$219,948+(\$43,000)
St. Lawrence Child Care Council, Inc.	St Lawrence	\$150,955	\$154,175	\$214,382	\$182,605+(\$32,000)
Schoharie County Community Action Program Corp.	Schoharie	\$85,860	\$86,415	\$97,410	\$77,928+(\$19,243)
Schuyler County Child Care Coordinating Council, Inc.	Schuyler	\$111,699	\$112,095	\$119,692	\$95,754+(\$24,127)
Southern Adirondack Child Care Network, Inc	Hamilton				
	Warren				
	Washington	\$227,145	\$229,290	\$269,886	\$246,135+(\$23,564)
Sullivan County Child Care Council, Inc.	Sullivan	\$170,591	\$172,094	\$200,570	\$160,456+(\$40,098)
NEW YORK CITY-- AGENCIES SERVING ALL 5 Boroughs - Bronx, Kings (Brooklyn), Manhattan, Queens, Richmond (S.I.)					
Day Care Council of New York, Inc.		\$1,026,551	\$1,026,551	\$1,026,540	\$6,695,417
Child Development Support Corporation		\$1,026,489	\$1,026,537	\$1,026,540	Subcontractor
Chinese American Planning Council, Inc.		\$1,026,536	\$1,026,533	\$1,026,532	Subcontractor
Committee for Hispanic Children & Families, Inc.		\$1,026,536	\$1,026,535	\$1,026,540	Subcontractor
Child Care, Inc. (I/T Lead)		\$1,051,533	\$1,051,536	\$1,051,538	\$350,000

Significant Accomplishments

During the reporting period April 1, 2004 through March 31, 2008, there were several significant accomplishments in the CCR&R programs. A performance-based contract format was developed by OCFS, in partnership with the CCR&Rs to provide greater accountability of publicly funded CCR&R programs, which applies to most of the CCR&R services. In addition, in response to changes in law and regulations affecting child care, a new service for CCR&Rs is the legally-exempt enrollment services. OCFS has expanded the New York State's child care regulations addressing the enrollment and monitoring of legally-exempt child care. The new requirements are set forth in Title 18 NYCRR Section 415.1, 415.4, and 415.9. This service continues to support and enhance OCFS, in partnership with the CCR&Rs' on-going commitment to help low-income families locate child care arrangements, which provide healthy and safe environments for the children.

Performance-Based Contracting

A performance-based contract was developed by OCFS, which restructured the contract and monitoring process for the CCR&R network during this reporting period. The associated unit costs of contract milestones were based on a functional cost analysis of CCR&R services. The new CCR&R performance-based contract format that went into effect in 2005/06 created quantitative standards. This enhanced the delivery of services by streamlining the funding process for mandated services. In addition, the new contract format included a revision of the milestone definitions to clarify services and more accurately identify and align community need and cost analysis.

OCFS determined it was important to link the new performance-based format using measurable milestones with a strong quality component. In response to developing the new performance based contract format, an ad hoc committee of the Early Care and Learning Council, (ECLC) a not-for-profit organization formerly known as the New York State Child Care Coordinating Council, began the process of developing a set of criteria for best practices for the NYS CCR&Rs (see Appendix A). ECLC received funding from OCFS to review, and award the Best Practices Certification to CCR&Rs that meet the requirements and complete the process. The ability to meet these standards and become "best practices" certified became a requirement for continued CCR&R funding in the 2007 CCR&R and Infant/Toddler Regional Services RFP.

The following chart does not include 2004/05 as the aforementioned performance-based contracts began in 2005/06 which is when some of the CCR&Rs services were able to be defined as qualitative milestones and were assigned unit costs. The chart presents the statewide annual costs for each of these service milestones for the last three years of this report.

CCR&R Annual Milestones	2005/06	2006/07	2007/08
Low-Income Family Information and Referral	\$1,598,111	\$1,454,764	\$1,724,010
Non-Subsidy Low-Income Family Information and Referral	\$1,699,508	\$1,212,464	\$1,360,134
Basic Technical Assistance	\$939,761	\$1,089,603	\$1,406,607
Intensive Technical Assistance	\$243,527	\$252,200	\$297,631
Family-Based Strategies	\$2,017,697	\$2,174,546	\$2,163,433
Fingerprinting	\$95,520	\$96,653	\$127,296
Health Care Consultancy	\$2,103,622	\$1,891,354	\$2,170,342

CCR&R Milestones Definitions

Low Income Family Information/Referral: is a service that assists low income (TANF or subsidy eligible) families in making appropriate child care arrangements. This service is provided through in-takes, and consulting/counseling that leads to the development of an appropriate child care plan. This will include referrals to child care programs/providers that meet the family's needs (regulated care) and/or assistance in the development of a child care plan using parental care, and legally-exempt care or a combination of care options. Information provided would include but not be limited to: quality indicators, financial assistance, health/safety requirements and complaint policies. In addition these families will be provided with resource materials on how to choose appropriate child care

and referrals to other human services, if appropriate. The CCR&R staff will be required to collect data on the families' eligibility for subsidy assistance and when appropriate, families are referred to the local agency administering subsidies. This service can be provided by phone, e-mail (web-based) or in person. A CCR&R may serve and count a family more than once per quarter if the family requests significantly new information and/or referral services. The unit cost includes: intake, consultation, referrals, follow-up surveys of 25% of families served, material development, data base administration and maintenance and related administrative costs. Payment is based on the number of low-income information/referrals made.

Non-Subsidy Eligible Family Information/Referral: is a service that assists families who are not subsidy eligible because of income or other reasons in making appropriate child care arrangements. This service is provided through intakes, and consulting/counseling leading to the development of an appropriate child care plan. This will include referrals to child care programs/providers that meet the family's needs (regulated care) and/or assistance in the development of a child care plan using parental care, and legally-exempt care or a combination of care options. Information provided would include but not be limited to: quality indicators, financial assistance, health/safety requirements and complaint policies. In addition these families will be provided with resource materials on choosing appropriate child care and referrals to other human services, if appropriate. The CCR&R staff is required to collect data on the family's eligibility for subsidy assistance and when appropriate, families will be referred to the local agency administering subsidies. This service can be provided by phone, e-mail (web-based) or in person. A CCR&R may serve and count a family more than once per quarter if the family requests significantly new information and/or referral services. The unit cost includes: intake, consultation, referrals, follow-up surveys of 25% of families served, material development, data base administration and maintenance and related administrative costs. Payment is based on the number of non-subsidy eligible family information/referrals made. For non-subsidy eligible family information/referral services not supported by OCFS funds, fees may be charged to the family.

Basic Technical Assistance to Regulated Providers: occurs when a CCR&R provides information specific to a provider/program on such topics as: best practices for providing child care, indicators of quality child programs, information on business administration practices and regulations governing program compliance issues specific to that program. All individuals working in licensed and registered programs are eligible for this service. Technical assistance is provided through all modes of written and verbal communication such as phone, email, and fax. The unit cost includes: intake and consultation, research, material development, if appropriate, and related administrative costs. Payment is based on the number of basic technical assistance service units provided. If an organization should receive funding for both CCR&R and I/T regional services, it may not include under the CCR&R basic technical assistance milestone any basic technical assistance that is being funded separately through the I/T regional services grant.

Intensive Technical Assistance to Regulated Providers: occurs when a CCR&R provides information specific to a provider/program on such topics as: best practices for providing child care, indicators of quality child programs, information on business administration practices and regulations governing program compliance issues specific to that program. All individuals working in licensed and registered programs are eligible for this service. Technical assistance is provided in person and is for duration of at least one hour in length. The unit cost includes: intake, preparation, travel time and expenses and consultation; research, material development if appropriate, and related administrative costs. Payment is based on the number of contact hours of intensive technical assistance provided, regardless of the number of people served. If an organization should receive funding for both CCR&R and I/T regional services, it may not include under the CCR&R intensive technical assistance milestone any intensive technical assistance that is being funded separately through the I/T regional services grant.

Fingerprinting: The CCR&R provides fingerprinting services (both fingerprint cards and waiver cards) to all individuals required to be fingerprinted under OCFS licensing and registration regulations. CCR&R staff will refer providers to other programs offering fingerprinting, if the location and schedule of those programs is more responsive to the provider's needs. Unit cost includes conducting fingerprinting, completing waiver cards and related administrative costs. Payment is based on number of fingerprints/waivers administered.

Health Care Consultancy Services: is any and all services provided to assist providers/programs in complying with the regulations concerning Health Care Plan requirements for the Administration of Medication Regulations, the care of infants and the care of mildly ill children. All licensed and registered providers/program, prospective programs/providers and legally-exempt programs/providers are eligible for this service. Services may include: technical assistance, site visits, training on the requirements of a health care plan, plan approval and plan renewal. Services must be conducted by an individual meeting health care consultant qualification. The CCR&R may employ such an individual and/or enter into a consulting agreement with a qualified individual. A CCR&R must develop a payment schedule if charges are associated with any service and indicate what services are available for free, reduced or full cost. Unit cost includes any and all services that pertain to the development or renewal of a Health Care Plan and related administrative costs. Payment is based on the number of child care providers/programs served.

Family based strategies: Intensive Technical Assistance, Support and Incentives for Family based child care, both regulated and informal: The CCR&R will design community specific strategies for improving the quality of care in regulated and or legally-exempt family based care. The strategies may include costs of intensive technical assistance, incentive payments to providers to participate in technical assistance services and meet quality improvement goals, small grants to meet health and safety standards to become enrolled/ registered/ licensed or maintain such approval; and other locally defined strategies. The CCR&R must establish unit costs for the strategies developed under this category. The unit costs may be distinct unit costs for different strategies. If strategies include small grants for the purchase of equipment or other materials for the

provider, that portion of the reimbursement will be limited to the actual funds granted to the provider.

In addition to the qualitative milestones, there are additional contractually required CCR&R milestones, which are defined as follows:

CCR&R Core Services – There are additional services CCR&Rs provide which include child care resource development, community outreach services and management functions. These services are funded through an annual 35% set-aside of the total CCR&R contract funds. This percentage is subject to change based on revisions to the existing services. Effective 2005/06, when the new performance based contract format began the CCR&R Core Services funding allocations were as follows: ‘05/06 - \$6,076,735; ‘06/07 - \$6,833,905; and for ‘07/08 - \$7,039,506.

Infant/Toddler Services – Funding was allocated to seven CCR&R regional lead agencies for the provision of regional Infant/Toddler (I/T) services statewide. The Regional I/T Resource Centers created a statewide framework to promote an understanding of the importance of, and strategies for, improving the quality of care for infants and toddlers. Each region for the report period of 2004/05 through 2007/08 received an annual allocation of \$125,000 for its infant/toddler services; with the exception of New York City, which had an annual funding allocation of \$350,000.

Additional Service Component – The NYS Legislature provided state funding during the 2007/08 period to 28 CCR&R agencies in order to restore reductions made to their county funding allocations as a result of the 2007 CCR&R RFP. These state “add-on” funds were intended for one-year projects in the designated CCR&R communities. Projects were approved by OCFS. These projects included public service announcements, staff development programs, outreach to specific populations, and agency technological improvements.

Legally-Exempt Enrollment

New York State has continued to assess the adequacy of the health and safety of children in legally-exempt child care settings. In June 2004, a new initiative was announced that would make home-based day care settings around New York State safer and more closely supervised. This initiative focuses on legally-exempt child care providers and seeks to enhance the safety and promote the healthy development of children, while safeguarding the investment of public funds. The reforms have taken bold new steps to help keep children safe and increase the quality of care for children in legally-exempt child care settings. New York State continues to honor the primary role and rights of parents to decide the most appropriate child care settings for their own children, a requirement also reflected in Federal Law.

Thus, New York's child care subsidy program provides parents the right to select from among all forms of legal child care for their children, including legally-exempt forms of child care. Therefore, OCFS has expanded the New York State's child care regulations addressing the enrollment and monitoring of legally-exempt child care. The new requirements are set forth in the Title 18 NYCRR Section 415.1, 415.4, and 415.9. To review the regulations in greater detail, please use the live link: http://www.ocfs.state.ny.us/main/beccs/daycare_regs.asp.

During the SFY 2006/07 period, funding from the federal CCDF was used for the implementation of mandated legally-exempt enrollment services. The regulations include the creation of legally-exempt caregiver enrollment agencies that will be responsible for the enrolling; monitoring and inspecting of legally-exempt child care providers. It was determined the NYS funded CCR&Rs would be required to provide the legally-exempt enrollment services on a state-wide basis with the exception of New York City. For the City of New York, the legally-exempt caregiver enrollment agencies will be an entity identified by OCFS in consultation with the New York City Administration for Children's Services (ACS) and the New York City Human Resources Administration (HRA).

A set of performance standards was established for the enrollment, monitoring and inspection of legally-exempt child care providers. These providers are defined as individuals caring for fewer than three non-related children who are receiving child care subsidies. The revised regulations detail the enrollment of caregivers of legally-exempt child care that provide subsidized child care services. The new standards increased the basic safeguards for the health and safety of children whose families are seeking services from legally-exempt child care providers. Legally-exempt enrollment is being done in collaboration with the local departments of social services to enhance the services related to the health and safety of children provided by legally-exempt child care providers.

CCR&R Activities to Increase Accessibility and Improve Quality

The CCR&Rs have other funded activities that support the accessibility of early childhood services and the continuous improvement of quality child care.

Enhanced Access to Child Care

One of the primary functions of CCR&Rs is to assist families in an efficient search for child care by offering a highly visible, centralized source of provider and program vacancy information to consumers. One role of the CCR&Rs is to make the child care market work more efficiently, resulting in enrollment stability for providers. During this reporting period, a number of CCR&R programs began providing families an opportunity to obtain referrals through internet access. In 2007/08, CCR&R contracts began to provide for the reporting of these referrals through the *NACCRAware* Internet Mask Module (IMM), a widely used Web-based information management software designed to assist CCR&Rs in providing accurate data and statistics. The IMM allows parents to

search online for child care at their convenience rather than solely during the working hours of their local CCR&R agencies; this greatly improves the accessibility and ease of obtaining child care information. It is anticipated that there will be increased utilization of the IMM by CCR&R agencies in the future.

Follow-up on Effectiveness of Service

CCR&Rs are required to survey 25% of the families that contact them for assistance. The CCR&Rs conduct a follow-up assessment with this group to identify if care was found, to determine if families encountered any barriers in finding appropriate care, and to assess the quality of the services provided by the CCR&R.

Employer Support

CCR&Rs encourage the involvement of local and regional businesses as partners to support existing child care. Resource development, information dissemination, and public relations activities are among the tools used by the CCR&Rs to build credibility and awareness with employers. Contact with employers is initiated through individual and public meetings. Also of benefit is the availability to provide ongoing technical assistance to employers as they institute child care benefits for their employees. The amount of employer support CCR&Rs receive is directly related to the economic conditions of their geographic location. There has been a dramatic decrease in these during the reporting period. Despite this, CCR&Rs continue to put great effort into pursuing this much needed employer support.

Other CCR&R- Related Functions

CCR&Rs provided other related functions in support of their child care communities through other funding resources as follows:

Training

In order to improve the quality of child care in New York State, CCR&R agencies sponsor and/or conduct a significant number of training courses and workshops throughout the year. Trainings are based on child development best practices curriculum and are provided in instructional group sessions unlike one-on one technical assistance support. Courses are offered to new providers, existing providers, parents, and legally-exempt providers. Training of child care providers encompasses information on the principles of child development, the nutritional and health needs of children and infants, and orientation to family child care. Providers also receive information about child care laws and regulations, the low-income subsidy system, ways to assess child care programs, and prevention of child abuse. In addition, training may be offered on topics such as first aid, liability protection, good business practices, behavior management, effective communication and positive play strategies. Because OCFS contracts with CCR&Rs do not include funds for training, other funding supports this activity. Participating providers pay for the training themselves – some with resources available

through the Educational Incentive Program (EIP), a scholarship program for income-eligible child care staff/providers. Indeed, EIP is the primary resource used to fund much of this training. Many CCR&Rs also offer training and support to parents as part of their programs.

Child and Adult Care Food Program

The CCR&R programs are required to either directly administer or refer providers to a local sponsoring agency administering the Child and Adult Care Food Program (CACFP). CCR&R agencies encourage family day care providers to enroll with CACFP, which allows for partial reimbursement for up to three meals per child per day (one of which must be a snack), for registered and licensed family day care homes. Following enrollment, CCR&R personnel go to the family day care home to observe meal and snack preparation by the family day care provider. This enables there to be a follow-up assessment of the provider's level of retention on the nutrition and meal preparation training that has been provided. The NYS Department of Health has oversight of the CACFP program and has expanded the program to reimburse legally-exempt providers. All of the CCR&Rs, with the exception of those located in NYC, are now involved in serving this provider population as well. The CACFP enrollment of legally-exempt providers, as well as the required monitoring visits by the CACFP program coordinates well with the required on-site inspections by CCR&Rs of the currently legally-exempt child care providers. The CACFP on-site monitoring visits in addition to the OCFS required on-site inspection visits are a very valuable component in the legally-exempt process to secure healthy and safe environments for children.

Registration Funding

OCFS entered into annual Memoranda of Understanding (MOU) with 35 LDSS to provide registration and inspection services for family day care homes and school-age child care programs on behalf of OCFS. The model was different for New York City as OCFS entered into a direct contract with the New York City Department of Health and Mental Hygiene (NYCDOHMH) for registration and inspection functions as well as licensing of group family day care homes. Of the 35 MOUs, 30 local LDSSs sub-contracted with 23 CCR&R agencies to provide registration and inspection services for family day care and school age child care programs. The terms of the subcontracts included responsibility for conducting all required inspections, investigation and tracking of complaints, and performing background checks including fingerprinting and related safety assessments. There were also quarterly on-site visits conducted by the OCFS Division of Child Care Services (DCCS) regional office staff to complete quarterly audits of case files and evaluate the work of the registrars. If a registrar failed to meet the required registration performance standards they would have a fiscal penalty applied to their quarterly payment, unless due to extenuating circumstances they received a waiver.

Administration and Monitoring

OCFS DCCS managed the CCR&R and Regional I/T program. DCCS staff was responsible for developing performance-based contracts with funded agencies, providing or arranging for technical assistance to CCR&R programs on an ongoing basis, and managing the fiscal and programmatic monitoring and evaluation of CCR&R programs. There were three full-time employees within the OCFS DCCS responsible for the administration of the CCR&R programs.

Each CCR&R program, including the seven CCR&Rs that are the leads for the regional I/T services, are required to submit a fiscal and program report on milestones and performance standards met, and a comprehensive statistical report at the end of each quarter. DCCS staff also conducted selected site visits to determine whether qualitative and quantitative milestones were met and appropriately documented. Audit training also was provided to instruct CCR&Rs on what OCFS requires regarding the documentation of program and fiscal records. During the monitoring process, if a program is found to be out of compliance they are required to submit a corrective action plan, which OCFS oversees until satisfactorily addressed. If a CCR&R continues not to meet their contractual requirements, their contract will be terminated and not renewed.

The ECLC, through a contract with OCFS, supported the CCR&Rs through technical assistance, training and coordination. This contract included support for the statewide I/T services. CCR&R and I/T contracts, as well as the ECLC technical assistance contract, were funded by the federal CCDF. The cost for the CCR&R and I/T technical assistance components of the ECLC contract for each year was as follows:

Contract Term	Annual Cost CCR&R Support Services	Annual Cost I/T Regional Support Services
2004/05	\$586,000	\$199,000
2005/06	\$356,089	\$143,918
2006/07	\$377,673	\$148,589
2007/08	\$396,850	\$148,292

Equal Opportunity and Ethnic Sensitivity

Through the RFP process, OCFS sought to fund CCR&Rs that demonstrated the capacity to address the cultural and language diversity in their communities. All CCR&R agencies are charged with providing services in a manner responsive to the ethnic, cultural, linguistic, and income characteristics of the communities they service. During the reporting period, CCR&Rs accomplished this in a number of ways, including, for example, employing bilingual referral counselors and training their staff to interview parents to determine special language or cultural preferences prior to presenting a child care referral. CCR&R staff provided information concerning available subsidies and scholarships, and presented marketing and resource information in multi-lingual formats. CCR&Rs were required to include Equal Opportunity Employer (EOE) information in all press releases and employment advertisements. In addition, NYS CCR&R “Best Practices” standards required agencies to have access to language lines that offered translation services and teletypewriter (TTY) lines.

Ongoing Capacity Building Initiatives to Support and Strengthen CCR&Rs

All of the efforts cited above reflect the continued commitment of OCFS to support and strengthen the CCR&R program. This partnership and ongoing communication between OCFS and CCR&Rs is a formula that has facilitated success for New York State’s child care system.

OCFS will continue to pioneer innovative child care initiatives that enhance the safety of and promote the developmental growth of children in child care settings throughout New York State. The network of CCR&Rs will continue to be relied upon to assist in the implementation of these initiatives and to accept the challenge of continuing to enhance and improve the quality of child care in New York State. Working with the State’s CCR&Rs, OCFS also will endeavor to promote the expansion of services within its fiscal parameters to meet future child care needs and reduce barriers to finding and utilizing quality child care. In particular, these efforts are required to address the unique needs of certain segments of the population, such as parents who engage in shift and weekend work, for whom expanded hours of care are needed. Also important is increased program accessibility for children with handicapping conditions, and programs that address the cultural and linguistic needs of our children. New York State remains committed to securing high quality child care for all its children.

Summary of Data Analysis

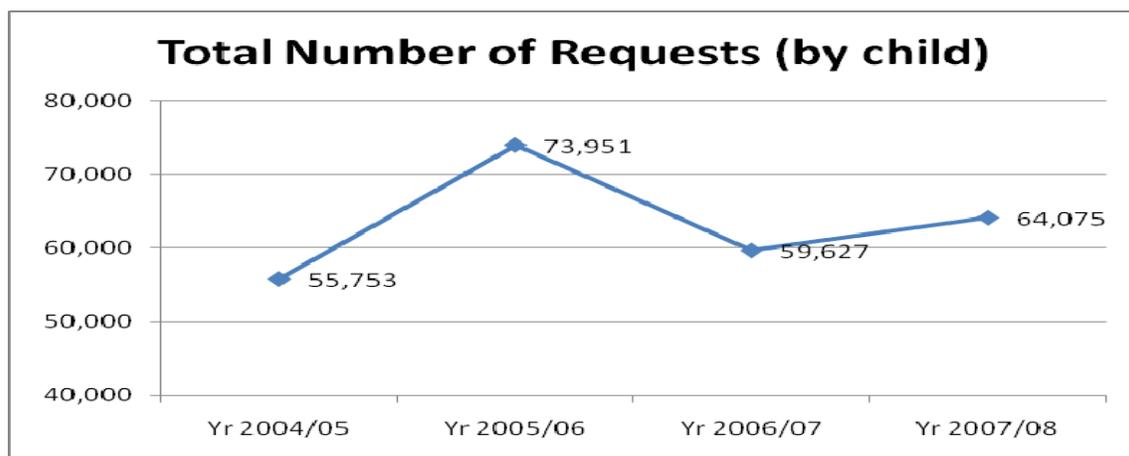
As required in the legislation, the statistics that follow describe the characteristics and the number of children and families served. In an effort to achieve consistency and uniformity in data reporting, CCR&Rs across the State began using *NACCRRAware* database software in 2005.

The *NACCRRAware* databases are accessible through secure websites and allow for efficient capture, storage and reporting of data. Each *NACCRRAware* database is divided into two “sides.” One side is for client data, which includes client contact information, demographic data, characteristics of children and the type or modality of child care that the client desires. The other side of each database contains information about registered child care providers, such as contact information, type or modality of services, the age of children accepted by the provider and those special needs or other considerations that the provider can accommodate. The NYC CCR&R contractor and the four CCR&R subcontractor agencies that serve New York City each has an independent client side to their databases; however, all use a common provider-side database with information on programs in all five boroughs of New York City.

The statistical data that OCFS collects from CCR&Rs include: the number of referral calls that received information on subsidy eligibility, composition of families, schedule of preferences, reasons for seeking care, information on the ages of children served, location of care, special care needs of children, and sources of CCR&R referrals. The charts, tables and graphs on the following pages serve to summarize an analysis of the data from April 1, 2004 through March 31, 2008.

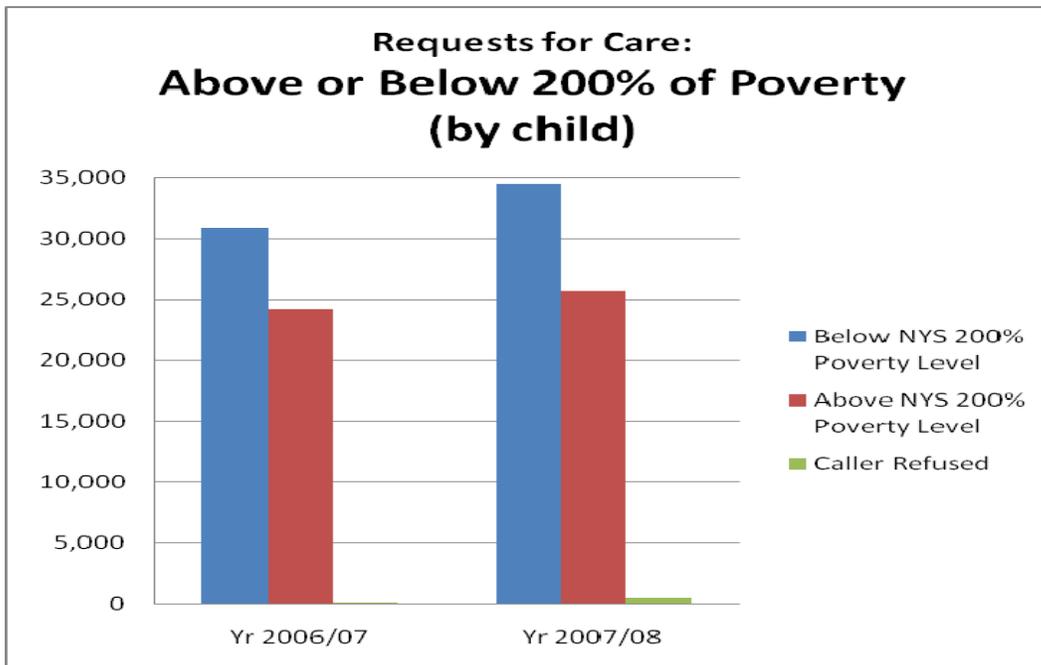
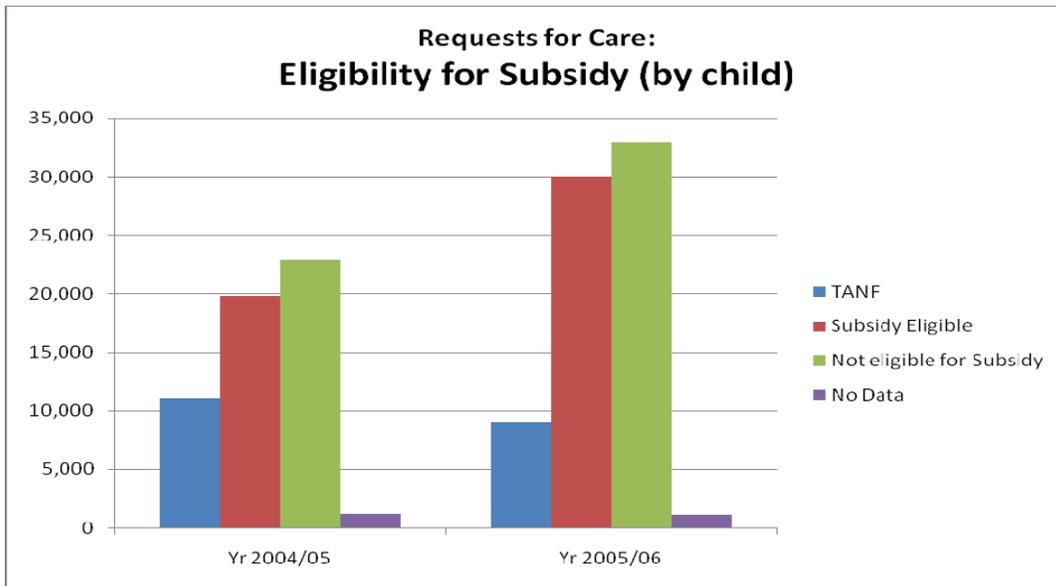
Number of Referral Calls Received by CCR&Rs

Although the number of referral calls over this four-year reporting period showed a decline from the high point of 73,951 in 2005/06 of requests, calls for the last two years of the reporting period were higher than the low point of 55,753 referral calls as received in 2004/05. CCR&Rs are required to report only the referral calls related to their OCFS funding. Therefore, it is important to note that CCR&Rs may have provided additional referrals through non-state funding sources, which are not currently captured in this data report.



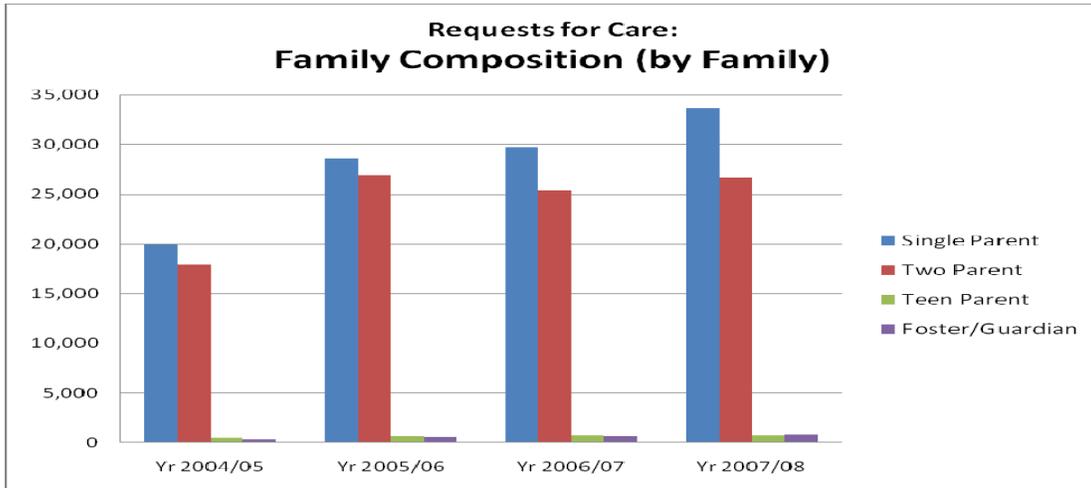
Subsidy Eligibility of Referral Families

During this reporting period, the standards for information collected regarding low-income referral calls changed. Beginning in 2006/07, OCFS determined that the data collected should reflect the state income standard of eligibility, which is defined as 200% of the federal poverty level. In the second chart presented below, Above or Below 200% of Poverty, in regards to the caller refused category this represents when the caller refused to provide income information



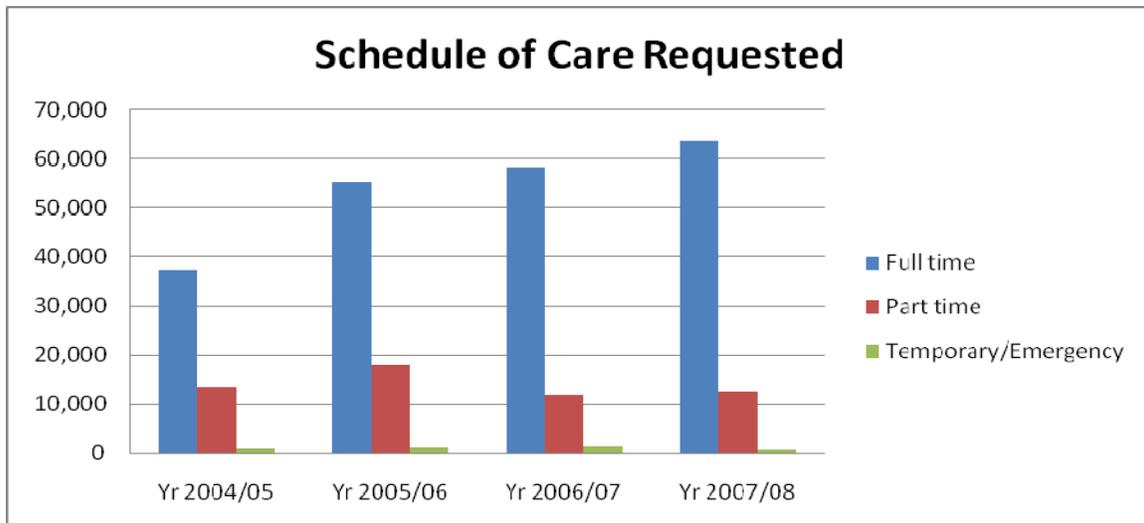
Family Composition of those Requesting Referrals

Single-parent families continue to be the largest share of callers. The number of calls from this demographic group steadily increased during the reporting period from 2004/05 to the 2007/08-contract year.

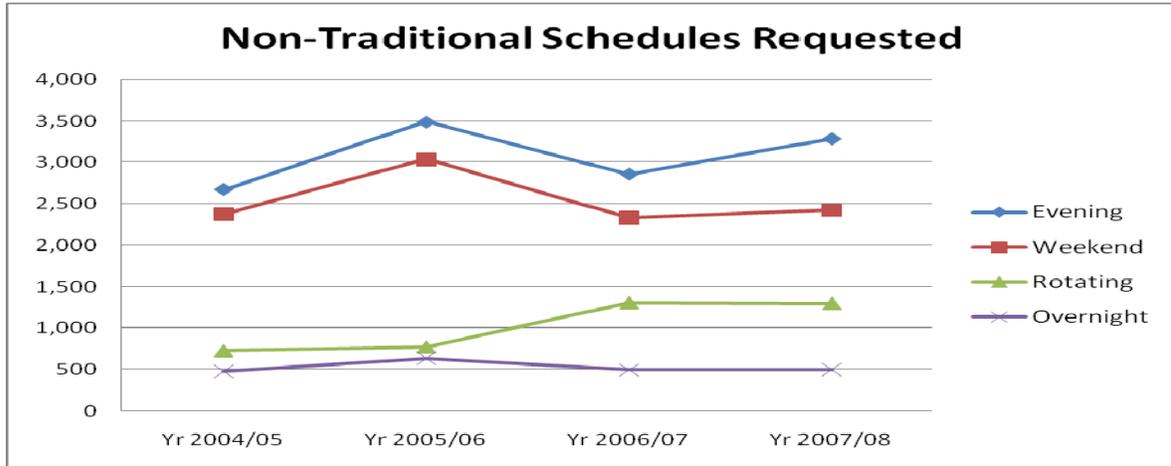


Schedule of Care Requested

Full-time care continued to be the most requested form of care. Requests for full-time care significantly increased from 2004/05 to 2007/08.

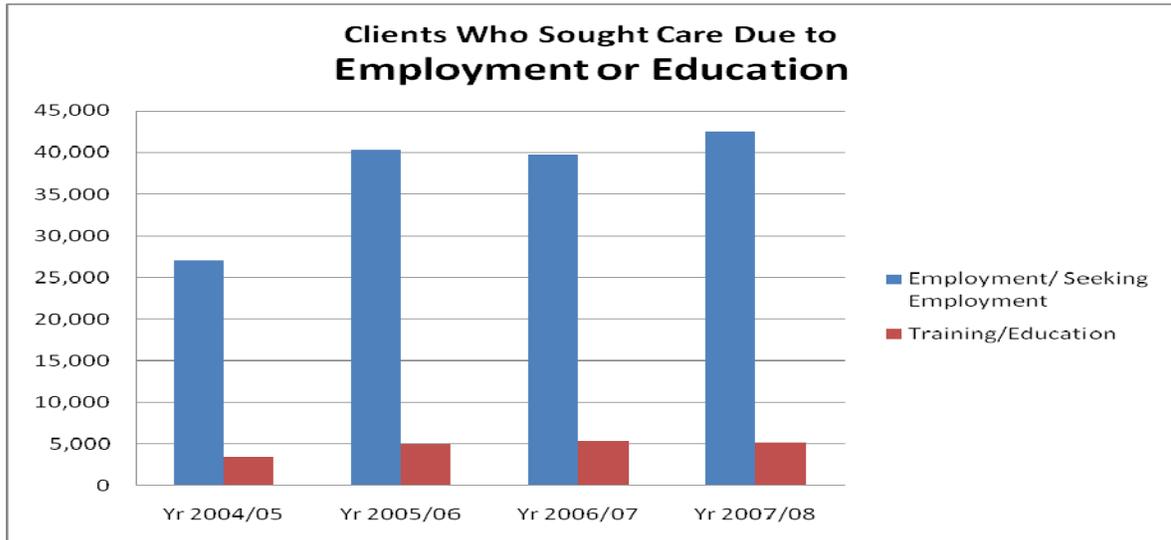


CCR&Rs continued to receive requests for child care during non-traditional hours from parents who required evenings, weekends and overnight care. Although these requests represented a small percentage of the total number of calls, CCR&Rs worked diligently with the families to locate this type of care, which is very difficult to find.



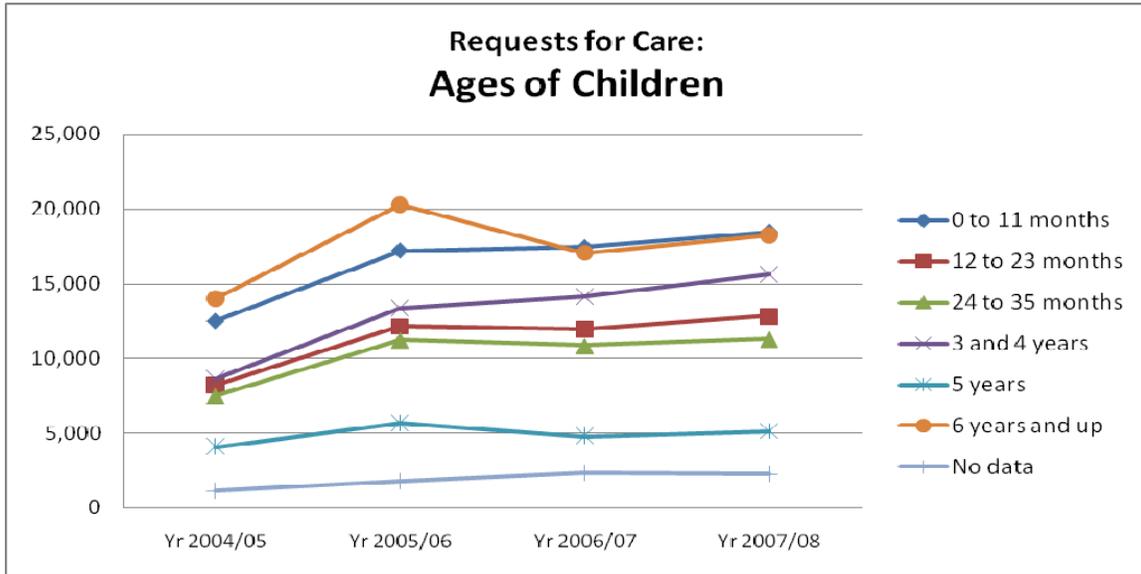
Reasons for Seeking Care

Employment remained the most cited reason for the need for child care. Parents who were enrolled in training and/or education programs also requested child care, although not as many as those who were employed.



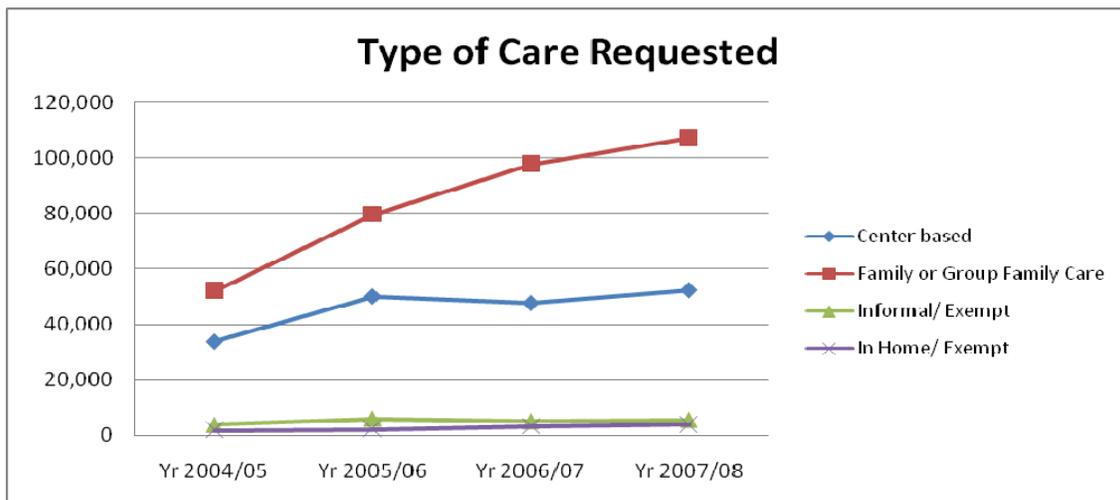
Ages of Children When Care Was Needed

Infants and school-age children were the two primary age groups in need of child care referrals from the CCR&Rs. Infant care continued to be difficult to find due to the limited slots of care available.



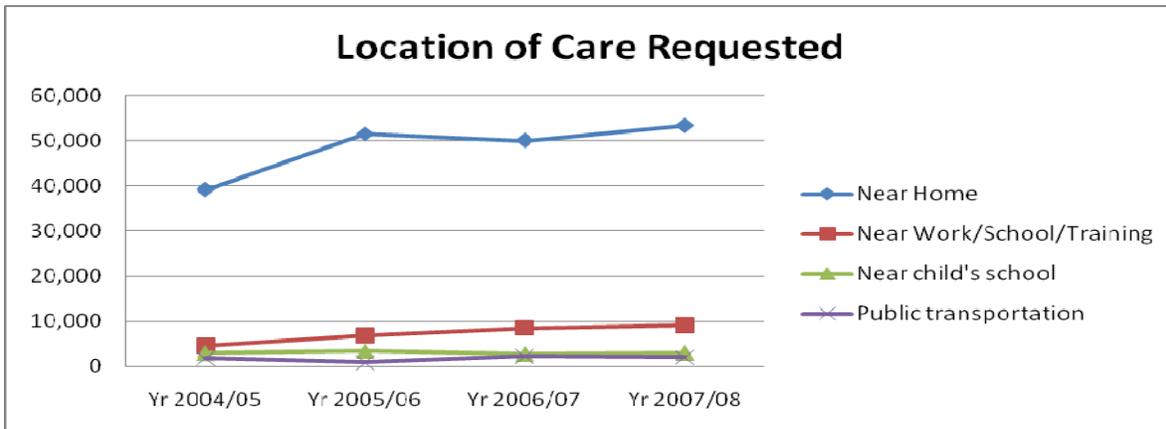
Type of Care Requested

Across all modalities, family child care continued to be the most requested form of care. Center-based care was the second most requested form of care. A smaller number of requests were made for informal and in-home care (both exempt from state licensure and registration requirements).



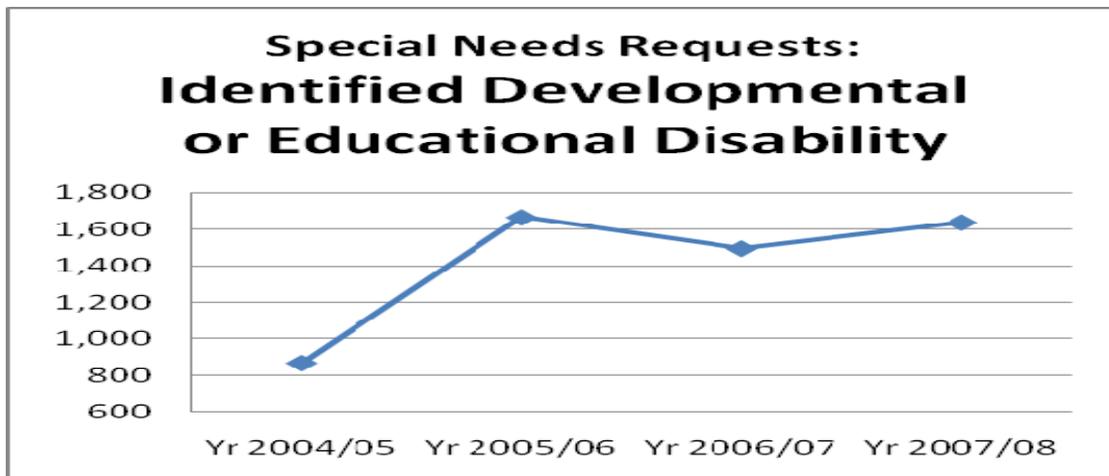
Location of Care Requested

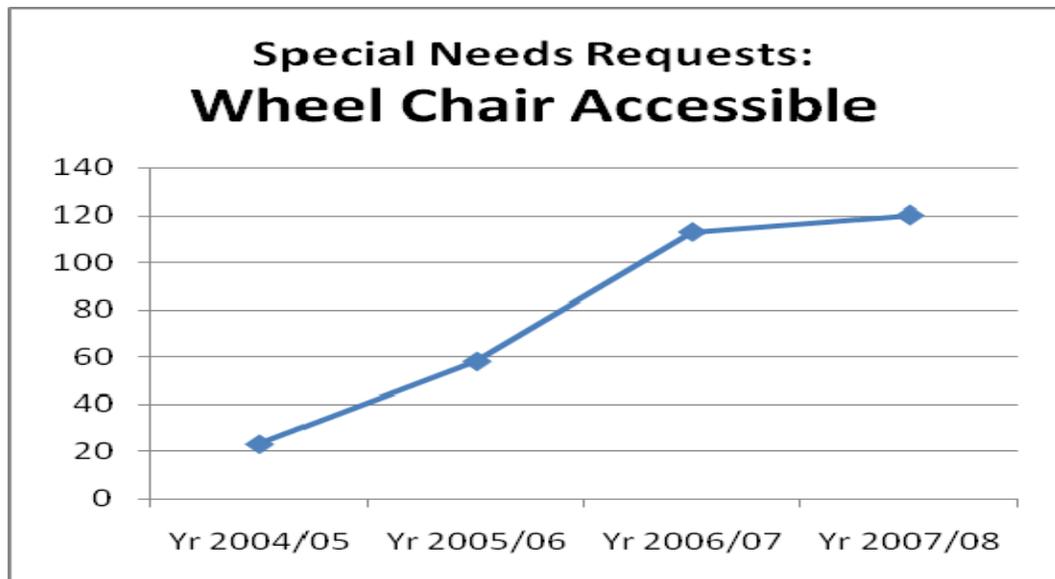
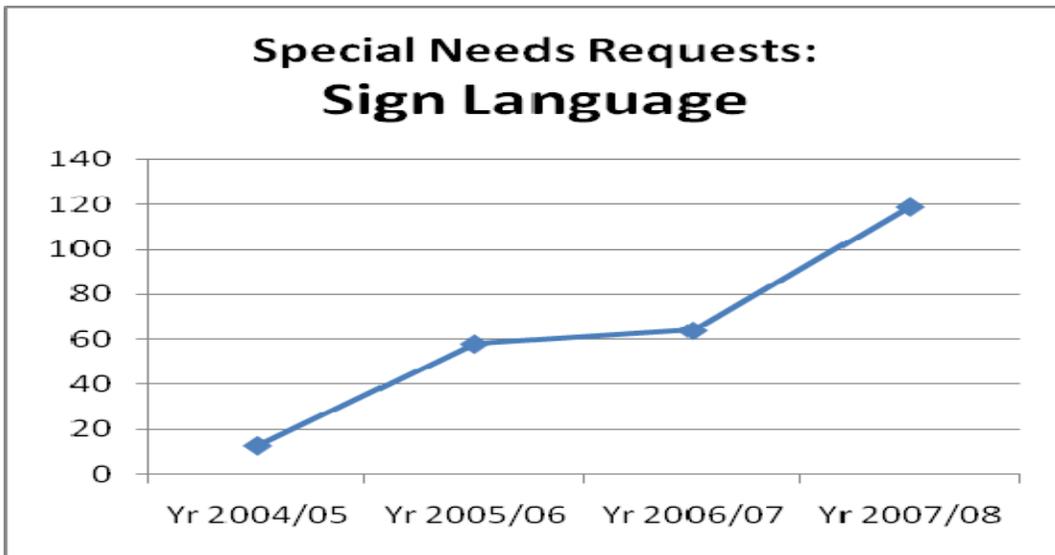
The vast majority of families' request care that is located near their homes. That number remained fairly constant during 2004-2008. Requests for child care at other locations (near work, near child's school, or near public transportation) remained a consistently small percentage of calls.



Requests for Care for Children with Special Needs

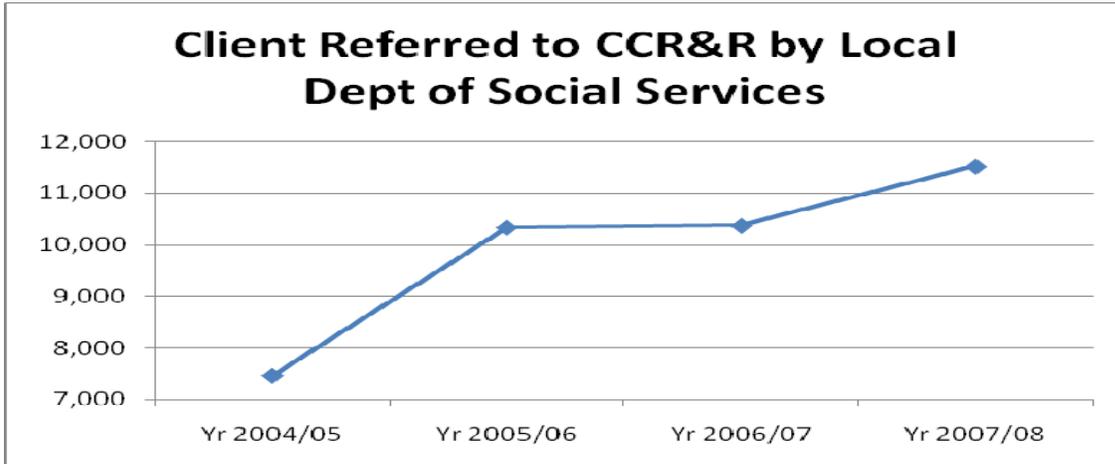
The number of requests for child care for children with developmental or educational disabilities doubled from 2004/05 to 2005/06 with approximately 1,600 children requiring this type of care annually. While small, a growing number of children were requiring child care that can accommodate a wheelchair or offer sign-language services.



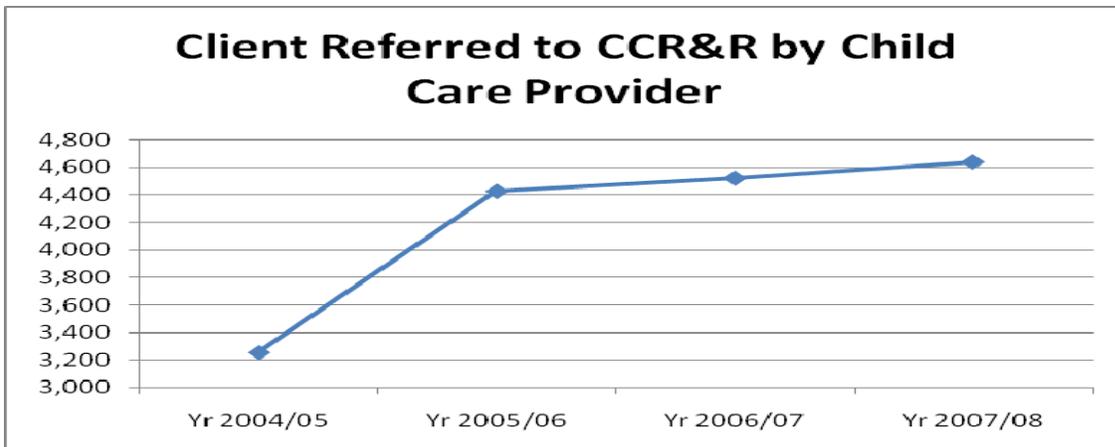


Sources of CCR&R Referrals

From the contract year 2004/05 to contract year 2007/08, there was more than a 50% increase in the number of clients referred to the CCR&R by LDSS. CCR&Rs have stated that this increase may be due to CCR&Rs and LDSS working more closely together in offering services to legally-exempt providers.



CCR&Rs also saw an increasing number of referrals generated from child care providers who do not have slots available to serve all families seeking care. This suggests that providers are familiar enough with the CCR&Rs to refer families for assistance.

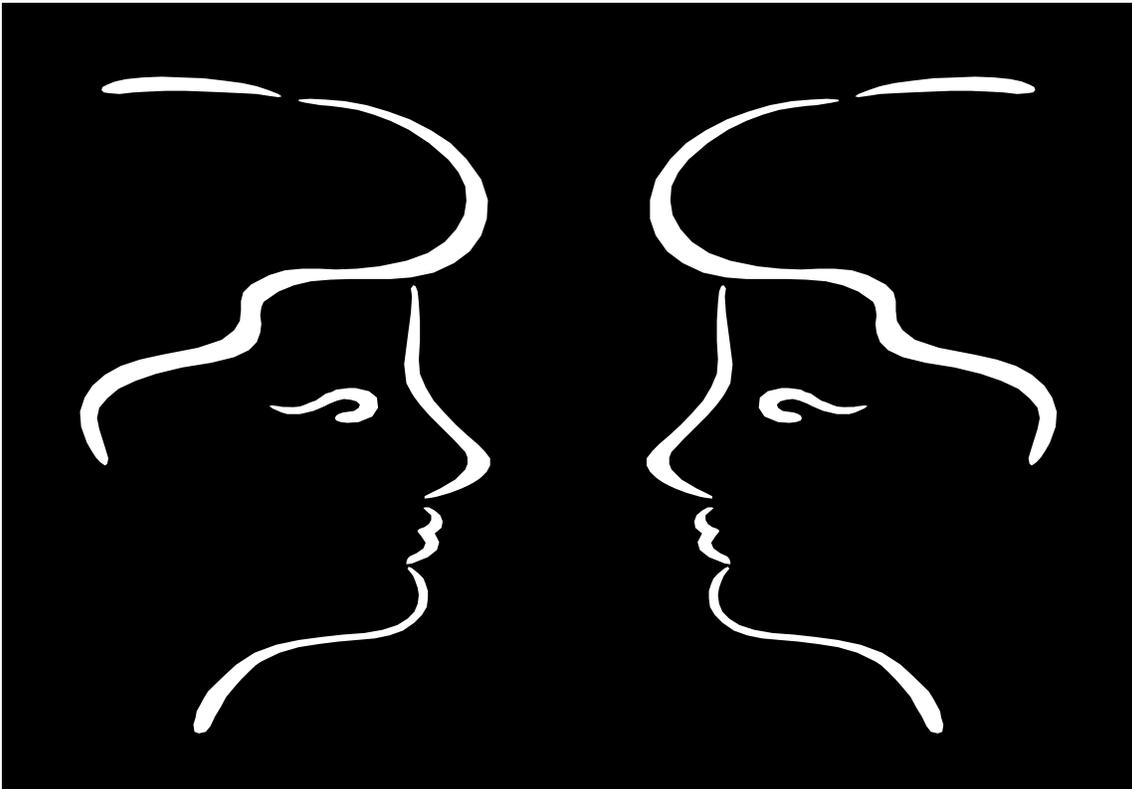


Appendix A

NYS CCR&R Criteria for Best Practice Operating Standards

Best Practices Standards for CCR&R Certifications

New York State Child Care Resource and Referral Network



Developed by:

An Ad Hoc Committee of the

New York State Child Care Coordinating Council

Funded by:

New York State Office of Children and Family Services

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Element 1: Access to CCR&R Services

Service Outcome 1.A: All consumers can access CCR&R services and resources through multiple strategies.

Criterion 1.A.1: CCR&R uses multiple strategies to give consumers access to services and resources. Multiple strategies are defined: 1; telephone: 2; in person: 3; Internet: 4; fax, print and written material, 5; email and 6; multi-media

Indicators– Minimum Standard

1.A.1.a CCR&R has a toll free referral line staffed by counselors available to the public, at a minimum, 30 hours a week. Schedule of operation is reflective of consumers needs.

1.A.1.b CCR&R provides timely access to a CCR&R specialist during hours of operation. CCR&R has a method for tracking call volume, and shall have a written policy regarding acceptable waiting times for callers put on hold. All requests for assistance shall be addressed within one business day.

1.A.1.c CCR&R provides face-to-face referrals and/or consumer education at locations and times convenient to consumers, including, as appropriate, but not limited to: in the CCR&R office and out-posting of CCR&R in the community.

1.A.1.d CCR&R provides consumer education and referral information direct mail, via email and fax.

1.A.1.e CCR&R develops and/or uses existing materials and distributes targeted materials for specific groups, including at a minimum: families; policy makers; the education community (early learning, schools K-12, and higher education); employers and business community; and health professionals.

Indicators – Enhanced Standard

1. A.1.f CCR&R has a website that is accessible and advertised to the local community.

Criterion 1.A.2: CCR&R provides useful and understandable oral and/or written information to public and community stakeholders.

Indicators – Minimum Standards

1. A.2.a CCR&R produces and disseminates reports on an annual basis that highlight community early education data.

1. A.2.b CCR&R informs the community about early care and education and out of school time issues through newsletters or issue alerts on a quarterly basis.

Criterion 1.A.3: CCR&R provides accurate information to all consumers regardless of consumers' special needs.

Indicators – Minimum Standard

1. A.3.a CCR&R can communicate with the largest group of consumers in the primary language of that group, with a written plan in place for how to respond to additional language needs.

1. A.3.b If the CCR&R assists people on-site at its facility, the CCR&R will have a written plan describing how they will make services accessible to people with hearing impairments; language access for persons who speak languages other than English; and physical access for people with disabilities

Indicators – Enhanced Standard

1. A.3.c CCR&R is able to communicate with second largest language group.

Criterion 1.A.4: CCR&R or umbrella organization shall utilize technology that improves access to service and enhances its ability to serve people efficiently and effectively while preserving the level and quality of services.

1. A.4.a CCR&R utilizes technology that includes telephone systems, telecommunications, database software packages, directories and fax-on demand, and searchable databases.

1.A.4.b When the CCR&R provides indirect access to its database via its Web site, an automated attendant, a directory or other gateway, it shall include either e-mail access to a CCR&R specialist or a telephone number for such access.

Element 2: Quality of Services

Service Outcome 2.A. Parents shall receive quality referral and consumer education services.

Criterion 2.A.1: CCR&R provides useful and understandable oral and/or written information to families.

Indicators – Minimum Standards

2. A.1.a CCR&R clarifies each family's early care and education and out of school time needs, identifying possible options and makes appropriate referrals.

2. A.1.b CCR&R provides referrals that are appropriate to preferences of the family and the individual needs of each child.

2. A.1.c Whenever possible, CCR&R provides at least 3 referrals to ensure parental choice.

2. A.1.d CCR&R offers parents information on quality indicators to be aware of when selecting an early care and education and/or out of school time program as well as information on how to proceed with the selection of arrangements for their child (ren). These materials should encourage parents to visit prospective programs.

2. A.1.e CCR&R explores alternative solutions in response to requests for part-day, odd-hour, and/or emergency early care and education and out of school time.

2. A.1.f CCR&R presents quality indicators in language that a family understands and at a minimum includes: group size, ratio, and regulations regarding caregiver training and health and safety indicators.

2. A.1.g CCR&R provides information about state and local early care and education and out of school time licensing regulations. They also refer families to licensing office or licensing office website for copies of laws and regulations or in answer to specific technical questions.

2. A.1.h CCR&R solicits placement results and follow-up from consumers about satisfaction with CCR&R services by, at a minimum, contacting 20% of families served within 4 to 6 weeks for follow-up.

2. A.1.i CCR&R provides information to families on available public early care and education and out of school time subsidies and provides families with information on how to pursue child care subsidies, as appropriate.

2. A.1.j CCR&R makes appropriate referrals to other human services as family's needs are identified. Example: SCHIP, Medicaid, child care subsidy, early intervention services, etc.

Indicators – Enhanced Standard

2. A.1.k CCR&R conducts vacancy checks and resulting data is shared with families, as part of the referral process.

2. A.1.l CCR&R presents information on the average price of early care and education and out of school time in written or oral format at the parent's request as it relates to the geographic area, age of child, and early care and education and out of school time option sought.

Service Outcome 2.B. Potential providers shall receive quality services.

Criterion 2.B.1 CCR&Rs will administer a state funded Start-Up grant for eligible home based child care programs.

Indicators – Minimum Standards

2. B.1.a. During selection process CCR&R prioritizes by first providing monies to prospective providers who are low income and then to prospective providers who are willing to serve some of the unique needs of families such as mildly ill children, non-traditional work hours, language, culture, and geographic isolation.

2. B.1.b. CCR&R provides an individualized assessment to determine the amount and items to be included in the grant.

2. B.1.c. CCR&R provides a home visit evaluation, if a prospective provider requests or requires a grant greater than maximum amount allowed.

Criterion 2.B.2 CCR&R administers a state funded grant for eligible informal home-based child care providers serving low-income families.

Indicators – Minimum Standards

2. B.2.a CCR&R contacts its local Department of Social Services and obtains a list of legally-exempt providers to determine the scope and target numbers for services.

2. B.2.b CCR&R provides an individualized assessment to determine the amount and items to be included in the grant.

2. B.2.c CCR&R provides an in-home evaluation, if a provider requests or requires a grant greater than the maximum amount allowable.

2.B.2.d During selection process CCR&R prioritizes by first providing monies to existing providers who are low income, existing providers who have a documented track record serving a significant number of low income/subsidy eligible children, existing providers who have not yet received any start-up or health and safety grants, existing providers who have not received grants in the past five years and then to providers who are willing to serve some of the unique needs of families such as mildly ill children, non-traditional work hours, language, culture, and geographic isolation.

Service Outcome 2.C. Existing providers shall receive quality services.

Criterion 2.C.1 CCR&R administers a state funded Health and Safety Grant, for eligible existing home-based early care programs.

Indicators – Minimum Standards

2. C.1.a CCR&R provides an individualized assessment to determine the amount and items to be included in the grant.

2. C.1.b CCR&R provides an in-home evaluation, if a provider requests or requires a grant greater than the maximum amount allowable.

2.C.1.c During selection process CCR&R prioritizes by first providing monies to existing providers who are low income, existing providers who have a documented track record serving a significant number of low income/subsidy eligible children, existing providers who have not yet received any start-up or health and safety grants, existing providers who have not received grants in the past five years and then to providers who are willing to serve some of the unique needs of families such as mildly ill children, non-traditional work hours, language, culture, and geographic isolation.

Criterion 2.C.2: CCR&R provide accurate information through training and technical assistance to assist programs in complying with regulations.

Indicators – Minimum Standards

2. C.2.a CCR&R provides access to information on regulations governing program compliance to all individuals working in licensed and registered programs.

2. C.2.b CCR&R provides access to information on other community based resources to meet regulatory compliance to all licensed and registered programs.

2. C.2.c CCR&R offers fingerprinting services to all individuals required to be fingerprinted under licensing and registration regulations. These services are scheduled to meet providers' needs. CCR&R refers providers to other programs that offer fingerprinting if location and schedule are more responsive to providers' needs.

Criterion 2.C.3: CCR&R provides accurate information through training and technical assistance to assist individuals working in complying with regulations.

2. C.3.a. CCR&R provides access to information on professional development opportunities to individuals working in licensed and registered programs.

2. C.3.b. CCR&R provides access to information on funding opportunities for professional development

2. C.3.c CCR&R assesses the need for professional development opportunities including gaps in availability of professional development opportunities.

Indicators – Enhanced Standard

2. C.3.d CCR&R provides consultation to assist individuals working in licensed or registered programs to structure professional development advancement plans encompassing all appropriate and available credentialing and educational options.

2. C.3.e CCR&R maintains a record of professional development transcripts for all CCR&R sponsored training.

2. C.3.f CCR&R facilitates opportunities to address gaps in serving the professional development needs of individuals working in licensed and registered programs.

Criterion 2.C.4: CCR&R provides access to information and start-up services to prospective registered or licensed programs.

Indicators – Minimum Standards

2. C.4.a. CCR&R provides information on starting licensed and registered programs.

2. C.4.b. CCR&R collaborates with regional and local appropriate regulatory agencies to facilitate the application and renewal process for potential programs.

Indicators – Enhanced Standard

2. C.4.c CCR&R provides information and support for programs seeking to meet accreditation standards and certification.

Criterion 2.C.5: CCR&R provides accurate information and resources to assist programs in improving quality.

Indicators – Minimum Standards

2. C.5.a CCR&R provides access to information and resources on improving program quality to all licensed and registered programs.

2. C.5.b CCR&R ensures that CACFP is available to licensed and registered programs within their community, administering the CACFP program if it is not available through another organization.

2. C.5.c CCR&R utilizes the services of the Regional Infant Toddler Technical Assistance Center to improve the quality of infant/toddler care within their community.

2. C.5.d: CCR&R provides information concerning existing financial programmatic resources.

Indicators – Enhanced Standard

2. C.5.e CCR&R provides program assessment and the development of plans to improve program quality.

Criterion 2.C.6: CCR&R provides information and resources to individuals responsible for the administration and management of licensed and registered programs.

Indicator – Minimum Standard

2. C.6.a. CCR&R provides access to information and support on program administration and management to all individuals working in licensed and registered programs.

Indicators – Enhanced Standard

2. C.6.b. CCR&R provides information and support on program administration and management to all individuals working in licensed and registered programs.

Service Outcome 2.D. Community stakeholders shall receive information and resources about the child care field.

Criterion 2.D.1: CCR&R conducts a biennial Community child care supply and demand assessment.

Indicators – Minimum Standard

2. D.1.a CCR&R performs and analyzes a community child care supply and demand assessment on a biennial basis. *See appendix. This assessment includes the following:

Supply of child care including number of part-time and full time infant, toddler, preschool and school age slots.

Potential demand of child care by using Census Bureau data. Information must include age of children.

Results of follow-up information. Specifically number of TANF, subsidy or non-subsidy children served, number of children who did not find care and why care was not located.

2. D.1.b CCR&R makes the supply and demand data available to community stakeholders.

Element 3: CCR&R Program Administration.

Service Outcome 3.A: The CCR&R or umbrella organization has policies and procedures implemented that maximize their ability to provide quality services to all consumers.

Criterion 3.A.1: Policies are in place to ensure sound management of the CCR&R. These policies include: complaint policies, disclaimer, fees, confidentiality, family choice, and a statement of commitment to diversity.

Indicators – Stated as Attestations

3. A.1.a. CCR&R has a clear policy or procedure in place for how a complaint about an early care and education and out of school time provider is handled.

3. A.1.b CCR&R has a Disclaimer Policy that states that referrals are not recommendations and places responsibility for choice with families. The Disclaimer Policy is included in each referral packet, fax or email.

3. A.1.d CCR&R has a written policy protecting the confidentiality of the consumers it serves. CCR&R staff signs the confidentiality agreement

3. A.1.e CCR&R has written plan and procedures that clarify the relationship with regional projects such as the Regional Infant Toddler Technical Assistance Centers

3. A.1.f Lead agencies for regional projects such as the Regional Infant Toddler Technical Assistance Centers have written plans and procedures for working with all CCR&Rs in the region.

3. A1.g Where applicable, lead agencies for regional projects such as the Regional Infant Toddler Technical Assistance Centers have subcontracts when financial and programmatic responsibilities are shared with other agencies.

3. A.1.h. CCR&R agency participates in regional projects such as the Regional Infant Toddler Technical Assistance Centers as per the plan and procedure.

Criterion 3.A.2: The CCR&R program's data and information is complete, accurate and usable for families, providers and community stakeholders.

Indicators – Minimum Standards

3. A.2.a CCR&R updates their entire database at least annually.

3. A.2.b If CCR&R charges fees for referrals, there is a written Fee Policy in place. Families are advised of the Fee Policy before receiving the referral. The Fee Policy includes a sliding fee scale ensuring that services are available to families regardless of income.

3. A.2.c CCR&R will use 80% of the ECLC Data Committee-CCR&R Network List of Standard Data Fields. *See appendix 100% of providers are solicited.

Criterion 3.A.3: CCR&R program has a system to foster community engagement.

Indicators – Minimum Standards

3. A.3.a CCR&R maintains a membership and participates in state CCR&R Network and NACCRRRA activities.

3. A.3.b CCR&R maintains involvement in the child care field through membership in local, state and national organizations and/or associations involved in early care and education and out of school time issues.

3. A.3.c CCR&R convenes or actively participates in broad-based, collaborative, early care and education planning, policy, data and services development committees, task forces, boards, and other appropriate activities.

3. A.3.d CCR&R or umbrella agency assumes a role in community planning around early care and education and out of school time issues and promotes collaboration and linkages with community agencies and business stakeholders.

3. A.3.e CCR&R promotes its visibility through participation in community events such as fairs, open houses and conferences.

Criterion 3.A.4: CCR&R has a system for objective evaluation.

Indicators – Minimum Standards

3. A.4.a CCR&R has an outcome-based evaluation in place to monitor program effectiveness. Consumer follow-up activities are conducted to evaluate the quality of the consumer education and referral service and to assess consumer satisfaction.

3. A.4.b CCR&R uses evaluation results to improve services.

Criterion 3.A.5: CCR&R or umbrella organization has a marketing policy and plan to highlight CCR&R services.

Indicators – Minimum Standards

3. A.5.a CCR&R broadly distributes brochures and other information about its CCR&R services through various venues including print and electronic mediums to ensure program visibility.

3. A.5.b CCR&R offers additional written resource materials, responsive to the needs or requests of the families, as appropriate.

3. A.5.c CCR&R disseminates or makes available written materials to support all consumers including, at a minimum: written brochures/palm cards/fliers advertising CCR&R services, and early care and education and out of school time consumer education information.

3. A.5.d CCR&R conducts regular marketing and outreach activities such as: preparing and distributing press releases, newsletters and print ads, staffing community services fairs, distributing information through employers and community agencies.

Criterion 3.A.6: CCR&R or umbrella organization recruits and retains qualified board and staff to meet the identified needs of families.

Indicators – Minimum Standards

3. A.6.a CCR&R board of directors or advisory committee is representative of the communities served by the program.

3. A.6.b CCR&R has knowledge, skills and abilities that match the job requirements and are relevant to the families they serve and are knowledgeable about early care and education and out of school time programs.

3. A.6.c CCR&R has a staffing plan in place that reflects the needs of the service delivery area and is reflective of the needs of the community, including diversity, disciplines, ethnicity and appropriate geographic areas.

3. A.6.d CCR&R staff members are experienced in working with families and are respectful of families' choices of early care and education and out of school time programs.

Criterion 3.A.7: CCR&R program or umbrella organization has a continuing education policy and plan.

Indicators – Minimum Standards

3. A.7.a CCR&R leadership and/or staff participate(s) in professional development activities related to early care and education research, policy, and data and services development.

3. A.7.b CCR&R utilizes research and other information sources (journals, policy alerts, web resources) in work activities.

3. A.7.c CCR&R has a written general training plan that details on-going professional development of staff. Professional development opportunities are in place for training at the local, regional, state or national level, as appropriate.

3. A.7.d CCR&R budget includes training dollars for staff to increase skills and knowledge.

3. A.7.e CCR&R staff seek professional certification applicable to job requirements such as Health and Safety Trainer, MAT Trainer, Certified Information and Referral Specialist (CIRS), Certified Resource Specialist (CRS) or certification through another program recognized at the state, regional or national level.