February 4, 2016

State Plan Hearing Coordinator
Early Education and Support Division
California Department of Education
1430 N Street, Suite 3410
Sacramento, CA 95814

RE: CONSIDERATION FOR DEVELOPMENT OF CALIFORNIA’S CCDF STATE PLAN

The California Child Care Resource & Referral Network (Network) appreciates the opportunity to provide comment and recommendations regarding the development and finalization of the new State Plan. With the December 2015 release of the Notice of Proposed Rule Making (NPRM) from the federal Office of Child Care (OCC) regarding the Child Care and Development Fund (CCDF) Program, the federal government will soon be enforcing broad new requirements that all states must follow in order to fully participate in federally subsidized child care grants. As such, the new State Plan currently under consideration by the California Department of Education (CDE) will have a broad and substantial impact on the adequacy and quality of child care provided in California for years to come.

Research has shown the importance of offering quality child care and family supports from the earliest years of life. The past loss in child care funding and enrollment represented a terrible human toll on California’s most economically fragile families. It is, therefore, critically important that the new State Plan create a pathway to restoration of prior reductions while also providing a roadmap to a modern child care system that also helps parents achieve economic stability with quality child care opportunities.

It is the hope of the Network that implementation of the new State Plan, in accordance with new requirements contained in the new Child Care Development Block Grant (CCDBG), will provide a structure and a process whereby California can embark on a long-term plan that strategically guides the anticipation of adequate child care funding and acknowledges and respects parents where they are at. Thus, the system needs to address parents who work non-traditional hours, ensures appropriate provider rates so parents have full range of access, supports quality training for all providers, ensures appropriate inspection of child care sites, maintains continued background checks for individuals providing child care, and plans for the development of an automated system to track
and report on new data requirements contained in the CCDBG. By ensuring system supports for all providers, and making sure the range of providers are available to parents and supporting them to make informed choices, we support parents where they are at with the quality care that meets their needs.

Of equal importance to the Network, the new State Plan should specifically articulate how the provider community and parents will be engaged not only in the planning, but also in the final implementation, monitoring and adjustment of the Plan. The provider community holds a unique perspective on the impact of our state’s plan-- either desired or unanticipated -- that a proposed policy, rule or regulation may have on the usage of these funds and on the state modernized system. With all of the above considerations in mind, we offer the following comments and recommendations.

**General Recommendations**

As the California Department of Education prepares to submit the 2016-2018 new State Plan, the Network would respectfully request CDE consider the following recommendations and observations that we strongly believe would benefit the delivery of quality child care throughout California.

**Section 1) Define CCDF Leadership and Coordination**

The Network would encourage that coordination and sharing of information between both public and private stakeholders be as transparent, timely and inclusive as possible. The public as well as stakeholders should have access to drafts and redrafts in advance of meetings or other public forums that will enable the fair and complete discussion of policy issues impacting this Plan. In the section on public review, it doesn’t provide a sense of the depth of the reach or impact of the outreach. For example, the number of respondents at hearings, or the number or diversity of participants. What would be a stronger reflection of participation is describing the engagement of the public and not just what efforts or activities were available.

The Network encourages the state to use the description sections under 1.4 to show how coordination with various partners and EESD’s own efforts work together to expand accessibility and continuity of care for eligible parents. For example, in addition to blended funding (which is also in 1.5), AB 762 was an effort make changes to better enable continuity of care. The description of the inclusive child care also can help to expand access for children with special needs, but the description isn’t framed in a way that connects it to expansion or continuity of care for families.
Similarly, the description of the eligibility priorities doesn’t explain how the state’s efforts supports special populations. That is, stating the policy doesn’t make the connection to what the question is eliciting in the required response.

Your paragraphs under the Department’s goals read more like what is allowable, “... CDE and R&Rs may ....” rather than to convey goals of the Department.

There is no mention of the role of R&Rs and their role in implementing the Child Care Initiative Project, (CCIP) whose objective is to help expand and build quality child care. This would give credit to the state’s effort and use of federal funds to help expand child care for families.

In Subsection 1.6, public and private partnerships to increase the supply and quality of care, we note CCIP once again as an existing system that has state funds that require a 2:1 match from R&Rs that can leverage private funding to help build the supply and quality of care. The Network is also the fiscal agent of a developing and privately funded shared service alliance of Title 5 providers (4) in San Francisco, and we also are the host of the Shared Resources website (subscription close to 500 people) to indirectly support quality by providing tools that support providers. (See attached brief on Shared Services). There may be other models of systems leveraging state dollars (ex. PITC, community colleges perhaps, CSEFEL, etc.) that could show the role of the private sector and public sector (First 5s) towards supporting the ECE system in our state.

In subsection 1.7.1 The Network suggests changing the language so that it more accurately characterizes what we do. The language here is a bit narrow (we serve more than license exempt providers), we support parents to understand and make informed child care choices (rather than advise which may seem less family supportive).

California has a robust Child Care Resource and Referral System, with at least one CCR&R serving every county in a way that is responsive to the diversity and needs of its service area. CCR&Rs provide consumer education in the form of comprehensive child care planning services, informing parents so that they can select the best child care setting for their children. CCR&Rs describe the full range of child care services available in the community, including all types of licensed care, after school care, and exempt care. Those who are seeking exempt care receive information on the TrustLine Registry background check program. Families who disclose that they may be income eligible are counseled on the subsidies available in their communities. CCR&Rs also educate the community on child care needs and support those who wish to open licensed child care with information on zoning, licensing and business practices.
Section 2) Promote Family Engagement Through Outreach and Education

As an organization representing child care R&R agencies throughout California, the Network is happy to partner with CDE and other stakeholders to assume a leadership role in the development of clear, effective and culturally appropriate messaging and outreach. We represent existing resources and a significant part of your infrastructure with expertise in the area of family engagement that should be utilized.

In subsection 2.1 There are no longer 71 R&R contracts, or if you want to convey the number of agencies, that number is even smaller. In general, your response seems to convey how knowledge of supply of care is kept, and health and safety (licensing status), and less about the demand, or populations of potentially eligible families. This answer might be better covered by the Needs Assessment conducted by the Local Planning Councils.

This section also doesn’t cover the breadth of outreach. It seems more focused on CalWORKs, TANF outreach and not CCDF outreach. It should be expanded to discuss how other eligible families are reached. Ex. What is done to outreach for the 1800 toll-free number, and not just state that the line exists. Other things you could include: R&Rs conduct outreach, hopefully many county level CalWORKS eligibility workers know about and share information about R&Rs ability to assist a family, EESD’s link to the R&R Network page with a zip code and county map search and a “Chat function” to assist parents to find their local R&R. Local R&Rs also conduct outreach, and because they are in every county, you cover geographic locations across the state. DSS/CCL promotes R&Rs through their website and during online orientations. Expanded partner contribution could be for F5CA to link to R&Rs on their parent page, or local F5 funded family resource centers to link to local R&R (or CEL), so parents interested in subsidized care can also find out how to access care. Public health pediatricians and publicly funded home visitors could also do the same. Perhaps these could be goals under the state plan so that we show how we can link our public supported efforts to outreach and inreach as deep as we can. If a state coordination of local CEL databases with an identifiable brand could be created, and then it would make it easier for partners to play a role to link with R&Rs to all assist eligible parents in applying for subsidized care.

There is some small typos as it relates to R&Rs (the number of contracts/program, or number of agencies), and also the distinction between the Network and the R&R agencies. We also thought it may be beneficial to mention the script used at the R&Rs that was worked on with EESD to help consistently explain the QRIS system to parents where a QRIS system exists in their county.
In subsection 2.1.1b The Network also operates a chat on their website www.rrnetwork.org to provide individuals looking for child care with information. On their website they also have a zip code and county search for parents to find the R&R that serves their area.

In subsection 2.1.1c this might be a good place to talk about the Data Efficiency Project, which is currently in development.

In subsection 2.2.1a (#8 on page 37) Should read California Child Care Resource and Referral Agencies (R&R).

In subsection 2.2.1.b we note that some R&Rs have online information about the availability and diversity of child care options. We also note that in that same section the DSS web link (#13) goes to the Network website (not the consumer education page landing or direct referrals to R&R agencies). This should be reworded to be accurate. “The R&R assists parents in a child care planning and referral process that includes all of the components required by the act.”

In subsection 2.2.1.c. We note that the answer emphasizes licensed care, and less about the choices. We suggest the primary partner here are the individual R&Rs, who also partner with DSS, QRIS lead entities, to provide parents with information about resources, types of settings, resources and eligibility for subsidized care, quality rating, licensing information, etc. When the focus is on just licensing, it doesn’t capture information about Head Start program and eligibility, etc.

In subsection 2.2.2 R&Rs describe all facets of program quality in an attempt to assist the parent in making an informed choice that is best for their family. In addition to QRIS, a basic of quality for license exempt is Trustline background check, which should be included so the reader knows that there is health and safety minimum for license exempt providers.

In subsection 2.2.2 c. Replace the word Network with R&R agencies.

In subsection 2.2.3. We note that the local CWDs mostly intersect with Stage 1, which is TANF funded. If those online tools are available to Alternative Payment providers, or R&R counselors, then this can cover all of the CCDF eligible families. If it isn’t, you might want to extend this as a goal so any family that is interested and coming through any gateway can receive public services for which they are eligible.

In subsection 2.2.3 We note that the R&Rs may not have the ability or partnerships developed to help family access some of these programs, and a better reflection right now at best is R&Rs help
outreach/in reach to these programs. The only place where this may be occurring is under the CACFP if the local R&R is a food program sponsor. Dual access to programs is a goal for which we can aspire. In subsection 2.2.4, it would be more accurate to reflect these as goals because there is no organized way that R&Rs receive information to give to providers about various resources that the provider can share with their families. R&Rs may have relationships with their local CWDs, DPHs, etc. to receive this information, and they may or may not regularly share those with child care providers. Similarly if the Network received this information, this can also be provided on the www.ECEresourcesCA.org share resources website for providers that are subscribed, as a way to support parents in their care.

In subsection 2.2.5 c) we appreciate the language used "Local R&Rs are the primary point of contact for child development information with parents and the general public”

In subsection 2.2.7) As R&Rs are referred to as “the primary point of contact for child development information with parents and the general public “ for CDE, we would hope that R&R would be an integral part of the design and implementation of a statewide system for developmental screenings

In subsection 2.2.8b, it is unclear how the NOAs to parents relate to a record of parental complaint about a provider. It appears to be a complaint about the contract because of the appeal to CDE, and is unrelated to a substantiated compliant. If it is a complaint about the handling of the provider’s implementation of their contract it needs to be clarified.

In subsection 2.2.9, informational materials to non-English languages are available at the local R&R agencies. Reference to the Network’s consumer education webpage should indicate that is to find and contact R&R agencies and their websites. Under partnerships, R&Rs also partner with local family resource centers, 211s, United Ways, etc. for other services and language capacities that they may not have.

In subsection 2.3, we thought there should be mention of the developing consumer education website at the Network, which will also provide information to parents about additional that enable them to access a child care referral. We should note what we desire in a consumer friendly website, and not just what exists now, and plans to get there.
Section 3) Provide Stable Child Care Assistance to Families

The Network strongly supports the family-friendly provisions contained in the new CCDBG Act such as the 12 month eligibility re-determination period for CCDF families regardless of a change in income or temporary changes in participation in work, training or education activities. Additionally, the Network is supportive of the graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold. In support of these provisions, these provisions, we offer the following suggestions.

In subsection 3.1.4 we recognize that this is a statement of what exists now. Given what is laid out under the Pre-Print Section 3. Provide Stable Child Care Financial Assistance to Families, describing the expanded purposes and opportunities to “offer services to maximize parents’ options and support parents trying to achieve independence from public assistance”, the Network believes there is an opportunity to answer in a way that can articulate the goals you have for our system that would better enable us to achieve the intent of the Statute. The plan can note where we are, but should also indicate what are missing elements that would better help achieve the intent of the Act.

In subsection 3.1.5. and 3.16. The Network applauds the acknowledgement that CDE is responsible to complete implementation of this activity to be in compliance. We assume this means actively working to put forth legislation to facilitate the legislators and Governor public discourse to direct the necessary changes to comply.

In subsection 3.1.9 c., we note that the answer indicates that our system informs parents about the exception to individual penalties through a Notice of Action, which seems “after the fact” as opposed to making sure parents understand their choices as they are fully informed as they are making their choices. This should be reworded if the Notice of Action is documentation that they were informed as they were making their choice after being informed.

In subsection 3.2.1 the discussion under the first priority (abused or neglected or Child Protective Services, or at risk) doesn’t fully speak to how special needs populations are prioritized. 3.2.1.c could be a place to discuss our stage 2 and Stage 3 system.

In subsection 3.2.2, this describes the system as it is not in terms of eligibility and needs, and doesn’t speak directly about homeless children. Either a linkage to how they are prioritized needs to be made, or it does not seem like the question is answered. If a plan needs to be made to achieve this, that should be articulated, including how outreach is conducted for this population.
In subsection 3.3.3, we refer to the intent of this section and urge language in our answer to not only convey compliance, and rather, that we connect with other sections already referred in the plan to achieve continuity of care and preventing disruption for families and children.

In subsection 3.4.3, we note the difference is cost of living across regions and would urge to think about other ways to capture this. For example, could cost of housing also impact a co-payment, or other means to more equitably serve families most in need.

**Section 4) Equal Access to High Quality Care for Children from Low-Income Families**

Current research suggests a strong correlation to developmentally appropriate child care, especially from ages 0-3 years, and age-appropriate cognitive development. Unfortunately, provider payment policies often exclude low-income parents from accessing quality child care in their community. The Network is supportive of developing a short- and long-term plan to address provider rates as well as addressing the outdated rate structure, as a positive step toward ensuring California’s low-income families have access to quality child care.

In subsection 4.1.4 bullets 5 and 6, the state should acknowledge the adjustment factors for various categories of children (infant/toddler, special needs, etc.), and that it should more explicitly spell out how RFPs would be tailored to meet needs. They way it appears now, it reads like an even distribution and not prioritized to address needs. It can also be noted that at a county level there is the possibility of temporary voluntary transfers of contracted funds, which could be an alternative to 4.1.4, second bullet, which is akin to a Shared Services Alliance where contracts can be maximized to better serve parents.

In subsection 4.1.6 in the second boxed checked, there is no answer of the age requirement, and rather reiterates the number of children. Age, according to licensing, affects the number of children served.

In subsection 4.2.2 it would be important to describe who was consulted with when the new methodology was created.

In subsection 4.2.3, bullet 4a, License-Exempt care is included as a type of care, but the methodology described above only applied to licensed child care centers and family child care homes. The Plan should make a note of how the license-exempt rate methodology was determined.
In subsection 4.2.5, does not explain that until the State Legislature approves the use of the ceilings, that only then can the results be made available. If that is not the case, then the question and answer given isn’t clear.

In subsection 4.3.1 points a-h, clarification on the rates listed should be given because these are based on the 85th percentile of the 2014 Regional Market Rate Survey (as indicated in point j). However, where it indicated “percentile” the description entered is “85th percentile as described in 4.2.5 does not match the rate listed. 4.2.5 describes the current maximum reimbursement rate levels. The 2014 RMR was not used as the “base payment rates and percentiles” even though it is the most current MRS.

In subsection 4.3.2, second box, it should be clarified that this is for direct service contracts for slots and not the voucher payments based on the RMR.

In subsection 4.4.1, we noted that the descriptive response does not answer the question whether rates are sufficient to ensure access. There is a benchmark for defining equal access, and using our current methodology, we should consider articulating that under the box: “data on the size of the difference to the 75th percentile using the most recent survey”. It can articulate the difference between the contracted sites vs. the market rate. If there is data on the preschool sites that are using any QRIS funding for tiered quality reimbursement, that is some effort by our state (although determined at the local level) to improve the rates for some sites demonstrating quality as that is an allowable in our system.

In subsection, the answer under 4.5.1 did not describe the state of our practices, even if we are unsure at this time whether if reflects GAPP of non-CCDF providers.

In subsection 4.5.2 it should note that while a provider can charge the maximum reimbursable amount, it may or may not reflect the cost of care charged to private paying parents.

In subsection 4.6, we offer that the California Child Care Portfolio that was recently released by the Network (November 2015) has data that may be helpful for the state to identify where children may be underserved. We note that decreased supply in areas where there has been high unemployment and poverty may suggest some relationship of child care need and work prospects. With eligibility for state subsidies tied primarily to work related activities and eligibility, this may also decrease demand, and affect supply, as does the cost of providing care and ability of parents to afford to pay for care. California is in dire need of policies that support working families. Efforts to rebuild the supply of family child care homes, to provide more subsidies for low-income families to access quality child care, and to support the child care workforce through adequate compensation and reimbursement rates are steps to growing access to quality child care for low-income families.
Section 5) Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The Network applauds the federal government’s interest in this area and strongly supports the implementation of annual inspections for both licensed and non-licensed settings. Annual inspections should be integrated in a systematic approach that provides continuous education and training to providers. Additionally, inspections and monitoring should be based on a strength-based model and implementation should be guided by entities that have knowledge of both the needs and obstacles facing providers to comply and successfully pass the annual review of Health and Safety requirements. It should also be linked with technical assistance and professional development and to be cognizant not to inadvertently negatively impact the supply (especially license exempt options). The Network works on a daily basis with not only licensed and licensed-exempt providers, but also with parents who have a unique and insightful perspective on the health and safety of their children while in child care appreciates to be part of this discussion.

Further, the Network would recommend that, regardless of the approach that is ultimately agreed upon for annual inspections, monitoring, and subsequent technical assistance, we believe funding for annual inspections of licensed facilities come from the State General Fund and not from the Quality Improvement set-aside that is currently used for other important purposes such as workforce development and quality improvement activities.

In subsection 5.1.6, it should be clarified if the reference to the requirement established by the legislature is for licensing, or if it is referring to the specific use of these funds (ex. for any provider receiving funds for subsidized care, including exempt providers). There also is no reference to the state taking responsibility to work to put forth draft legislation so that we can be in compliance by the CCDBG Act. If there is no effort to enable license exempt providers to qualify for meeting health and safety requirements, it in effect eliminates this choice for parents because this type of care would otherwise be unallowable.

In subsection 5.1.2 Page 103 last two paragraphs: The current wording is inaccurate. Language below is accurate after the middle of first paragraph after bullets:

   Home-based, license-exempt and in home providers who are not a grandparent, aunt or uncle of the child are required to be registered on TrustLine, California’s background check for license-exempt caregivers, in order to be paid through any child care subsidy funds. The TrustLine background check, administered jointly be CDSS and the California Child Care Resource & Referral Network includes: a fingerprint check for misdemeanor and felony arrests and convictions through the California Criminal History System at DOJ, a fingerprint check of the FBI criminal
history system, and a check of substantiated child abuse reports through the California Child Abuse Central Index at DOJ. If a subsequent, disqualifying arrest or conviction information is received by DOJ, DOJ provides this information to CDSS and an individual’s registration on TrustLine may be revoked.

Second paragraph:
Currently, providers are required to provide the certificate program [Alternative Payment Programs (APPs), including county welfare departments (CWDs)] with evidence of licensure or, if the provider is exempt from licensure, he/she must be registered on TrustLine and complete a Health and Safety Self-Certification form that is signed by both the parent and the provider. Grandparents, aunts, and uncles are exempt from this requirement.

The changes above also apply to 5.1.8 and 5.2.3.

In Subsection 5.2.1, the last hollow bullet, it should include in this bullet that TrustLine registration is required for license exempt providers, except grandparents, aunts and uncles, and that if an individual that is registered on TrustLine has that registration revoked or for any other reason is no longer registered on TrustLine that payment to that caregiver ceases.

In subsection 5.3, we submitted specific language correction to this section under separate letter. In addition, we understand that California would need to approve legislation and to staff up to meet the new requirements: checking states the person has live in, in the last 5 years – criminal history, child abuse and registered sex offense registry, and check the NCIC and the National Sex Offender Registry as well as figure out how to check everything every 5 years – this last highlighted part is not mentioned in the plan.

In subsection 5.3.2, the Department of Justice does not send clearance information to TrustLine applicants. CDSS communicates the status of the TrustLine background check to applicants.

**Section 6) Recruit and Retain a Qualified and Effective Child Care Workforce**

The Network envisions a cohesive professional development system that supports the needs of all child care providers. To accomplish this, more opportunities need to be available for all providers, particularly home based providers (family child care and those legally exempt from licensure). Opportunities for professional growth within the child care system will also support retention of a more highly skilled and knowledgeable individuals in the workforce.
Additionally, to enhance the state’s ability to better identify the needs of the workforce and track professional development the Network supports widespread participation in a workforce registry. The infrastructure and expansion of the workforce registry should be appropriately supported and funded.

In subsection 6.1.2, the career ladder is not inclusive of all caregivers or the ECE infrastructure, especially for family child care and license exempt providers. Because infants/toddlers are more likely to be in family child care homes, we believe it is important to tailor a career lattice that meets their unique needs (ex. infant/toddler training support, business practices, etc.). This section also does not include the state’s quality improvement programs/state-approved trainings. More detail should be provided about the efforts to create a uniform workforce registry system (including efforts to merge the profile system and registry).

In subsection 6.1.4, we note that CSEFEL training is also provided through the R&Rs/CCIP/and UC David Family Child Care at Its Best.

In subsection 6.2.1 c, second bullet, we note that social emotional development and early mental health - CDE could more directly support CCIPs module development in collaboration with CSEFEL as a way to leverage existing investments to the fullest.

In subsection 6.2.1 c, third bullet, the website is available in several languages, which is a wonderful asset to highlight. However, a goal for the state can be to better inform parents about the website, and possibly better engaging parents with what is offered here.

In subsection 6.2.1 c, 5th bullet, we note that R&Rs are a part of the state funded infrastructure that adds to the accessible comprehensive information to support parents in their children’s learning and development.

In subsection 6.2.1.c, 7th bullet, it would be helpful the names of the programs or trainings that are provided for free are highlighted that offer priority to those caring for children and families in significant concentrations of poverty and unemployment. For example, are these the PITC Fellowships? Otherwise, a reader could assume it’s the same as in all areas.

In subsection 6.2.1 c, 8th bullet, we think the Plan might also consider where R&Rs fit in caring for and supporting the development of children with disabilities and developmental delays. These can be stated as goals in the areas of training, intervention specialists, consumer education, and referrals. This will show how the Plan is thinking about leveraging the state’s assets and using them to the fullest.
In subsection 6.2.2, the additional Preventive Health and Safety Practices Training Hours that will be required to meet the full 10 topic areas for both licensed and exempt providers should be included here, as well as the new mandated reporter training requirement.

In subsection 6.2.2 d, because this is a Plan for the upcoming years, it incorrectly states that license exempt providers who receive CCDF Subsidy won’t be required to participate in any training. This seems like an appropriate place to list plans for implementation of the 10 required Health and Safety Practices training.

In subsection 6.2.3, under the tasks/activities, a little more description about the goals, target audience and objectives of the Leadership Academy would be helpful. We also recommend that CDE consider funding and supporting the ECE Shared Resources website for all California CCDF providers as a way to support business practices improvement. It can also be linked to the registry and CECO. The Network has a proven record working with family child care providers, and the national website (CCA Global) of which we are also sharing and have built the California platform off of, has vetted national best business practices. The California website could serve a broader community in our state, and was crafted to scale up to serve our larger community of providers, which can also be customized for each county as desired.

In subsection 6.3.3, we note that it would be helpful to clarify if the mention of R&Rs providing TA is specifically CCIP or is meant to be inclusive of the R&R program as well. CCIP could be included especially on I/T and preschool foundations. CCIP has also partnered with CalSAC for the Training of Trainers, acknowledging the mixed age groups in family child care homes.

Section 7) Support Continuous Quality Improvement

In the area of quality improvement, CDE needs to be strategic in its alignment of quality improvement activities to ensure they are supportive and integrated into other requirements such as health and safety, monitoring, workforce training and retention, professional development and compliance. In the areas that CDE does decide to expend qualified funds, CDE should leverage those funds through contracts with agencies and organizations that have a demonstrated proficiency and experience in delivering such services.

Additionally, because of the evaluation and reporting requirements contained in this and other sections of the CCDF, CDE should strongly consider an increased investment in infrastructure that is
capable, on a statewide basis, of collecting and reporting data consistent with the new accountability requirements.

In subsection 7.1.1.b., the Leadership Academy under 6.2.3 was originally referenced as targeting center based providers on business practices, here it includes quality environments and birth to third grade continuum. Because family child care providers serve the 0-8 continuum of children, we think the Leadership Academy should also include family child care providers, and CCIP should also be involved here as well. Additionally, the www.ECEResourcesCA.org can also play a role with business practices as noted previously.

In subsection 7.1.1.d., we support the plan here to develop the California Workforce Registry.

In subsection 7.3.1, we recommend rewording the language written about CCIP to include: CCIP provides training and ongoing technical assistance to family child care providers on providing quality infant/toddler care. We also note, if additional support could be provided we would recommend the development of modules (and ongoing updates similar to foundations) or a partnered development with CSEFEL specifically (see 6.2.1c). Also under this subsection, last checked box, “carrying out other activities...”, we also see this as another opportunity to suggest CCIP for the CSEFEL infant/toddler reach. Though Family Child Care At Its Best currently does so, they’re in need of more ongoing support to adequately implement the model to fidelity with family child care providers.

In subsection 7.4.1 we note the corrections: 69 R&Rs contracted programs. The Network has satellite offices in Los Angeles, Fresno, Plumas, and Sacramento counties. Modify the third bullet to specify family child care providers under the CCIP project. Under the fifth bullet point, the titles should be, “Growing, Learning, Caring Training Modules” and “Cuatro Pasos a Una Profesión”. The Network also provides training for its membership, the R&R programs, in topics related to their work and convenes communities of practice and workgroups that facilitate learning

Section 8) Ensure Grantee Program Integrity and Accountability

The Network believes the development and implementation of the new State Plan is slowly moving in the direction to conform to the new CCDBG mandates, and that this moment represent a generational opportunity to improve the access, quality and efficacy of California’s child care system. The focus on family-friendly policies, the health and safety of our children, and attention to early childhood development are all laudable objectives which must be achieved.
The Network believes that to ensure integrity and accountability of the State Plan, CDE should embed evaluation plans and indicator of success within the State Plan, similar to a Dash Board, as we move forward in our implementation and further development. The indicators should be easy to understand, agreed upon in advance by CDE and other stakeholders -- including parent groups -- and be guided by readily available and timely data sources. Additionally, these indicators should be conveniently accessible to the public.

The Network also believes that the data generated by the indicators should be actionable and used as an opportunity to evaluate and implement best practices where possible. It is also important to use the data to identify where programs may be in need of additional assistance whether in the form of resources, enhanced technical assistance and training, or other necessary interventions. These ideals should be considered in step with the other priorities and mandates that are urgent and before the state.

On behalf of the California Child Care Resource & Referral Network, I would like to thank you for the opportunity to provide written comments to the California Department of Education regarding final implementation of the State Plan. Should you have any questions, please feel free to contact me at Lasato@rrnetwork.org.

Respectfully,

Linda Asato, Executive Director