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Via email: carolynj.taylor@dc.gov

January 15, 2016

Carolyn J. Terry-Taylor
Policy and Program Officer
Division of Early Learning
DC Office of the State Superintendent of Education
810 First St NE, 9th Floor
Washington, DC 20002

Re: Comments on Draft Childcare and Development Fund Plan

Dear Ms. Terry-Taylor:

Thank you for the opportunity to comment on the proposed Child Care and Development Fund (CCDF) State Plan draft for Federal fiscal years 2016-2018. I am submitting these comments on behalf of Children's Law Center (CLC).¹ In the last year, CLC provided services to more than 5,000 low-income children and families, including hundreds of infants, toddlers, or pre-kindergarteners. In addition, we serve many school-aged children who need afterschool care. Almost all of the children we serve are vulnerable, including children who experienced abuse or neglect or children who have developmental delays or disabilities, and these comments are focused on such vulnerable populations.

An important theme in the Child Care and Development Block Grant (CCDBG) Act of 2014 is developing the supply of quality care for vulnerable populations, which includes children with disabilities.² We appreciate that OSSE policies include a special needs rate for providers who serve a significant population of children with special needs.³ However, our experience and the experiences of other advocates for children with special needs is that DC child care has limited-to-no supply to meet the needs of these vulnerable children. Parents and advocates find it difficult to find a space with a child care voucher prepared to handle the needs of children with developmental delays or disabilities. We are aware of one subsidized child development center that can meet the needs of infants-to-pre-kindergarteners with special needs comprehensively and well.⁴ We are aware of no child development centers that can comprehensively meet the needs of older children with special needs or with needs for therapeutic afterschool care.⁵ Some child development centers have eventually been able to adequately meet the needs of specific children, but this has often required significant work and assistance after the child's admission. When our client children do access a provider with a voucher, too often they must move from center to center as caregivers seek a place that can fully meet the child's needs.

We believe that OSSE must strengthen the supply and ability of child development centers in DC to meet the needs of these vulnerable populations. OSSE should use several opportunities in this CCDF State Plan to develop and articulate plans to increase child care capacity for vulnerable populations. As stated in the draft plan, DC's Early Intervention Program (DCEIP) does provide assistance and services in individual situations with its limited budget. OSSE should strengthen the intra-agency support for the DCEIP and articulate how it will do so in the sections on Coordination with Partners, 1.4.1, and Combining Funds, 1.5.1. In the past few years, the DCEIP has focused on moving to a coaching model of early intervention services that emphasizes capacity-building of the child's caretakers, which could be leveraged to consciously build skills in existing child care providers, similar to the Department of Behavioral Health's mental health consultation partnership with child development centers.⁶ However, the Early Intervention program is not able to assist regarding children over the age of four,⁷ leaving a significant gap that OSSE needs to fill for school-age children with disabilities to have equitable access to child care, through some other model of resource provision and skill-building.

Two other areas of the State Plan under the CCDBG Act of 2014 provide new opportunities for OSSE to develop additional supply of high quality care for children with disabilities: alternative subsidies for special-needs care and contracting and grants. Current explorations of higher subsidy rates for centers and homes that serve children with disabilities well or to support increases in the quality tiers of centers serving many children with special needs, as mentioned in section 4.3.3, are necessary. Such increases should also be explored for centers serving only a few children with disabilities, specifically to support accommodations or professional development needed on an ad hoc basis. In addition, OSSE has noted that it will use grants and contracts to increase supply and quality of care for children with disabilities, at section 4.1.3, but with no details. One way to increase supply could be to support the expansion of already-high-quality centers serving children with disabilities to new sites. Another could be to provide a startup opportunity for programs targeting the needs of children with disabilities or developmental delays. We look forward to seeing details about how OSSE will use alternative subsidies and grants and contracts to build supply for children with disabilities.

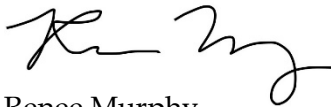
Another theme in the CCDF State Plan questions is that DC should have policies on social-emotional well-being of children in child care settings, including positive behavioral intervention and expulsion policies. Strong policies and practices would help reduce the suspensions and expulsions that we have seen; several of our clients have been expelled from child care settings for social-emotional and mental health issues, some from multiple centers, to the detriment of the child and the family. OSSE should support continued expansion of the effective Department of Behavioral Health mental health consultation project, Healthy Futures, in order to promote positive behavioral supports for children over exclusion and provide the resources that child care providers need. As the draft CCDF State Plan notes, the DC Code prohibits the suspension or expulsion of children in OSSE-funded pre-kindergarten with a very limited safety exception, because engagement in early childhood development programs assist

with closing the achievement gaps for disadvantaged children and exclusion has negative impacts.⁸ However, that is the only policy regarding exclusions of children from child care settings in DC. DC needs policies that encourage positive behavioral interventions and prohibits suspension or expulsion for infants and toddlers and for school age children from child care settings. We encourage OSSE to enact child care regulations that require a progressive approach prohibiting suspensions and expulsions in all but the most serious safety situations, instead requiring positive behavioral supports.

Conclusion

Thank you for the opportunity to comment on the CCDF State Plan draft, and we would be happy to provide additional support. If you have any questions, please do not hesitate to contact me at (202) 750-7529 or rmurphy@childrenslawcenter.org.

Respectfully,



Renee Murphy
Senior Policy Attorney

Cc: Elizabeth Groginsky, Assistant Superintendent of Early Learning, egroginsky@dc.gov

¹ Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to be the voice for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 8 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

² “The plan shall describe how the State will develop and implement strategies (which may include alternative reimbursement rates to child care providers, the provision of direct contracts or grants to community-based organizations, offering child care certificates to parents, or other means determined by the State) to increase the supply and improve the quality of child care services for ... (iii) children with disabilities, as defined by the State.” 42 USC § 9858c(c)(2)(M)

³ DC Draft CCDF Preprint for Public Comment, page 18.

⁴ We concentrate on child care centers, since the vast majority of DC child care vouchers are used in child development centers rather than homes.

⁵ In the past, DC’s Child and Family Services Agency (CFSA) contracted for therapeutic afterschool care for children in foster care with significant needs related to trauma or mental/behavioral health, but no longer does so.

⁶ See Perry, Deborah F. *Healthy Futures: Three-Year Evaluation of Early Childhood Mental Health Consultation by the District of Columbia Department of Mental Health*, September 30, 2013. Accessed 1/20/2016 at <http://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/HealthyFuturesThreeYearEvaluationReport.pdf>

⁷ Children age birth to three are eligible for evaluation and Individualized Family Services Plans (IFSPs) and some children between age three and when they are eligible to start prekindergarten-four can

continue to have Individualized Family Services Plans under the “Extended IFSP” option from the DCEIP. See <http://osse.dc.gov/publication/extended-ifsp-option-children-age-3-age-4-policies-and-procedures>

⁸ The purposes of the ban is described in the DC Council Committee on Education’s Committee Report on the bill. See page 2-3, <http://lims.dccouncil.us/Download/33194/B21-0001-CommitteeReport1.pdf>