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Agency of Human Services

MEMORANDUM

To: Chairperson Pugh and Members of House Human Services

From: Reeve Murphy, Deputy Commissioner



Subject: Follow-up to 1/17/18 testimony on Child Care in Vermont

Date: 1/26/18

Thank you for giving me the opportunity to provide an overview of the current system of child care in Vermont. During my testimony several questions were asked which I have listed below with the corresponding answers. Please let me know if you have additional questions. I look forward to coming back to your committee for further discussion of Act 166/Pre-Kindergarten Education, Race to the Top and child care subsidy rates.

There are 1,288 child care programs with a licensed capacity of 33,911 – what is the real capacity?

The division collects information from child care programs on how many children they would like to serve which we call “desired capacity”. At the end of December 2017, the desired capacity of all regulated child care programs was 31,679.

How many children are in 3-5 star child care programs?

Unfortunately, we do not currently have information on the actual number of children enrolled in child care. We do know the capacity of 3-5 star programs, and the number of CC FAP eligible children attending 3-5 star programs. At the end of December 2017, 3-5 star programs had a capacity for 20,260 children. In state fiscal year 2017, an average of 5,187 children eligible for CC FAP attended a 3-5 star program.

What is the ratio of licensing regulators to child care programs? Is there an industry best practice and what is it?

The average case load in CDD’s licensing unit is 126. The National Association of Regulatory Agencies and Child Care Aware, private entities, recommend a caseload of 50. However, it is important



to note that what regulators are responsible for varies widely from state to state. Based on what we do here in Vermont, my recommendation is to have a caseload closer to 80-90.

New Hampshire's plan for increasing child care capacity – what is it?

In talking with our colleagues from New Hampshire, they are embarking on a campaign similar to Vermont's Blue-Ribbon Commission. Please see the attached description of this initiative.

Capacity data by age of child?

The capacity of regulated child care programs by age at the end of December 2017:

Infant desired capacity – 3,196

Toddler desired capacity – 3,504

Preschool desired capacity – 11,796

School Age desired capacity – 13,183

What is the current rate of subsidy for Relative Child Care?

Please see the attached Reimbursement rates for Approved Relative Child Care Providers.

Contact information for CDD staff for constituents' questions, complaints and information.

Constituents (providers and families) may call the Licensor on Duty line/Consumer Concern line which is (800) 649-2642, option 3. Legislators may call Christel Michaud directly as the Director of Child Care Licensing at (802) 224-6940.

What year did the 5-star system come into being?

The STep Ahead Recognition System (STARS) was rolled out to child care programs in June 2004. For more information please use the following link:

http://dcf.vermont.gov/sites/DCF/files/CDD/Brochures/STARS_Brochure.pdf

Absent any substantial new CCFAP new funding, is there another solution to take the \$48M and look at spending it differently to meet the needs of families who need childcare the most?

We can look at other models like contracting for child care space. It would not be likely to save money in the subsidy program. To assist the same number of children to access regulated child care programs without the burden of co-payments for their families, we'd need more resources. We could provide greater benefits for less children, but that's a policy choice. Some children and families would still be unable to access child care. Please see the attached chart on CCFAP families and benefit levels.

How does changes in child care capacity by AHS district compare to birthrates or census data?

We will look at the data, but it is important to remember that not every child accesses child care.

Does committee need to pass out H.588 or could the committee write a letter instead documenting that CDD currently follows the bill's provisions? A letter would be sufficient.