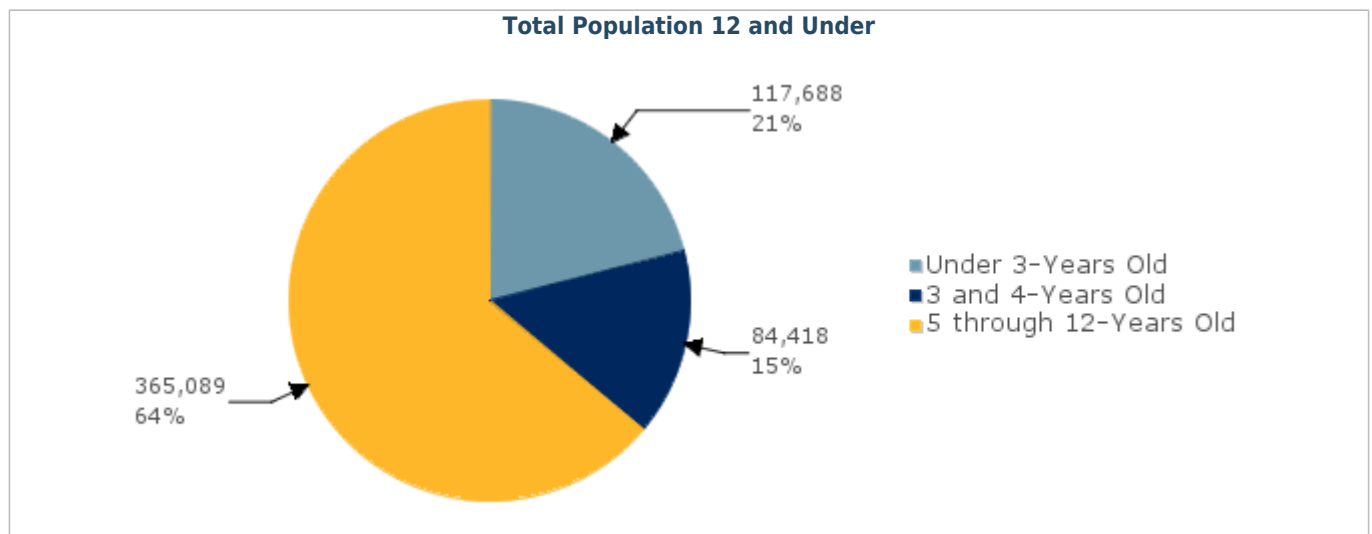




STATE/TERRITORY PROFILE - CONNECTICUT

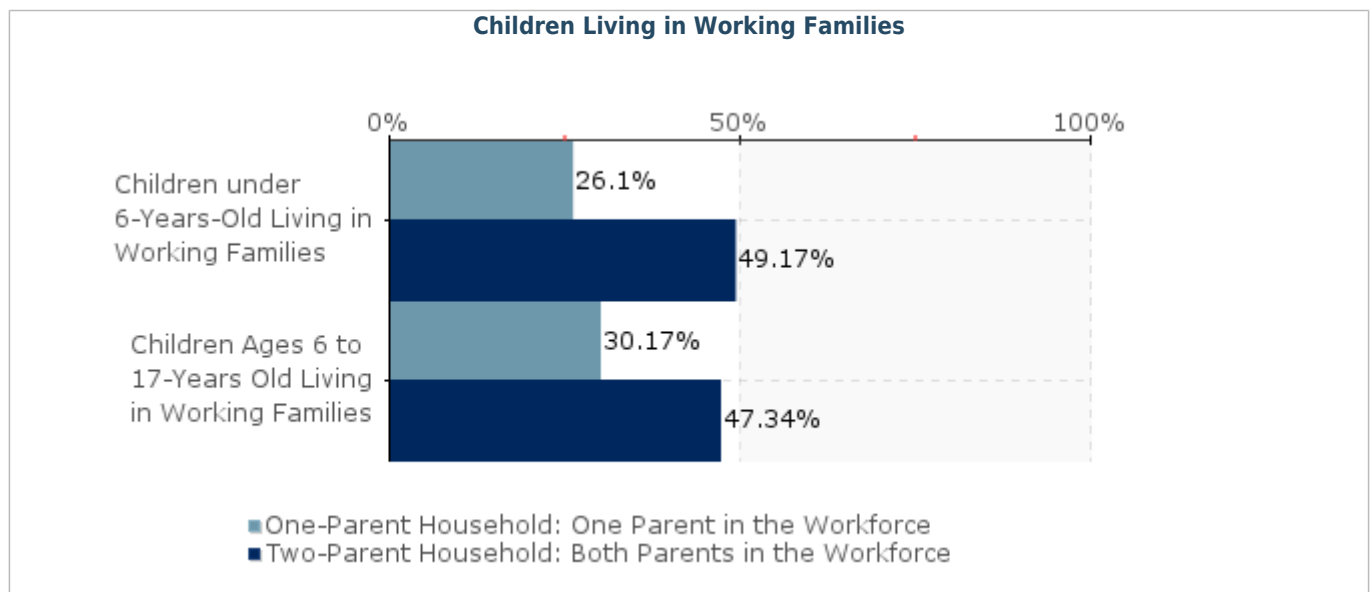
This profile highlights a current innovative effort to promote a subsidy system that is child-focused, family friendly, and fair to providers. It also provides demographic information, Early Care and Education (ECE) program participation and funding, subsidy innovation and program integrity information, program quality improvement activities, and professional development and workforce initiatives. Sources and links are provided at the end of the document

DEMOGRAPHICS



Source(s): U.S. Census Bureau. (n.d.). In American Community Survey, 2010. QT-P2 Single Years of Age and Sex. Retrieved from American FactFinder:

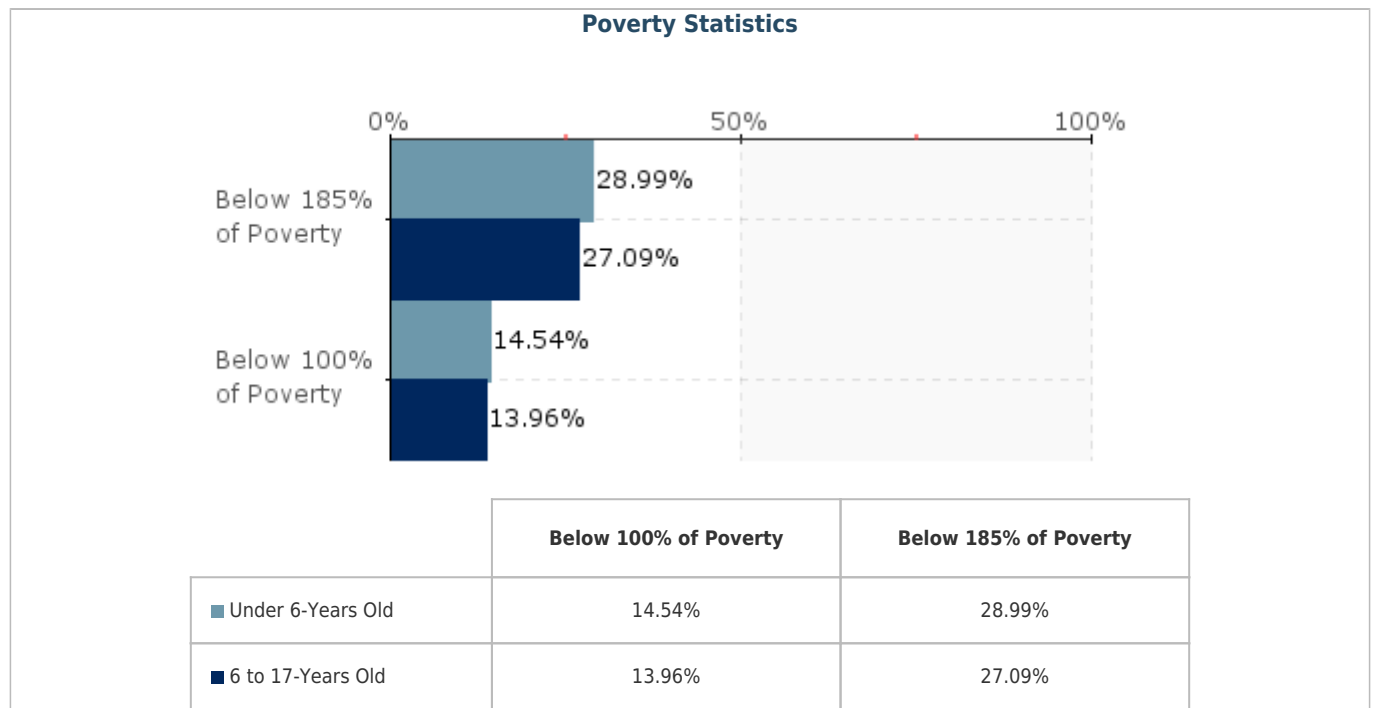
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP2&prodType=table



Source(s): U.S. Census Bureau. (2020). In American Community Survey 1-Year Estimates, 2019. B17024: Age By Ratio Of Income To Poverty Level In The Past 12 Months - Universe: Population for whom poverty status is determined.

<https://data.census.gov/cedsci/table?q=B17024&g=0100000US.04000.001&hidePreview=true&table=B17024&tid>

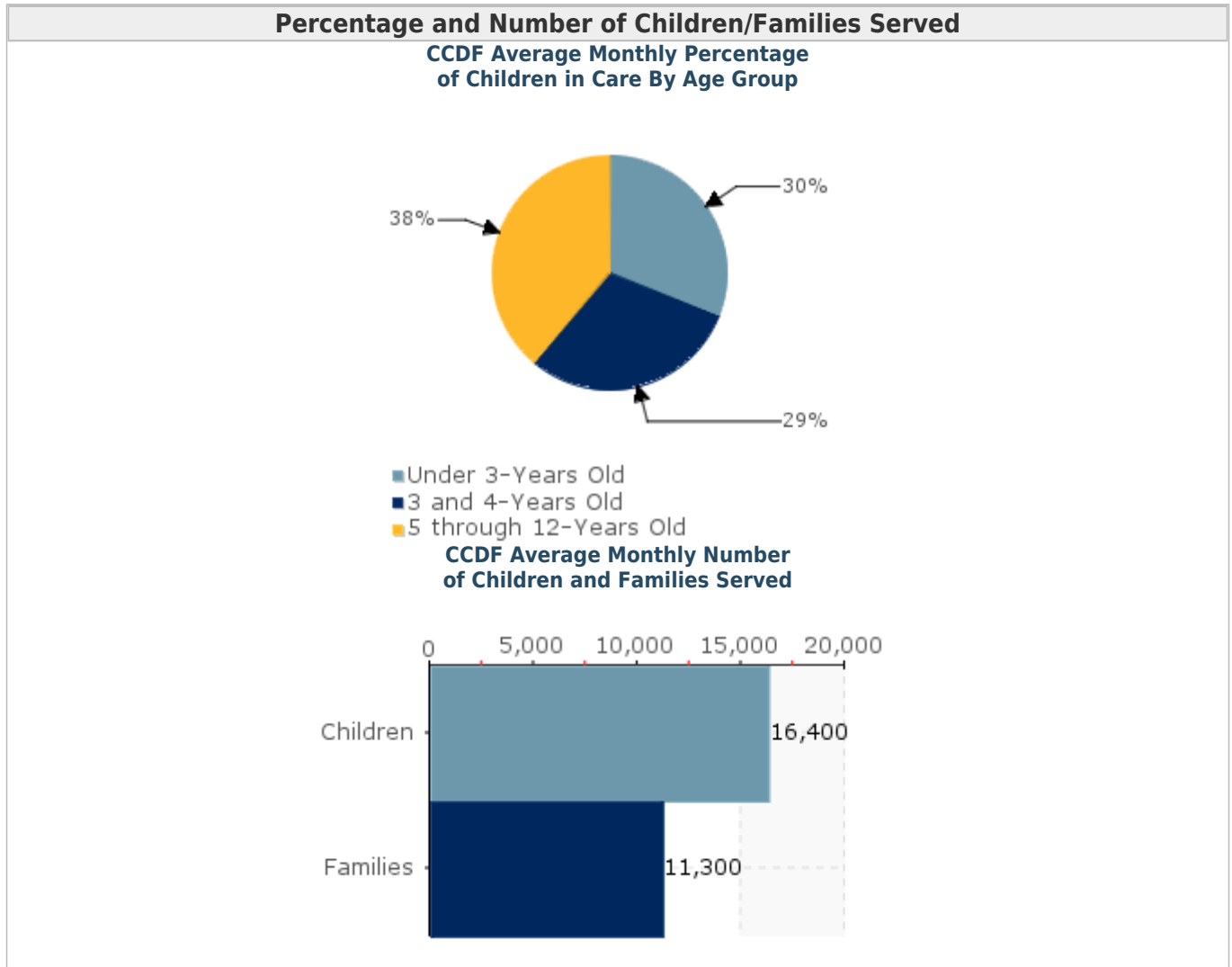
=ACSDT1Y2019.B17024&lastDisplayedRow=17&vintage=2019&mode=&y=2019



Source(s): U.S. Census Bureau. (2020). In American Community Survey 1-Year Estimates, 2019. C23008 Age of own Children under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents: Universe: Own children under 18 years in families and subfamilies.

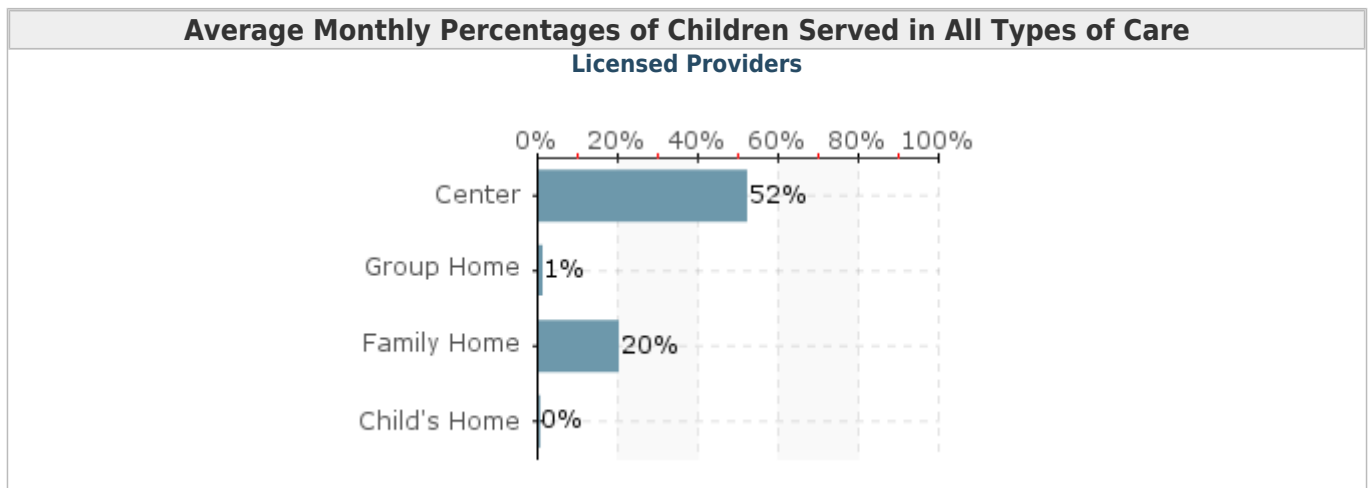
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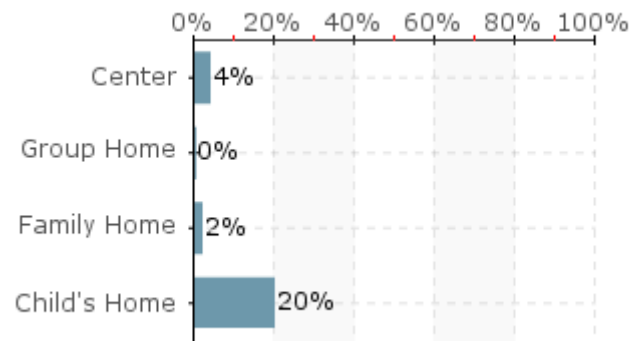
ECE PROGRAM PARTICIPATION AND FUNDING



Source(s): U.S. Department of Health and Human Services, Office of Child Care. (2020). FFY 2019 CCDF data tables [Preliminary estimates]. Table 9 Average Monthly Percentages of Children In Care By Age Group <https://www.acf.hhs.gov/occ/data/fy-2019-preliminary-data-table-9>

1. U.S. Department of Health and Human Services, Office of Child Care. (2020). FFY 2019 CCDF data tables [Preliminary estimates]. Table 1 Average Monthly Adjusted Number of Families and Children Served. <https://www.acf.hhs.gov/occ/data/fy-2019-preliminary-data-table-1>



Non-Licensed Providers

Note: Unregulated provider data includes relative and non-relative care.

Source(s): U.S. Department of Health and Human Services, Office of Child Care. (2020). FFY 2019 CCDF data tables [Preliminary estimates]. Table 6 Average Monthly
<https://www.acf.hhs.gov/occ/data/fy-2019-preliminary-data-table-6>

Child Care and Development Fund (CCDF)

◦ Total CCDF Expenditure (Including Quality):	\$116,360,154
◦ CCDF Federal Expenditure:	\$90,184,753
◦ CCDF State/Territory Expenditure:	\$26,175,401

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2021). CCDF Expenditures for FY 2019 (all appropriation years). Table 4a: All expenditures by State-Categorical Summary. <https://www.acf.hhs.gov/occ/resource/fy-2018-ccdf-table-4a>

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2020). CCDF Expenditures for FY 2018 (all appropriation years). Table 3a - All Expenditures by State - Detailed Summary. <https://www.acf.hhs.gov/occ/resource/fy-2018-ccdf-table-3a>

CCDF Quality Expenditures

◦ Total Quality Expenditure:	\$12,102,498
◦ Quality Activities (Set Aside Funds):	\$12,102,498
◦ Infant and Toddler (Targeted Funds):	Not available
◦ Quality Expansion Funds (Targeted Funds):	Not available
◦ School-Age/Resource and Referral (Targeted Funds):	Not available

Temporary Assistance for Needy Families (TANF) for Child Care

◦ TANF - Total Child Care Expenditure:	\$26,678,810
◦ TANF - Direct Expenditure on Child Care:	Not available
◦ TANF - Transfer to CCDF:	\$26,678,810

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of
 CONNECTICUT | September 2021

ChildCare Tax Credits

◦ Tax Credit Federal Total Amount Claimed:	\$892,037
◦ Tax Credit Federal Number of Claims:	424,030
◦ State/Territory Tax Credit Available - 2015:	No
◦ State/Territory Tax Credit Refundable:	No

Child and Adult Care Food Program (CACFP)

◦ CACFP Funding:	\$18,152,113
◦ Number of Family Child Care Homes Participating:	781
◦ Number of Child Care Centers (includes Head Start Programs) Participating:	350

Source(s): Food Research and Action Center. (2020). State of the States: Child and Adult Care Food Program (CACFP) in FY 2019. http://www.frac.org/maps/sos/tables/sos_tab_cacfp.html

Head Start

◦ Head Start Federal Allocation:	\$47,189,384
◦ Head Start State/Territory Allocation:	\$4,507,650
◦ Number of Children Participating:	4,473

Source(s): National Institute for Early Education Research. (2021). The 2020 state of preschool yearbook. <http://nieer.org/state-preschool-yearbooks/2020>

IDEA Part B, Section 619

◦ IDEA Part B Funding:	\$5,063,524
◦ Number of Children Served (Ages 3- through 5-Years-Old):	6,406

Source(s): U.S. Department of Education. (2021). Fiscal Years 2019-2021 State Tables for the U.S. Department of Education. <https://www2.ed.gov/about/overview/budget/statetables/index.html>

IDEA Part C

◦ IDEA Part C Funding:	\$4,136,154
◦ Number of Children Served (Ages Birth through 2-Years-Old):	5,746

Source(s): U.S. Department of Education. (2021). Fiscal Years 2019-2021 State Tables for the U.S. Department of Education. <https://www2.ed.gov/about/overview/budget/statetables/index.html>

Pre-kindergarten

◦ Pre-kindergarten Total Expenditure:	\$125,973,139
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◦ Enrollment (4-year-olds and under):	13,411
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Note: Total Expenditure includes all State/Territory, Local, and Federal dollars. In addition to 3 and 4-year-olds, some Pre-kindergarten programs enroll children of other ages.

Source(s): National Institute for Early Education Research. (2021). The 2020 state of preschool yearbook. <https://nieer.org/state-preschool-yearbooks/yearbook2020>

CCDF SUBSIDY PROGRAM ADMINISTRATION

Income Eligibility at Determination

(a)	(b)	(c)	(d)	
Family Size	100 % of SMI (\$/Month)	85% of SMI(\$/Month) [Multiply(a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide(c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
3	\$7,879.00	\$6,697.00	\$3,939.00	49%

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 3.1.3 Family Size of 3: Eligible Children and Families - Income Eligibility at Determination. ACF-118 Data Submission Center.

Approaches Used for Promoting Continuity of Care

◦ Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules	Not available
◦ Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)	Yes
◦ Establishing minimum eligibility periods greater than 12 months	Yes
◦ Using cross-enrollment or referrals to other public benefits	Yes
◦ Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services	Yes
◦ Providing more intensive case management for families with children with multiple risk factors;	Not available
◦ Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities	Not available
◦ Other:	Not available
Not available	

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. CONNECTICUT | September 2021

Increasing Access for Vulnerable Children and Families

Children with Special Needs	
◦ Prioritize for enrollment	Yes
◦ Serve without placing these populations on waiting lists	Not available
◦ Waive co-payments	Not available
◦ Pay higher rates for access to higher quality care	Yes
◦ Use grants or contracts to reserve slots for priority populations	Not available
◦ Other:	Not available
Not available	
Families with Very Low Incomes	
◦ Prioritize for enrollment	Yes
◦ Serve without placing these populations on waiting lists	Yes
◦ Waive co-payments	Yes
◦ Pay higher rates for access to higher quality care	Yes
◦ Use grants or contracts to reserve slots for priority populations	Not available
◦ Other:	Not available
Not available	
Children Experiencing Homelessness	
◦ Prioritize for enrollment	Yes
◦ Serve without placing these populations on waiting lists	Not available
◦ Waive co-payments	Not available
◦ Pay higher rates for access to higher quality care	Yes
◦ Use grants or contracts to reserve slots for priority populations	Not available
◦ Other:	Not available
Not available	
Families Receiving TANF*	
◦ Prioritize for enrollment	Yes

◦ Serve without placing these populations on waiting lists	Yes
◦ Waive co-payments	Yes
◦ Pay higher rates for access to higher quality care	Yes
◦ Use grants or contracts to reserve slots for priority populations	Not available
◦ Other:	Not available
Not available	

* Includes families receiving TANF program funds, those transitioning off TANF through work activities, or those at risk of becoming dependent on TANF.

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Reports 3.2.2a, 3.2.2b, 3.2.2c, 3.2.2d, 3.2.2a-2, 3.2.2b-2, 3.2.2c-2, and 3.2.2d-2: Increasing Access for Vulnerable Children and Families. ACF-118 Data Submission Center.

Use of Grants or Contracts to Increase the Supply of Specific Types of Child Care

◦ Programs to serve children with disabilities	Not available
◦ Programs to serve infants and toddlers	Not available
◦ Programs to serve school-age children	Not available
◦ Programs to serve children needing non-traditional hour care	Not available
◦ Programs to serve children experiencing homelessness	Not available
◦ Programs to serve children in underserved areas	Not available
◦ Programs that serve children with diverse linguistic or cultural backgrounds	Not available
◦ Programs that serve specific geographic areas (urban)	Not available
◦ Programs that serve specific geographic areas (rural)	Not available
◦ Other:	Described Below
N/A	

Use of Grants or Contracts to Increase the Quality of Specific Types of Child Care

◦ Programs to serve children with disabilities	Not available
◦ Programs to serve infants and toddlers	Not available
◦ Programs to serve school-age children	Not available
◦ Programs to serve children needing non-traditional hour care	Not available
◦ Programs to serve children experiencing homelessness	Not available

◦ Programs to serve children in underserved areas	Not available
◦ Programs that serve children with diverse linguistic or cultural backgrounds	Not available
◦ Programs that serve specific geographic areas (urban)	Not available
◦ Programs that serve specific geographic areas (rural)	Not available
◦ Other:	Described Below
N/A	

Base payment rates and percentiles

Age	Center	Percentile of most recent MRS	Family Child Care	Percentile of most recent MRS
Infant	\$ 201.00/ week (North Central Region)	2%	\$ 211.00/ week (North Central Region)	70%
Toddler	\$ 201.00/ week (North Central Region)	2%	\$ 211.00/ week (North Central Region)	70%
Preschool	\$ 160.00/ week	7%	\$ 163.00/ week (North Central Region)	17%
School Age	\$ 143.00/ week (North Central Region)	95%	\$ 151.00/ week (North Central Region)	94%
Effective date of payment rates: 3/27/2018				
Market rate survey (MRS) date: 5/1/2018				

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 4.3.1: Setting Payment Rates. ACF-118 Data Submission Center.

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 4.2.5a: Setting Payment Rates. ACF-118 Data Submission Center.

Tiered Reimbursement or Differential Rates

◦ Differential rate for non-traditional hours. Describe	Not available
◦ Differential rate for children with special needs, as defined by the state/territory.	Yes
◦ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on	Not available
◦ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.	Not available
◦ Differential rate for higher quality, as defined by the state/territory.	Yes
◦ Other differential rates or tiered rates.	Not available
◦ Tiered or differential rates are not implemented.	Not available

CCDF Co-Payments by Family Size

CCDF Co-Payments by Family Size

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest “Entry” Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest “Entry” Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
3	\$1.00	\$0.02	2	\$3,939.00	\$394.00	10

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 3.4.1a Family Size of 3: Family Contribution to Payment - CCDF Co-Payments by Family Size. ACF-118 Data Submission Center.

Family Contribution to Payment

◦ No, the Lead Agency does not waive family contributions/co-payments.	Yes
◦ Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the Federal poverty level for families of the same size.	Not available
◦ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation..	Not available
◦ Describe contributions/co-payments for families who are receiving or needing to receive protective services	Not available

<ul style="list-style-type: none"> ◦ Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation 	Not available
<ul style="list-style-type: none"> ◦ Describe contributions/co-payments for other criteria (See table below) 	Not available
Not available	

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 3.4.4: Family Contribution to Payment - Family Contribution to Payment. ACF-118 Data Submission Center.

HEALTH AND SAFETY

Child-Staff Ratios by Group Size by Age of Children for Licensed Child Care Centers

Age of Children	Child-Staff Ratio	Group Size
Infant (11 months)	4:1	8
Toddler (35 months)	4:1	8
Preschool (59months)	10:1	20
School-age (6 years)	10:1	20
School-age (10 years and older)	10:1	20
If any of the responses above are different for exempt child care centers, describe which requirements apply:	Described Below	
There are no specific teacher/caregiver qualifications required. There shall be a designated staff person in charge who is eighteen years of age or older on site at all times the child care program is in operation. Specific training and experience is required for staff supervising high risk activities.		

Source(s): National Center on Early Childhood Quality Assurance. (2021). 2020 Child Care Licensing Study: Analysis of child care licensing regulations. [Unpublished data].

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 5.2.1a-5_6_7: Standards on ratios, group sizes, and qualifications for CCDF providers.- exempt child care centers. ACF-118 Data Submission Center.

QUALITY IMPROVEMENT

Use of Quality Funds

	Yes/No	CCDF Funds	Other Funds	Other (describe)
Supporting the training and professional development of the child care workforce	Yes	Yes	Yes	Described Below
Developing, maintaining, or implementing early learning and developmental guidelines	Yes	Yes	Not available	Not available
Developing, implementing, or enhancing a tiered quality rating and improvement system	Yes	Yes	Not available	Not available
Improving the supply and quality of child care services for infants and toddlers	Yes	Yes	Not available	Not available
Establishing or expanding a statewide system of CCR&R services	Yes	Yes	Not available	Not available
Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards	Yes	Yes	Yes	Described Below
Evaluating and assessing the quality and effectiveness of child care services within the state/territorys	Yes	Yes	Not available	Not available
Supporting accreditation	Yes	Yes	Not available	Not available

	Yes/No	CCDF Funds	Other Funds	Other (describe)
Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development	Yes	Yes	Not available	Not available
Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible	Not available	Not available	Not available	Not available

Use of Quality Funds - Continued

	Other (describe)
Supporting the training and professional development of the child care workforce	State funds to support scholarship
Developing, maintaining, or implementing early learning and developmental guidelines	Not available
Developing, implementing, or enhancing a tiered quality rating and improvement system	Not available
Improving the supply and quality of child care services for infants and toddlers	Not available
Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards	The OEC Division of Licensing is funded through state general funds to cover cost of salaries, travel and other related costs.
Evaluating and assessing the quality and effectiveness of child care services within the state/territories	Not available
Supporting accreditation	Not available
Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development	Not available
Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible	Not available

- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Reports 7.2.1 and 7.2.1-1: Use of Quality Funds - Supporting the training and professional development of the child care workforce. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-2: Use of Quality Funds - Developing, maintaining, or implementing early learning and developmental guidelines. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-3: Use of Quality Funds - Developing, implementing, or enhancing a tiered quality rating and improvement system. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-4: Use of Quality Funds - Improving the supply and quality of child care services for infants and toddlers. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-5: Use of Quality Funds - Establishing or expanding a statewide system of CCR&R services. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-6: Use of Quality Funds - Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-7: Use of Quality Funds - Evaluating and assessing the quality and effectiveness of child care services within the state/territory. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-8: Use of Quality Funds - Supporting accreditation. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-9: Use of Quality Funds - Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. ACF-118 Data Submission Center.
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 7.2.1 and 7.2.1-10: Use of Quality Funds - Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. ACF-118 Data Submission Center.

Outreach to Families with Limited English Proficiency

Application in other languages (application document, brochures, provider notices)	Yes
Informational materials in non-English languages	Yes
Website in non-English languages	Yes
Lead Agency accepts applications at local community-based locations	Not available
Bilingual caseworkers or translators available	Yes
Bilingual outreach workers	Yes
Partnerships with community-based organizations	Yes
Other	Yes

Describe Other	Described Below
<p>The OEC has multi-year contract with the O'Donnell Company to increase awareness of the why quality childcare is important and what services are available to families. This campaign will ensure consistent messaging through a set of communication that are easily access by families. Through this contract a list of community partners, non-profits who work with families and key influencers for example local community action groups and churches are given print friendly and attractive materials for distribution in five languages. These materials include information regarding the importance of quality childcare, what to look for in quality childcare and the important role families play in their child's life. Outreach to targeted groups including English as a second language, homeless, deep poverty and families with new infants. Strategies include press outreach, Google ads, Facebook, community newspapers in English and Spanish, billboard and bus cards and shelter ads in major cities.</p>	

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 2.1.1-1 and 2.1.1-2: Outreach to Families with Limited English Proficiency - Strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. ACF-118 Data Submission Center.

Outreach to Families with a Person(s) with Disabilities

Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities	Yes
Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)	Not available
Caseworkers with specialized training/experience in working with individuals with disabilities	Yes
Ensuring accessibility of environments and activities for all children	Not available
Partnerships with state and local programs and associations focused on disability-related topics and issues	Yes
Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers	Yes
Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies	Yes
Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children	Yes
Other	Yes
Describe Other	Described Below
<p>IDEA Part C is a program of the lead agency and works collaboratively with the CCDF Administrator; together these partners will expand the Help Me Grow program to enhance technology so early screening and support activities are more accessible to families, pediatricians, and providers. Families and providers will be able to track children's development through a new mobile application, Sparkler, and alerts are sent to the child's pediatrician as well as childcare providers. Furthermore, information is given to families who have child with disabilities about their rights to access childcare. The OEC will offer training for childcare providers on how to use the ASQ screening tool along with families' use of Sparkler.</p>	

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 2.1.2-1 and 2.1.2-2: Outreach to Families with Limited English Proficiency - Strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. ACF-118 Data Submission Center.

<p>How the Lead Agency ensures that its website is consumer-friendly and easily accessible</p>	<p>The OEC contracts with the United Way of CT to implement its statewide CCR&R, 211 Child Care. The 2-1-1 Child Care website provides families with a wealth of information on childcare providers and the links to consumer education materials. The website can be easily navigated; uses titles and taglines effectively; contains content that is simple and concise; uses visuals that enhance the content; and is responsive on mobile devices. Via links to chat, call, or email childcare referral specialists are available on all search query results. Displayed data is updated daily and uses family friendly terminology. Data elements include Provider name, address, phone, geocache, capacity, ages served, hours of operation, fees, special needs experience, accreditations, geographic locations to local school districts, languages spoken and licensing statuses. Families can use advanced filters to narrow their search by type of care, hours of operation, weekend care, financial assistance, wheelchair accessibility, certification to administer medication, and special needs experience. Links to parent resources, resources for early care professionals, and publications and reports remain visible as a header on the search engine screen. Information is available on topics such as What Does Quality Look Like, Selecting a Provider, and Licensing. The Licensing page provides information on child care statues and regulations, the lead agency responsible for licensing child care programs, contact information of that lead agency, visits and inspections, background checks, how to find the complaint history of providers, and links to the licensing website that allows families to search for and view child care provider licensing data. Inspection and compliant reports are posted on the 211 website. Links to Parent Resources, Resources for Early Care Professionals, and Publications and Reports remain visible as a header on the search engine screen Displayed data is updated daily and uses family friendly terminology. Data elements include: Provider name, address, phone, geocache, capacity, ages served, hours of operation, fees, special needs experience, accreditations, geographic locations to local school districts, languages spoken and licensing status.</p>
<p>How the website ensures the widest possible access to services for families that speak languages other than English</p>	<p>2-1-1 Child Care referral specialists are bilingual and correspond via phone, email and chat. For all other languages, translation services are available. Most of the consumer education materials are available in Spanish. The informational portions of the website feature a translation button prominent in the lower right corner of each page and offers translation in the eight most common languages used by consumers in Connecticut.</p>
<p>How the website ensures the widest possible access to services for persons with disabilities</p>	<p>All webpages are laid out in a clean and simple format whenever feasible. Although those with some disabilities will not utilize the entire capability of the website, core information is always present on the page in a text readable format. There is minimal use of tables to ensure that screen readers will be able to read pages in the correct order. All buttons and content are rendered as text to ensure that the content is readable and easy to translate. All text is also designed to be scalable within the browser. All pages are also designed to be responsive, to be fully rendered on any device from desktop computers to cell phones at any zoom level. The website uses color pairings, background colors, and font size to optimize visual accessibility.</p>

Source(s): U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (2019). Report 2.3.1, 2.3.1, and 2.3.3: Consumer Education Website. ACF-118 Data Submission Center.

FOOTNOTES

Source Footnotes:

- Demographics - Total Population 12 and Under
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