ENROLLED ORIGINAL

AN ACT

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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To establish a Healthy Steps Pediatric Primary Care Demonstration Program to be administered by the Department of Health to implement an interdisciplinary pediatric primary care program that uses a child development professional to assist families during well-child visits by providing guidance and information to promote healthy early childhood development and lactation support services, to establish a Help Me Grow Program to be administered by the Department of Health to serve as a comprehensive resource and referral system for child development and family support services, to require the Department of Health to conduct a comprehensive assessment of home visiting in the District, to establish a Home Visiting Program to be administered by the Department of Health to support the provision of home visiting services and home visit system activities, to require the Department of Health to issue grants to a nonprofit organization to enable the organization to provide services to homeless families with an infant or toddler residing in the DC General Family Shelter or DC General Family Shelter replacement units, and immigrant families, to establish a Lactation Certification Preparatory Program to be administered by the Department of Health in coordination with an institution of higher education and an existing provider of a lactation consultant preparatory course to provide instruction, assistance, and mentorship to individuals undertaking a career in lactation consulting, to require the Department of Health, in consultation with the Office of the State Superintendent of Education and the Fire and Emergency Medical Services Department, to establish a community resource inventory program, and to require the Department of Health to expand the number of child development centers providing child and family-centered behavioral health care services to families with infants and toddlers or develop and implement another evidence-based program to provide those services in child development centers; to amend the Day Care Policy Act of 1979 to require the Office of the State Superintendent of Education to develop a competitive compensation scale for lead teachers and teaching assistants, and to expand income eligibility for District-subsidized child care services; and to amend the Pre-K Enhancement and Expansion Amendment Act of 2008 to require the Director of the Department of Consumer and Regulatory Affairs and the State Superintendent of Education to each designate at least one employee to serve as an Early Childhood Development Facility Coordinator, and to require the University of the District of Columbia to partner with

community-based child development centers to offer classes in the University of the District of Columbia's Early Childhood Infant and Toddler degree program.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Birth-to-Three for All DC Amendment Act of 2018".

TITLE I. HEALTHY EARLY CHILDHOOD DEVELOPMENT

Sec. 101. Definitions.

For the purposes of this act, the term:

(1) "Adverse childhood experiences" means stressful or traumatic experiences experienced by infants and toddlers, including housing instability, childhood abuse, family instability, substance abuse, mental illness, and family criminal involvements.

(2) "CFSA" means the Child and Family Services Agency.

(3) "Child development center" shall have the same meaning as provided in section 2(2) of the Day Care Policy Act of 1979, effective September 19, 1979 (D.C. Law 3-16; D.C. Official Code § 4-401(2)).

(4) "Community-based social services" means services that address the social determinants of health and contribute to the well-being of families, communities, and populations.

(5) "Community health worker" means an individual who provides community navigation services.

(6) "Community navigation services" means the provision of assistance to individuals seeking to access health care services in the home and community by identifying and reducing barriers to obtaining health care services.

(7) "Community resource inventory" means a software platform accessible by health professionals and community-based social services providers, that consists of a web-based tool capable of screening individuals for trauma, developmental health, behavioral health, and social determinants of health needs.

(8) "DBH" means the Department of Behavioral Health.

(9) "DHCF" means the Department of Health Care Finance.

(10) "DHS" means the Department of Human Services.

(11) "DMHHS" means the Office of the Deputy Mayor for Health and Human Services.

(12) "DOH" means the Department of Health.

(13) "Early Head Start Home Visiting" or "Early Head Start" means a program established pursuant to section 645a of the Head Start Act Amendments of 1994, approved May 18, 1994 (42 U.S.C. § 9840a).

(14) "Healthy Futures Program" or "Healthy Futures" means the program administered by DBH that uses health professionals to provide child and family-centered behavioral health care services to families with infants and toddlers.

(15) "Healthy Steps" means a nationally recognized evidence-based approach to family-centered supports consisting of an interdisciplinary pediatric primary care program that uses a child development professional to assist families during well-child visits by providing guidance and information to promote healthy early childhood development.

(16) "Health professional" shall have the same meaning as provided in section 101(8) of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01(8)).

(17) "Home visiting" means a program that:

(A) Supports expectant parents, parents, or legal guardians with infants, toddlers, and children between 3 and 5 years of age, primarily in the home; and

(B) Provides access to health, social, and educational services through weekly or monthly home visits to promote positive child health and development outcomes, including healthy home environments, healthy birth outcomes, and a reduction in adverse childhood experiences.

(18) "Home Visiting Council" means the District of Columbia Home Visiting Council, an entity that includes representatives of District agencies, child advocacy organizations, home visiting providers, early childhood programs, and other stakeholders, that supports the sustainability of home visiting and promotes positive childhood health and development outcomes.

(19) "Home visitor" means a trained individual who, through a home visiting program, provides home visiting services, primarily in families' homes.

(20) "Home visit system" means activities designed to support and improve the quality and sustainability of home visiting programs, including:

(A) Home visiting quality and utilization;

(B) Data collection to measure the effectiveness of home visiting;

(C) Workforce and professional development services;

(D) Technical assistance; and

(E) Development and implementation of home visiting best practices.

(21) "Infant" means an individual younger than 12 months of age.

(22) "Interagency Coordinating Council" means the entity established pursuant to section 503(b) of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; D.C. Official Code § 7-863.03(b)).

(23) "International Board-Certified Lactation Consultant" means a health professional who provides lactation support services and possesses a current certification as a lactation consultant from the International Board of Lactation Consultant Examiners.

(24) "Lactation support services" means evidence-based services, including counseling or consulting services, provided on an out-patient basis by hospitals and birth centers to promote healthy breastfeeding.

(25) "Medicaid" means the medical assistance programs authorized by title XIX of the Social Security Act, approved July 30, 1965 (79 Stat. 343; 42 U.S.C. § 1396 *et seq.*), and

by section 1 of An Act To enable the District of Columbia to receive Federal financial assistance under title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02), and administered by DHCF.

(26) "OSSE" means the Office of the State Superintendent for Education.

(27) "Patient-Centered Medical Home National Committee for Quality Assurance recognition" means the certification provided by the National Committee for Quality Assurance to acknowledge health professionals that implement the latest clinical procedures to ensure the delivery of quality comprehensive health care services.

(28) "Primary care provider" means a health professional who provides health care services, addresses a majority of personal health care needs, maintains a sustained partnership with patients, and practices in the context of family and community.

(29) "Quality Improvement Network Interagency Steering Committee" means the entity established to coordinate the provision of resources and comprehensive services to infants and toddlers in Quality Improvement Network programs.

(30) "SECDCC" means the State Early Childhood Development Coordinating Council established pursuant to section 107(a) of the Pre-k Acceleration and Clarification Amendment Act of 2010, effective March 8, 2011 (D.C. Law 18-285; D.C. Official Code § 38–271.07(a)).

(31) "Social determinants of health" means the conditions in the environment in which people are born, live, work, and age that have a significant impact on health outcomes, including socioeconomic status, education, physical environment, employment, social support networks, and access to health care services.

(32) "Strong Start DC Early Intervention Program" or "Strong Start" means a District-wide, comprehensive, coordinated, multidisciplinary system that provides early intervention therapeutic and other services for infants and toddlers with disabilities and developmental delays and their families, as required pursuant to Part C of the Individuals with Disabilities Education Act, approved April 13, 1970 (84 Stat. 175; 20 U.S.C. § 1431).

(33) "Toddler" means an individual older than 12 months but younger than 36 months of age.

Sec. 102. Healthy Steps Pediatric Primary Care Demonstration Program.

(a) DOH shall establish and administer a Healthy Steps Pediatric Primary Care Demonstration Program ("Program"), in accordance with this section, for the purpose of providing grants to primary care providers to administer:

(1) Healthy Steps; and

(2) Co-located lactation support services within the facilities of primary care providers selected to participate in the Program.

(b) Primary care providers located in Wards 5, 7, or 8 that serve a population of 50% Medicaid-eligible families shall be eligible to participate in the Program.

(c) An eligible primary care provider seeking to participate in the Program shall submit an application to DOH that includes a detailed description of the applicant's:

(1) Current pediatric population, including the following demographic characteristics of patients:

(A) Race;

(B) Ethnicity;

(C) Income level of parents;

(D) Primary language spoken; and

(E) Location by ward;

(2) Approach to health promotion, screening, prevention, and wellness for families with infants and toddlers;

(3) Engagement with other health professionals, including referral relationships with community-based social service providers and home visiting programs;

(4) Plan to integrate a child development specialist and a community health worker into the applicant's practice to engage with families with infants and toddlers;

(5) Plan to refer, coordinate care, and share data with home visiting programs and early learning providers, including Early Head Start, the Quality Improvement Network, and Strong Start;

(6) Plan to coordinate with family support services to address social determinants of health;

(7) Plan to engage an entity with expertise in implementing Healthy Steps for initial and ongoing training of pediatric primary care staff;

(8) Plan to provide services to promote healthy early childhood development and address parenting challenges;

(9) Plan to offer lactation support services, including consultative services and individual and group education classes;

(10) Staffing plan for lactation support services;

(11) Plan to coordinate care and referrals to co-located lactation support services;

(12) Current follow through rate of patient behavioral health referrals;

(13) Plan to improve the health literacy of patients;

(14) Plan to screen infants and toddlers for adverse childhood experiences and incorporate findings into the practice; and

(15) Other information as may be required by DOH.

(d) Subject to appropriations, DOH shall provide funding to participating primary care providers to:

(1) Implement Healthy Steps;

(2) Obtain and maintain Patient-Centered Medical Home National Committee for Quality Assurance recognition ;

(3) Obtain the services of community health workers to provide community navigation services;

(4) Screen patients and their families for adverse childhood experiences, developmental health, behavioral health, and social determinants of health needs that affect health and behavioral health outcomes, including poverty, food insecurity, housing instability, and domestic and community violence;

(5) Provide families with community navigation services to address the findings of the screening process conducted pursuant to paragraph (4) of this subsection;

(6) Support the data collection and reporting required pursuant to section 103(a) of this section; and

(7) Support organizational training, evaluation, and delivery of services.

(e) DOH shall coordinate with other District agencies and primary care providers selected to participate in the Program to identify and provide effective incentives to families to encourage the use of lactation support services and community-based social services.

(f) DOH shall determine the feasibility of co-locating clinics participating in the Special Supplemental Nutrition Program for Women, Infants, and Children, as established by section 17 of the Child Nutrition Act of 1966, approved September 26, 1972 (86 Stat. 729; 42 U.S.C. § 1786), with primary care providers selected to participate in the Program.

(g) Subject to appropriations, local funding provided to the Program shall be:

(1) A grant of $300,000 each fiscal year for one primary care provider selected to participate in the Program and an evaluation by the external evaluation contractor selected pursuant to section 103; provided, that no more than 20% of the grant shall be allocated for an external evaluation conducted pursuant to section 103;

(2) In Fiscal Year 2020, an amount for at least one additional primary care clinic selected to participate in the Program; provided, that no more than 20% of the grant shall be allocated for an external evaluation conducted pursuant to section 103;

(3) In Fiscal Year 2021, an amount for at least one additional primary care clinic selected to participate in the Program; provided, that no more than 20% of the grant shall be allocated for an external evaluation conducted pursuant to section 103;

(4) In Fiscal Year 2022, an amount for at least one additional primary care clinic selected to participate in the Program; provided, that no more than 20% of the grant shall be allocated for an external evaluation conducted pursuant to section 103; and

(5) In Fiscal Year 2023, an amount for at least one additional primary care clinic selected to participate in the Program; provided, that no more than 20% of the grant shall be allocated for an external evaluation conducted pursuant to section 103.

Sec. 103. External evaluation contractor.

(a) By December 1, 2018, DOH shall select an external evaluation contractor to conduct a community-based evaluation of the effectiveness of the Program.

(b) Beginning January 1, 2020, and annually thereafter, primary care providers selected to participate in the Healthy Steps Pediatric Primary Care Demonstration Program ("Program") established pursuant to section 102 shall report to an external evaluation contractor, selected by

the grantee, and approved by DOH:

(1) A schedule of well-infant visits;

(2) The percentage of infants and toddlers who are up-to-date on their immunizations;

(3) The percentage of infants and toddlers who are up-to-date on their lead screenings, pursuant to section 2003(b) of the Childhood Lead Poisoning Screening and Reporting Act of 2002, effective October 1, 2002 (D.C. Law 14-190; D.C. Official Code § 7-871.03(b));

(4) The number of infants and toddlers placed in a home visiting program;

(5) The number of infants and toddlers that were not placed in a home visiting program due to a lack of available slots;

(6) The number of referrals of patients to Strong Start, developmental health, behavioral health, and community-based social services providers;

(7) The number of patients screened for behavioral health and social service needs;

(8) The number of patients referred to lactation support services;

(9) The number of breastfeeding patients served;

(10) Breastfeeding initiation and duration rates; and

(11) Other qualitative outcome and performance mechanisms chosen by primary care providers selected to participate in the Program to measure healthy early childhood development.

(c) Beginning January 1, 2020, and annually thereafter, DOH, in coordination with primary care providers selected to participate in the Program and an external evaluation contractor selected pursuant to subsection (a) of this section, shall submit a report to the Mayor, Council, Quality Improvement Network Interagency Steering Committee, Interagency Coordinating Council, and OSSE evaluating the information submitted pursuant to subsection (b) of this section.

Sec. 104. Help Me Grow.

(a) Beginning October 1, 2019, there is established a Help Me Grow Program ("Help Me Grow"), which shall be administered by DOH in accordance with this section. The purpose of Help Me Grow shall be to serve as a comprehensive resource and referral system for child development and family support services by providing:

(1) A direct toll-free phone number for families with infants and toddlers, and health professionals, that offers oral language services in accordance with the requirements of the Language Access Act of 2004, effective June 19, 2004 (D.C. Law 15-167; D.C. Official Code § 2-1931 *et seq.*), including oral language services in English, Spanish, Vietnamese, Chinese, Amharic, and French;

(2) A current directory of public and private programs and services available to support families with infants and toddlers, including all programs administered by DOH, CFSA,

DBH, OSSE, DHCF, and DHS;

(3) A process that assesses the health care needs of families with infants, toddlers, and children between 3 and 5 years of age, identifies gaps in the provision of community navigation services to such individuals, and measures the effectiveness of the home visiting referral and enrollment process;

(4) A centralized screening and referral mechanism, developed in collaboration with the Home Visiting Council, to facilitate the provision of home visiting services to families with infants and toddlers;

(5) Linguistically appropriate outreach and materials to enhance the knowledge of families with infants and toddlers of available child development services; and

(6) Training for health professionals to promote knowledge of screening for child developmental disorders and of Help Me Grow.

(b) DOH shall coordinate with DMHHS, DHCF, and OSSE to establish a data system to store and share health data pertaining to the screening of infants, toddlers, and children between 3 and 5 years of age for early childhood developmental health issues.

(c) By January 1, 2021, DOH, in collaboration with DHCF, shall develop and implement a plan to track data pertaining to the early childhood development of infants and toddlers by providing a unique child identifier for each live birth which occurs in the District.

(d) Beginning January 1, 2020, and semiannually thereafter, DOH shall submit a report to the Mayor, Council, Interagency Coordinating Council, SECDCC, and the Quality Improvement Network Interagency Steering Committee regarding the implementation of Help Me Grow.

Sec. 105. Home Visiting Program.

(a) There is established a Home Visiting Program ("Program"), which shall be administered by DOH in accordance with this section.

(b) Subject to appropriations, the Program shall be funded from the following sources:

(1) In Fiscal Year 2019, an amount of $710,566 in local funds;

(2) In Fiscal Year 2020, an amount of $2 million in local funds;

(3) Federal grants; and

(4) Private donations.

(c) The funds in the Program shall be used to support the provision of home visiting services and home visit system activities.

Sec. 106. Home visiting reports.

(a) By April 30, 2019, and every 5 years thereafter, DOH, in coordination with other District agencies as necessary, shall conduct a comprehensive needs assessment of home visiting in the District. This assessment shall include:

(1) A neighborhood-level analysis of the number and location of families who would most benefit from home visiting;

(2) A determination of the capacity of existing home visiting programs to meet

the need for home visiting services; and

(3) An assessment of the capacity of District agencies to support the implementation of additional home visiting services.

(b)(1) By January 1, 2019, and annually thereafter, DOH, in coordination with other District agencies as necessary, the Home Visiting Council, and home visiting programs, shall publish a report regarding the funding, scope, placement rate, success rate, and other similar statistics of home visiting services in the District.

(2) Beginning January 1, 2020, the report shall also include any progress toward the provision of home visiting services to families identified pursuant to subsection (a)(1) of this section.

(c) By December 31, 2019, DOH, in coordination with other District agencies as necessary, the Home Visiting Council, and home visiting programs, shall conduct and publish a study of home visitors. This study shall include an analysis of qualitative and quantitative data pertaining to home visitors, including the:

(1) Number of home visitors;

(2) Workload, retention rate, and attrition rate of home visitors;

(3) Impact of home visitor attrition on families and home visiting programs;

(4) Factors contributing to the retention and attrition of home visitors; and

(5) Challenges to hiring and educating home visitors.

Sec. 107. Early Head Start.

(a) Beginning October 1, 2019, and annually thereafter, OSSE shall award a grant or contract to a single nonprofit organization to enable the organization to provide Early Head Start to homeless families with an infant or toddler residing in the DC General Family Shelter or DC General Family Shelter replacement units. The grantee or contractor shall:

(1) Be a licensed child development facility that has an existing contract with OSSE to provide subsidized child care services pursuant to the Day Care Policy Act of 1979, effective September 19, 1979 (D.C. Law 3-16; D.C. Official Code § 4-401 *et seq.*);

(2) Demonstrate quality by maintaining a rating in the top 2 tiers of the District's current quality rating system;

(3) Demonstrate an understanding of best practices in providing services to homeless families;

(4) Possess the ability to implement programs that promote healthy prenatal outcomes for pregnant women, enhance the development of infants and toddlers, and promote healthy family functioning; and

(5) Agree to undergo an annual audit by DOH on its financial health and use of the award.

(b) Beginning October 1, 2019, and annually thereafter, DOH shall award a grant or contract to at least one nonprofit organization to enable the organization to provide Early Head Start to immigrant families. The grantee or contractor shall:

(1) Demonstrate an understanding of best practices in providing services to immigrant families;

(2) Possess the ability to implement programs that promote healthy prenatal outcomes for pregnant women, enhance the development of infants and toddlers, and promote healthy family functioning; and

(3) Agree to undergo an annual audit by DOH on its financial health and use of the award.

Sec. 108. Lactation Certification Preparatory Program.

(a) Beginning October 1, 2019, there is established a Lactation Certification Preparatory Program ("LCPP"), which shall be administered by DOH in coordination with an institution of higher education, as that term is defined in section 201(3) of the Education of the Deaf Act of 1986, approved August 4, 1986 (100 Stat. 781; D.C. Official Code § 38-2402.01(3)), and an existing provider of a lactation consultant preparatory course.

(b) LCPP shall offer the following types of services:

(1) Instruction in the standards and procedures necessary to become an International Board-Certified Lactation Consultant;

(2) Assistance with obtaining any required clinical experience in lactation consulting; and

(3) Mentorship from International Board-Certified Lactation Consultants to assist in preparation for the International Board-Certified Lactation Consultant exam and a career in lactation consulting.

(c) DOH shall offer a subsidy to individuals participating in the LCPP to offset the cost of participation.

Sec. 109. Community Resource Inventory Program.

(a) Beginning October 1, 2018, there is established a Community Resource Inventory Program ("CRIP"), which shall be administered by DHCF, in consultation with OSSE, FEMS, community partners engaged in resource inventory development, and stakeholders identified by the 2018 State Medicaid Health IT Plan, to develop, design, and deploy a web-based, bi-directional community resource inventory that:

(1) Is accessible to health and social support organizations and District government agencies;

(2) Has the capacity to allow participating entities to communicate and track referrals;

(3) Includes all District-operated and District-funded programs;

(4) Operates in a publicly accessible, non-proprietary, machine-readable, and interoperable data format;

(5) Screens residents for behavioral health, developmental health, and social determinants of health needs;

(6) Shares screening results with the database established pursuant to section 104(b); and

(7) Refers residents to appropriate federal, District, and community resources to address their health care needs, including to primary care providers participating in the Healthy Steps Pediatric Primary Care Demonstration Program established pursuant to section 102.

(b) DHCF shall designate a point of contact for the CRIP to coordinate with other District agencies and community partners to leverage existing data assets and establish interoperability with existing information systems.

(c) Within 180 days after the effective date of the Birth-to-Three for All DC Amendment Act of 2018, passed on second reading on June 26, 2018 (Enrolled version of Bill 22-203), DHCF shall submit a report to the Mayor and the Council that describes the implementation of the CRIP and its plan to leverage existing resource data assets and establish interoperability between the community resource inventory and existing information systems.

(d) Beginning in Fiscal Year 2020, DHCF shall develop an online resource inventory and license fee and shall design, implement, and support this screening tool.

Sec. 110. Healthy Futures.

(a) Beginning October 1, 2019, and annually thereafter until Fiscal Year 2023, DBH shall expand the number of child development centers participating in either Healthy Futures or another evidence-based program that provides behavioral health care services by 75 child care development centers each year.

(b) By August 1, 2019, DBH shall submit a plan to the Mayor, Council, Interagency Coordinating Council, SECDCC, and the Quality Improvement Network Interagency Steering Committee to expand Healthy Futures or another evidence-based program that provides behavioral health care services to support the mental health of infants, toddlers, and their families.

TITLE II. CHILD CARE

Sec. 201. The Day Care Policy Act of 1979, effective September 19, 1979 (D.C. Law 3-16; D.C. Official Code § 4-401 *et seq.*), is amended as follows:

(a) Section 2 (D.C. Official Code § 4-401) is amended as follows:

(1) Paragraph (1) is amended to read as follows:

"(1) The term "child" means an individual between 3 and 15 years of age.".

(2) New paragraphs (3B), (3C), and (3D) are added to read as follows:

"(3B) "The term "concentrated poverty" means an area in which 40% or more of a census tract population lives below the federal poverty level, as updated periodically in the Federal Register by the United States Department of Health and Human Services pursuant to section 673(2) of the Community Services Block Grant Act, approved October 27, 1998 (112 Stat. 2729; 42 U.S.C. § 9902(2)).

"(3C) The term "cost modeling analysis" means the methodology for determining the likely cost of delivering services and reimbursement rates to achieve financial solvency at each level of the District's current Quality Rating and Improvement system.

"(3D) The term "cost of care" means the daily per-child dollar amount necessary for a child development facility to deliver services to maintain financial solvency at each level of the District's current Quality Rating and Improvement system.".

(3) A new paragraph (4A) is added to read as follows:

"(4A) "The term "infant" means an individual younger than 12 months of age.".

(4) Paragraph (5A) is redesignated as paragraph (5C).

(5) New paragraphs (5A) and (5B) are added to read as follows:

"(5A) The term "parity" means compensation for an individual that includes compensation equivalent to the average base salary and fringe benefits of an elementary school teacher employed by District of Columbia Public Schools with the equivalent role, credentials, and experience.

"(5B) The term "Quality Rating Improvement System" or "QRIS" means the method utilized by the Office of the State Superintendent of Education to assess the level of quality of child care provided by a child development facility.".

(6) New paragraphs (7) and (8) are added to read as follows:

"(7) The term "toddler" means an individual between 12 months of age and 36 months of age.

"(8) The term "vulnerable child" means:

"(A) A child with documented special needs;

"(B) A child experiencing homelessness;

"(C) A child in foster care;

"(D) A child receiving or needing to receive protective services;

"(E) A child of a parent with disabilities, either medical, psychological, or psychiatric in nature, that prevents them from performing a substantial amount of work; or

"(F) A child of a parent receiving vocational rehabilitation services.".

(b) Section 10(a) (D.C. Official Code § 4-409(a)) is amended by striking the phrase "The Department shall" and inserting the phrase "Except as provided in section 11b, the Department shall" in its place.

(c) Section 11(a) (D.C. Official Code § 4-410(a)) is amended by striking the phrase "Payments to child development homes" and inserting the phrase "Except as provided in section 11b, payments to child development homes" in its place.

(d) New sections 11a, 11b, and 11c are added to read as follows:

"Sec. 11a. Studies of child development facilities for infants and toddlers.

"(a) Beginning in Fiscal Year 2019, OSSE shall make public its payment rates for child development facilities by August 1 of each calendar year for the fiscal year immediately following.

"(b)(1) By December 1, 2018, OSSE shall develop a competitive lead teacher and teacher

assistant compensation scale ("salary scale") for child development facilities that achieves parity.

"(2) The salary scale developed by OSSE shall be accompanied by a schedule that incorporates a cost modeling analysis to establish a rate of reimbursement for lead teacher and teacher assistant compensation at child development facilities that achieves parity by October 1, 2022.

"(c) By February 1, 2019, and by February 1, 2024, and on a triennial basis thereafter, OSSE shall submit a report to the Council that includes:

"(1) The findings from the cost modeling analysis, updated to include the current salary scale;

"(2) A description of the methodology used to determine the cost of care, including the salary scale and an analysis of child development facilities that assesses:

"(A) Quality rating under the Quality Rating and Improvement System;

"(B) Type of facility and facility licensed capacity;

"(C) Number and age of children and number of classrooms per age group;

"(D) Proportion and reimbursement rate of children served who participate in the child care subsidy program;

"(E) Proportion of children served who are eligible for Early Head Start;

"(F) Proportion of children served who have special needs;

"(G) Staffing costs associated with applying the salary scale, including benefits, at different stages of the phasing in process, pursuant to section 11c;

"(H) Whether the program is staffed to provide specialized professional services for children with special needs;

"(I) Whether the facility participates in a shared service alliance, including the Quality Improvement Network; and

"(J) Whether the program is located in, or is adjacent to, an area of concentrated poverty; and

"(3) A proposal for daily reimbursement rates for child development facilities and the total anticipated cost of payments to child development facilities for the upcoming school year.

"Sec. 11b. Payments to child development facilities for infants and toddlers.

"(a) OSSE shall establish payment rates for child development facilities providing care for infants and toddlers. The rate of payment shall be sufficient to provide a child development center and child development home with funding to operate based on a cost modeling analysis that incorporates costs incurred as a result of implementing the salary scale and schedule developed by OSSE pursuant to section 11a(b). Subject to appropriations, the cost of care and teacher salary scale shall be increased as follows:

"(1) By October 1, 2019, at least 20% of the projected fiscal impact of the full cost of care and teacher salary scale;

"(2) By October 1, 2020, at least 50% of the projected fiscal impact of the full cost of care and teacher salary scale;

"(3) By October 1, 2021, at least 75% of the projected fiscal impact of the full cost of care and teacher salary scale;

"(4) By October 1, 2022 and annually thereafter, OSSE shall reimburse providers at the cost of care as determined by its most recent cost modeling analysis; and

"(5) By October 1, 2024, and on a triennial basis thereafter, OSSE shall revise the payment rates based on the updated cost of care and teacher salary scale developed pursuant to section 11a(b).

"(b) Child development facilities receiving payments under this act shall, at a minimum, compensate teaching assistants and lead teachers according to the salary scale and implementation schedule developed pursuant to section 11a(b).

"Sec. 11c. Subsidized child care services.

"(a)(1) Except as provided in paragraph (2) of this subsection, a child's eligibility to receive subsidized child care shall be determined by OSSE.

"(2) OSSE may delegate the function of determining a child's eligibility to receive subsidized child care to:

"(A) A licensed child development facility if:

"(i) The facility has requested to perform this function; and

"(ii) OSSE has determined that the facility has exhibited a reasonable capacity to perform this function;

"(B) An approved shared services business alliance;

"(C) Other District agencies; or

"(D) A third-party with the ability to conduct determinations effectively.

"(b) To be eligible for subsidized child care, a child shall, at the time of either eligibility determination or redetermination:

"(1)(A) As of October 1, 2018, reside in the District with a parent or parents whose gross annual family income does not exceed 250% of the federal poverty level or 85% of the District's state median income based on family size, whichever is lower;

"(B) As of October 1, 2024, reside in the District with a parent or parents whose gross annual family income does not exceed 300% of the federal poverty level;

"(C) As of October 1, 2025, reside in the District with a parent or parents whose gross annual family income does not exceed 350% of the federal poverty level;

"(D) As of October 1, 2026, reside in the District with a parent or parents whose gross annual family income does not exceed 400% of the federal poverty level; and

"(E) As of October 1, 2027, all children in the District shall be eligible for subsidized child care regardless of income; and

"(2)(A) Reside with a parent or parents engaged in a qualifying activity; or

"(B) Be a vulnerable child.

"(c) The District may limit subsidized child care based on available resources or funding.

"(d) If a waitlist for subsidized child care is implemented because there are more applicants for subsidized child care than available funds, OSSE shall give priority for subsidized child care to:

"(1) Children of families with very low family incomes;

"(2) Children with families whose assets do not exceed $1 million; and

"(3) Vulnerable children.

"(e) If a child is determined as eligible to receive subsidized child care pursuant to this section, the child shall remain eligible for subsidized child care for the following 12 months regardless of:

"(1) A change in gross annual family income of the parent or parents of the child; provided, that the new gross annual family income does not exceed the maximum allowable federal poverty level by greater than 50% of the federal poverty level;

"(2) A temporary change in the status of the parent or parents of the child;

"(3) Whether the child reaches 13 years of age, or, if the child has documented special needs, reaches 19 years of age; or

"(4) A change in residency within the District.

"(f) After receiving a determination that a child is eligible to receive subsidized child care, the child may be redetermined as eligible to receive subsidized child care even if the gross annual family income of the child's parent or parents exceeds the level set forth in subsection (b) of this section, if the gross annual family income does not exceed the maximum federal poverty level by more than 50%, at the time of redetermination; provided, that the child is otherwise eligible to receive subsidized child care.

"(g) Nothing in this section shall be construed to create a private right of action or entitlement to subsidized child care.

"(h)(1) Beginning October 1, 2023, a family with an income greater than 100% of the federal poverty guidelines for a family receiving subsidized child care from a child development facility pursuant to section 11b shall be required to pay a co-payment as follows:

A family with a gross household income of this % of the federal poverty guideline for that family size	**Shall Pay a Maximum of this % of Gross Income for Co-Payment**
0-100%	0%
More than 100% – 133%	1%
More than 133% – 167%	2%
More than 167% – 200%	3%
More than 200% – 233%	4%

More than 233% – 250%	5%

"(2) Beginning October 1, 2024, a family with an income greater than 100% of the federal poverty guidelines for a family receiving subsidized child care from a child development facility pursuant to section 11b shall be required to pay a co-payment as outlined in follows:

A family with a gross household income of this % of the federal poverty guideline for that family size	Shall Pay a Maximum of this % of Gross Income for Co-Payment
0-100%	0%
More than 100% – 133%	1%
More than 133% – 167%	2%
More than 167% – 200%	3%
More than 200% – 233%	4%
More than 233% – 267%	5%
More than 267% – 300%	6%

"(3) Beginning October 1, 2025, a family with an income greater than 100% of the federal poverty guidelines for a family receiving subsidized child care from a child development facility pursuant to section 11b shall be required to pay a co-payment as follows:

A family with a gross household income of this % of the federal poverty guideline for that family size	Shall Pay a Maximum of this % of Gross Income for Co-Payment
0-100%	0%
More than 100% – 133%	1%
More than 133% – 167%	2%
More than 167% – 200%	3%
More than 200% – 233%	4%
More than 233% – 267%	5%

More than 267% – 300%	6%
More than 300% – 333%	7%
More than 333% – 350%	8%

"(4) Beginning October 1, 2026, a family with an income greater than 100% of the federal poverty guidelines for a family receiving subsidized child care from a child development facility pursuant to section 11b shall be required to pay a co-payment as follows:

A family with a gross household income of this % of the federal poverty guideline for that family size	Shall Pay a Maximum of this % of Gross Income for Co-Payment
0-100%	0%
More than 100% – 133%	1%
More than 133% – 167%	2%
More than 167% – 200%	3%
More than 200% – 233%	4%
More than 233% – 267%	5%
More than 267% – 300%	6%
More than 300% – 333%	7%
More than 333% – 367%	8%
More than 367% – 400%	9%

"(5) Beginning October 1, 2027, a family with an income greater than 100% of the federal poverty guidelines for a family receiving subsidized child care from a child development facility pursuant to section 11b shall be required to pay a co-payment as follows:

A family with a gross household income of this % of the federal poverty guideline for that family size	Shall Pay a Maximum of this % of Gross Income for Co-Payment
0-100%	0%

More than 100% – 133%	1%
More than 133% – 167%	2%
More than 167% – 200%	3%
More than 200% – 233%	4%
More than 233% – 267%	5%
More than 267% – 300%	6%
More than 300% – 333%	7%
More than 333% – 367%	8%
More than 367% – 400%	9%
More than 400%	10%

(e) A new sections 15b is added to read as follows:

"Sec. 15b. Expansion of the Quality Improvement Network.

"(a) OSSE shall lead an initiative to ensure the availability of infant and toddler child care that meets Early Head Start program performance standards in Wards 7 and 8 and dual language learners living in communities with concentrated poverty by 2023 and for all eligible infants and toddlers living in concentrated poverty citywide by 2025.

"(b) By January 1, 2019, and on an annual basis thereafter, OSSE shall submit a report to the Council:

"(1) Identifying all child development facilities serving either 50% or more Early Head Start eligible children in Wards 7 and 8, or 25% or more dual language learners;

"(2) Analyzing the capacity of child development facilities to provide services at the highest QRIS level, meet Early Head Start program performance standards, and ensure culturally and linguistically competent care for all children, including children with developmental delays and disabilities;

"(3) Determining whether the Quality Improvement Network has sufficient resources to build capacity in all child development facilities to provide services at the highest QRIS level, meet Early Head Start program performance standards, and ensure culturally and linguistically competent care for all children, including children with developmental delays and disabilities; and

"(4) Identifying additional resources necessary to ensure that child development facilities possess the resources necessary to provide the services identified in paragraph (3) of this subsection.

"(c) For the purposes of this section, the term:

"(1) "Dual language learner" means an infant, toddler, or child between the ages of 3 to 5 years learning to speak 2 languages simultaneously or sequentially.

"(2) "Early Head Start" means a program established pursuant to section 645a of

the Head Start Act Amendments of 1994, approved May 18, 1994 (42 U.S.C. § 9840a).".

Sec. 202. The Pre-K Enhancement and Expansion Amendment Act of 2008, effective July 18, 2008 (D.C. Law 17-202; D.C. Official Code § 38-271.01 *et seq.*), is amended as follows:

(a) Section 101 (D.C. Official Code § 38-271.01) is amended as follows:

(1) Paragraphs (1) through (1C) are redesignated as paragraphs (1B) through (1E).

(2) Paragraph (1D) is redesignated as paragraph (1H)

(3) New paragraphs (1) and (1A) are added to read as follows:

"(1) "Child development center" shall have the same meaning as provided in section 2(2) of the Day Care Policy Act of 1979, effective September 19, 1979 (D.C. Law 3-16; D.C. Official Code § 4-401(2)).

"(1A) "Child development facility" shall have the same meaning as provided in in section 2(3) of the Child Development Facilities Regulation Act of 1998, effective April 13, 1999 (D.C. Law 12-215; D.C. Official Code § 7-2031(3)).".

(4) New paragraphs (1F) and (1G) are added to read as follows:

"(1F) "DCRA" means the Department of Consumer and Regulatory Affairs.

"(1G) "Early childhood development provider" means a child development facility or CBO.".

(b) A new section 108 is added to read as follows:

"Sec. 108. Early Childhood Development Facility Coordinators.

"(a)(1) The Director of DCRA and the State Superintendent of Education shall designate at least one employee to serve as an Early Childhood Development Facility Coordinator ("Coordinator") within each respective agency.

"(2) DCRA and OSSE shall conspicuously post the designated Coordinator's name, direct telephone number, and e-mail address on the agency's respective websites.

"(b) The Coordinators shall:

"(1) Serve as their respective agency's primary contact for early childhood development provider licensing and license renewal and assist early childhood development provider applicants and current licensees in navigating the licensing process within their respective agency; and

"(2) Work with each other and their agencies to streamline the licensing and license renewal process for early childhood development provider applicants and licensees.

"(c) The OSSE Coordinator shall:

"(1) Operate as a liaison to government agencies responsible for approvals, certifications, and inspections necessary for licensure and license renewal on behalf of early childhood development provider applicants and licensees;

"(2) Provide guidance to early childhood development provider applicants and licensees on accessing grant and subsidy opportunities; and

"(3) Perform other duties the Mayor deems appropriate.

"(d) The DCRA Coordinator shall:

"(1) Assist early childhood development provider applicants and licensees with obtaining appropriate certificate of occupancy and building permits;

"(2) Streamline the facility inspection process to ensure inspections are conducted in a timely manner;

"(3) Provide regulatory and zoning guidance to early childhood development provider applicants and licensees; and

"(4) Perform other duties the Mayor deems appropriate.".

(c) Section 401 (D.C. Official Code § 38–274.01) is amended by adding a new subsection (f) to read as follows:

"(f)(1) The University of the District of Columbia ("University") shall select at least 3 community-based child development centers to partner with the University's Early Childhood Infant and Toddler degree program to provide on-site classes for early childhood professionals, with one site offering coursework in a language other than English, sufficient to meet the degree and credential requirements for an Associate's Degree.

"(2) The child development centers selected pursuant to paragraph (1) of this subsection and the University shall coordinate to determine and make available necessary supports for degree completion, including child care for program participants and additional academic, family and financial supports.".

TITLE III. APPLICABILITY; FISCAL IMPACT STATEMENT; EFFECTIVE DATE

Sec. 301. Applicability.

(a) Sections 102(g)(2), (3), (4), and (5), 104, 106(b)(2), 107, 108, 109(d), 110, 201(d), 201(e), and 202(b), shall apply upon the date of inclusion of their fiscal effect in an approved budget and financial plan.

(b) The Chief Financial Officer shall certify the date of the inclusion of the fiscal effect in an approved budget and financial plan and provide notice to the Budget Director of the Council of the certification.

(c)(1) The Budget Director shall cause the notice of the certification to be published in the District of Columbia Register.

(2) The date of publication of the notice of the certification shall not affect the applicability of this act.

Sec. 302. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 303. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

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Chairman
Council of the District of Columbia

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Mayor
District of Columbia