Background

The Child Care and Development Block Grant (CCDBG) requires that states develop consumer education information for Child Care and Development Fund (CCDF) parents, providers, and the general public on the following topics:

- The availability of child care assistance
- The quality of child care providers (if available)
- Research and best practices in child development
- State/territory policies related to the social-emotional, behavioral, or mental health of young children (e.g., policies about the use of PBIS or suspension/expulsion policies for early childhood programs)
- The following government-funded assistance programs:
  - Temporary Assistance for Needy Families (TANF)
  - Head Start and Early Head Start
  - Low-Income Home Energy Assistance Program (LIHEAP)
  - Supplemental Nutrition Assistance Program (SNAP)
  - Women, Infants, and Children (WIC) program
  - Child and Adult Care Food Program (CACFP)
  - Medicaid and State Children’s Health Insurance Program (SCHIP)
- Programs and services available under the Individuals with Disabilities Education Act (IDEA)

In a state and territory scan of state agency and select Child Care Resource and Referral (CCR&R) websites conducted in March and April of 2016, Child Care Aware® of America found that most states had implemented some, but not all, of the CCDBG consumer education website requirements. There is wide variation in how—and how well—states and CCR&Rs have presented consumer education information to families online.

For years, CCR&Rs have been at the forefront of connecting children and families to child care services, other community services, and programs that foster the growth and development of children. They have done so via face-to-face meetings, telephone hotlines, and the internet. Now CCR&Rs (and states) must either launch new, or enhance existing, websites to meet the requirements of CCDBG.

While there is movement at the federal level on developing the national childcare.gov website, we also know that states must continue to play an important role in providing consumers with information on federally funded programs that have state-specific eligibility requirements. For this reason, we support states in their efforts to meet CCDBG requirements by developing content that is localized and meaningful.
This document serves as a resource on best practices for developing effective web pages and web content that serve to connect consumers and providers to information. It also offers sample language that states and CCR&Rs can use as is or adapt for their websites.

Below, we offer recommendations on two essential components of effective consumer education websites: good page navigability and user-friendly language.

Recommendations for Page Navigability

To allow consumers to easily access information, page navigation should make it easy to:

1. **Find consumer education materials**
   These materials should not be hidden on the website. Instead, indicate on the home page how users can access resources; either link to them directly, or link to a page where a list of, and links to, resources specifically for families (or providers) are housed. Keep in mind that when a visitor arrives on the home page, it should take them no more than three clicks to get to the information they are seeking. Keeping links up to date can be a challenge. We also recommend quarterly link checks to ensure that webpages are still active.

   It is important to employ *basic web design principles* when developing a page:

   - There should be a good balance of white (empty) space, text, and images so that the reader is not overwhelmed.
   - Text size should be a minimum of 12 points. Headers should be larger (15 points) and distinguished from the main text by using bold font (preferred) or another font treatment. If there are headers and subheaders, the headers should be 18 points, the subheaders 15 points, and the text 12 points.
   - Do not center text. Centered text “floats” on a page. Instead, text should be left-aligned, ragged right.
   - Select a sans serif font as your default font. That distinguishes modern websites from traditional paper documents.
   - “Chunk” information on the page. Research shows that people come to web pages to grab information they want, and then move on. The way that text is presented on a web page can assist users. Three good practices to keep in mind:
     - Keep paragraphs short. This is important for all users, but especially for low-literacy readers. Higher-literacy readers generally scan web pages. Lower-literacy readers tend to reach each word on a page in order to find desired content; when is not easily identifiable, they may skip over information or give up completely. In either case, limiting blocks of text to one inch per

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paragraph, keeping sentences short, and using words that are not overly complex can help keep readers’ attention. A good source of information about web design for government sites is usability.gov.

- Use bulleted lists as appropriate to break up text (e.g., for a list of possible resources or links to resources/programs).
- Keep sentences short. Ten to 20 words and in the active voice; use “you” to address the users.

2. **Understand the resource/program**

   Effective consumer education websites should not only present a resource/program title but also provide enough information about it so the user can understand the basic elements of the resource/program. If you were to offer only a long list of resources or links, it might overwhelm a user. So might too much descriptive text. A concise description is best.

3. **Help users decide whether a resource/program meets their needs**

   Websites should present a concise overview of a program/resource’s advantages or benefits and eligibility requirements. Resources should be presented to users as possible solutions to a problem or need.

4. **Find more information**

   Pair every program/resource description with one or more links that users can follow to get more information. If a link directs a consumer to another program’s webpage, it should open in a new window or tab so that the consumer can access both websites at the same time.

5. **Provide targeted content to different audiences (e.g., providers and families)**

   Child Care Aware® of America understands that web page development requires time and money, and we do not recommend overhauling an entire webpage unless it is necessary to ensure compliance with CCDBG Consumer Education requirements. Whatever the current website structure, there are simple ways to target content to different audiences. For example, the information that *providers* need about programs/services may be different from what *parents* need. Below are two ways that websites can differentiate consumer education for providers from that for parents.

   - Create two separate landing pages—a provider resource page and a parent/family resource page. All the navigation principles described above still apply. However, the links provided on the provider page may be different from those on the parent/family page. For example,
     - On the provider page, users interested in the Child and Adult Care Food Program (CACFP) will find a link to the state’s webpage on becoming a CACFP provider.
On the parent page, a user interested in the same program would be linked to a page with information about CACFP’s nutrition guidelines and the positive effect the program has on children’s health.

- The second way that states can target information to different audiences is to have a single consumer education page. The page would contain program/resource descriptions, but two separate links for users interested in more information would be available – one for providers, and one for parents.

Take as an example the Head Start program. The consumer education page would have a brief description of Head Start followed by two (or possibly more) links. It might look like this:

**Head Start**

Head Start is a program that [program description]....

For more information on Head Start, follow the links below.
- Providers: http://www.headstart.gov/providers
- Parents: http://www.headstart.gov/parents

**Recommendations for Consumer Education Language**

In general, consumer education language should be short and simple. That is especially true for users with lower literacy levels, because long sentences and large paragraphs of text can be overwhelming. Using short paragraphs and bullet points are user-friendly practices.

Text should be written at a sixth grade reading level so that the information is accessible to users with varying reading abilities. There are websites that can help you assess the reading level of your content. One is [Readability Score](#); it allows you to cut-and-paste text into an online tool, which will give then you a reading level score. Generally, if the score is too high (e.g., eighth grade level), you can bring it down by making sentences shorter and choosing less-complex words.

In the state scan, CCAoA identified three web pages that can serve as exemplars of how to present consumer education to families and providers. They are:

- Vermont Agency of Human Services, Department for Children and Families: [http://dfc.vermont.gov/childcare/parents](http://dfc.vermont.gov/childcare/parents)
In order to encourage eligible consumers to access information about these programs, it is critical to develop concise but descriptive language that describes each program’s benefits. Child Care Aware® of America has created sample language for consumer education websites that offer information about health and nutrition. The sample language is formatted with different links for parents and providers that can be used as is or replaced with more state-specific links.

**Sample Consumer Education Website Language**

**Head Start and Early Head Start**

The Head Start and Early Head Start programs serve children from low-income families from the time they are born until age 5. These programs offer a wide range of services to support children’s healthy development. Children receive educational services; children and their families also receive health, nutrition, and social services, among others.

Early Head Start programs serve the youngest children—those younger than age 3—as well as pregnant women. When children turn 3 years old, they can then move into a Head Start program.

You can learn more about Head Start and Early Head Start [here](#).

To find the program closest to you, visit the [Program Locator](#) page.

**Supplemental Nutrition Assistance Program (SNAP)**

SNAP is the nation’s most important anti-hunger program. Last year, it helped more than 45 million low-income Americans afford to purchase healthier foods.

Benefits can be used to purchase food at authorized supermarkets or superstores. Each state also runs a SNAP nutrition education program to help recipients make healthy food choices. A more in-depth look at SNAP can be found [here](#).

Almost all low-income household are eligible for SNAP benefits. Here’s where you can learn more about SNAP eligibility requirements. There is also an online pre-screening tool you can use to see if you might qualify for SNAP benefits.

To apply for benefits, contact your local SNAP office. You can find your local office and your state’s application for SNAP [here](#).

**Women, Infants, and Children (WIC) Program**
WIC is a special nutrition program that helps provide healthy foods and other services to certain low-income women, infants, and young children whose diet or health condition puts them at risk for poor health. Women who are pregnant, recently gave birth, or are breastfeeding are eligible if:

- They meet the program’s income guidelines,
- They meet their state’s residency requirement, and
- A health professional determines they are nutritionally at risk.

Children younger than age 5 are eligible if they are determined to be at risk. If you would like to learn more about eligibility, go to the WIC Eligibility Requirements page.

WIC participants receive monthly assistance to purchase specific foods that are rich in nutrients. WIC foods include infant cereal, eggs, milk, cheese, peanut butter, dried and canned beans/peas, and canned fish.

In addition, participants are eligible for health care referrals and nutrition education.

To see if you might be eligible for WIC benefits, use this pre-screening tool.

If you would like to apply for benefits, contact the WIC state or local agency to schedule an appointment. You can find your local or state agency here.

To learn more about WIC, you can read the WIC Fact Sheet or visit the WIC at a Glance page.

**Medicaid and State Children’s Health Insurance Program (SCHIP)**

SCHIP is a government program that provides free or low-cost health coverage to children and teens (under 19 years of age) that are uninsured because their families earn too much to qualify for Medicaid, but too little to afford private coverage. Follow this link to learn more about Income Requirements

You must also be a U.S. national citizen, legal alien, or permanent resident.

[State Name] has other requirements about who can receive SCHIP benefits. To find out if your family is eligible, contact the [State Name] SCHIP office. You can find your state office here. You can also submit an application through HealthCare.gov or over the phone by calling 1-877-KIDS-NOW (1-877-543-7669).

For more information about Medicaid and SCHIP, visit the InsureKidsNow website.

**Individuals with Disabilities Education Act (IDEA) Programs and Services**
IDEA is the nation’s special education law. It requires schools to meet the educational needs of children with disabilities from the time they are infants until they either graduate from high school or age out (21 or 22 years old, depending on the state), whichever comes first.

IDEA says that, if a child if found eligible, states must provide early intervention services to children birth to age 3 and special education services to children age 3 through their senior year in high school. Programs or districts must offer those services in the child’s natural environment or in general education classrooms as much as possible, rather than in clinics, hospitals, or separate special education classrooms.

In addition, the law gives rights and protections to parents. For example, it specifies that parents have a say in the decisions a program or school makes about their child’s services.

If you think your child needs early intervention or special education services, here are some websites with helpful information:

- If you would like tools or information about your young child’s development, visit the CDC’s [Learn the Signs](https://www.cdc.gov/ncbddd/earlyintervention/signs.html) page.
- For children younger than age 3, contact the state Early Intervention Office. You can find the office for your state [here](https://www.cdc.gov/ncbddd/earlyintervention/stateinfo.html).
- For children ages 3 to 5 years old, contact the state Section 619 Program ([Preschool Special Education Services](https://www.cdc.gov/ncbddd/earlyintervention/section619.html)), which you can locate [here](https://www.cdc.gov/ncbddd/earlyintervention/stateinfo.html).
- [State Special Education Offices](https://www.cdc.gov/ncbddd/earlyintervention/stateinfo.html) serve all children with disabilities, birth to age 21 (22 in some states), and their families.
- Every state has one or more Parent Resource Center. [Find the one closest to you](https://www.cdc.gov/ncbddd/earlyintervention/stateinfo.html).

**Child and Adult Care Food Program (CACFP)**

CACFP is a program that helps ensure that children in child care receive nutritious meals and snacks in their child care or after-school care programs. Through the program, child care centers, family child care providers, Head Start programs, and other institutions are reimbursed for healthy foods served to enrolled children. All meals must meet government nutrition guidelines.

Parents can find out more about healthy foods for children [here](https://www.cdc.gov/ncbddd/earlyintervention/healthyfoods.html).

Providers can get more information on how to get reimbursed for meals through the CACFP program by your state agency [here](https://www.cdc.gov/ncbddd/earlyintervention/stateinfo.html). You can also contact them to apply for CACFP. In addition, providers can also get resources to help them serve healthy foods [here](https://www.cdc.gov/ncbddd/earlyintervention/healthyfoods.html).