



**Child Care and Development Fund (CCDF) Plan  
for  
State/Territory New Jersey**

**FFY 2016-2018**

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

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## Table of Contents

<b>Table of Contents .....</b>	<b>2</b>
<b>Introduction and How to Approach Plan Development .....</b>	<b>4</b>
<b>1 Define CCDF Leadership and Coordination with Relevant Systems.....</b>	<b>7</b>
1.1 CCDF Leadership .....	8
1.2 CCDF Policy Decision Authority .....	10
1.3 Consultation in the Development of the CCDF Plan.....	13
1.4 Coordination with Partners to Expand Accessibility and Continuity of Care .....	19
1.5 Optional Use of Combined Funds.....	24
1.6 Public-Private Partnerships.....	<b>Error! Bookmark not defined.</b>
1.7 Coordination with Local or Regional Child Care Resource and Referral Systems.....	25
1.8 Disaster Preparedness and Response Plan.....	27
<b>2 Promote Family Engagement through Outreach and Consumer Education .....</b>	<b>29</b>
2.1 Information about Child Care Financial Assistance Program Availability and Application Process.....	30
2.2 Consumer and Provider Education Information.....	32
2.3 Website for Consumer Education.....	51
<b>3 Provide Stable Child Care Financial Assistance to Families .....</b>	<b>53</b>
3.1 Eligible Children and Families .....	54
3.2 Increasing Access for Vulnerable Children and Families .....	64
3.3 Protection for Working Parents.....	67
3.4 Family Contribution to Payment .....	71
<b>4 Ensure Equal Access to High Quality Child Care for Low-Income Children .....</b>	<b>74</b>
4.1 Parental Choice In Relation to Certificates, Grants or Contracts .....	75
4.2 Assessing Market Rates and Child Care Costs .....	79
4.3 Setting Payment Rates.....	82
4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access.....	85
4.5 Payment Practices and Timeliness of Payments .....	87
4.6 Supply Building Strategies to Meet the Needs of Certain Populations.....	91
<b>5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child     Care Settings.....</b>	<b>94</b>
5.1 Licensing Requirements and Standards .....	95
5.2 Monitoring and Enforcement Policies and Practices .....	111
5.3 Criminal Background Checks .....	119
<b>6 Recruit and Retain a Qualified and Effective Child Care Workforce .....</b>	<b>123</b>
6.1 Training and Professional Development Requirements.....	124

---

6.2	Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds .....	131
6.3	Early Learning and Developmental Guidelines.....	135
<b>7</b>	<b>Support Continuous Quality Improvement .....</b>	<b>139</b>
7.1	Activities to Improve the Quality of Child Care Services.....	140
7.2	Quality Rating and Improvement System.....	143
7.3	Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers .....	145
7.4	Child Care Resource & Referral .....	147
7.5	Facilitating Compliance with State Standards .....	148
7.6	Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services .....	149
7.7	Accreditation Support.....	149
7.8	Program Standards .....	150
7.9	Other Quality Improvement Activities .....	151
<b>8</b>	<b>Ensure Grantee Program Integrity and Accountability .....</b>	<b>151</b>
8.1	Program Integrity.....	151

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## Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub. L. 113-186) ([https://www.acf.hhs.gov/sites/default/files/occ/child\\_care\\_and\\_development\\_block\\_grant\\_markup.pdf](https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_markup.pdf)). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

**CCDF Plan Overview.** The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work

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with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

**CCDBG Implementation Deadlines.** In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

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Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)
- Current overall status for this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization> In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

**CCDF Plan Submission.** States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and

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Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see <http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

## **1 Define CCDF Leadership and Coordination with Relevant Systems**

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.



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## 1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

### 1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency:

**The Department of Human Services (DHS), Division of Family Development (DFD), is the designated agency of the State responsible for the overall administration of the Child Care and Development Fund Services Program.**

Address of Lead Agency:

**New Jersey Department of Human Services  
P.O. Box 700  
Trenton, NJ 08625-0716**

Name and Title of the Lead Agency Official:

**Elizabeth Connolly, Acting Commissioner  
Department of Human Services  
Phone Number: 609-292-3717  
E-Mail Address: Elizabeth.Connolly@dhs.state.nj.us**

Web Address for Lead Agency (if any): <http://www.state.nj.us/humanservices>

### 1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: **Natasha Johnson, Margaret Milliner**

Title of CCDF Administrator: **Natasha Johnson, Director –Division of Family**



**Development**

**Margaret Milliner, Assistant Director, Office of Child Care Operations, Division of Family Development**

Address of CCDF Administrator:

**Division of Family Development  
6 Quakerbridge Plaza  
P.O. Box 716  
Trenton, NJ 08625-0716**

Phone Number: **Natasha Johnson (609) 588-2401 and Margaret Milliner (609) 588-2163**

E-Mail Address: **Margaret.Milliner@dhs.state.nj.us**

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator: **N/A**

Title of CCDF Co-Administrator: **N/A**

Phone Number: **N/A**

E-Mail Address: **N/A**

Description of the role of the Co-Administrator: **N/A**

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): **New Jersey Child Care Helpline 1-800-332-9227**

Web Address for CCDF program (for the public) (if any):

**<http://www.state.nj.us/humanservices/dfd/programs/child/>**

Web address for CCDF program policy manual: (if any): **N/A**

Web address for CCDF program administrative rules: (if any): **N/A**

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- Outreach and Consumer Education (section 2):
  - o Agency/Department/Entity: **Division of Family Development (DFD)**
  - o Name of Lead Contact: **Margaret Milliner**
- Subsidy/Financial Assistance (section 3 and section 4)
  - o Agency/Department/Entity: **Division of Family Development (DFD)**
  - o Name of Lead Contact: **Margaret Milliner (DFD)**
- Licensing/Monitoring (section 5):

- Agency/Department/Entity: **Division of Family Development (DFD) & Department of Children and Families, Office of Licensing (DCF-OOL)**
- Name of Lead Contact: **DFD, Margaret Milliner, Assistant Director, and OOL Antoinette Mahan, Director of Child Care and Youth Residential Licensing**
- Child Care Workforce (section 6):
  - Agency/Department/Entity: **Division of Family Development (DFD)**
  - Name of Lead Contact: **Margaret Milliner**
- Quality Improvement (section 7):
  - Agency/Department/Entity: **Division of Family Development (DFD)**
  - Name of Lead Contact: **Margaret Milliner**
- Grantee Accountability/Program Integrity (section 8):
  - Agency/Department/Entity: **Division of Family Development (DFD)**
  - Name of Lead Contact: **Margaret Milliner**

**1.2 CCDF Policy Decision Authority**

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

- All program rules and policies are set or established at the State/Territory level.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
  - Eligibility rules and policies (e.g., income limits) are set by the:
    - State/Territory
    - County. If checked, describe the type of eligibility policies the county can set
    - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set
    - Other. Describe
  - Sliding fee scale is set by the:
    - State/Territory
    - County. If checked, describe the type of sliding fee scale policies the county can set

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Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set

Other. Describe

Payment rates are set by the:

State/Territory

County. If checked, describe the type of payment rate policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set

Other. Describe

Other. List and describe (e.g., quality improvement systems, payment practices)

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

CCDF Lead Agency

TANF agency. Describe.

Other State/Territory agency. Describe.

Local government agencies such as county welfare or social services departments. Describe.

Child care resource and referral agencies. Describe.

**In New Jersey the Child Care Resource and Referral (CCR&R) agencies are contracted to administer the child care delivery system, which includes but is not limited to the following:**

- **Ensure that child care subsidy program applications are available to the public, through various media throughout the service area in order to ensure that potentially eligible families are afforded the opportunity to apply for child care assistance.**

- **Conduct orientation with parents and providers detailing the subsidy programs' eligibility requirements and advise all clients of other community services including children's health and insurance resources.**
- **Determine eligibility and obtain evidence and/or verify required elements of eligibility (i.e. proof of income, school or training, identification, residency, household composition, and child citizenship and immigration status) in accordance with policy.**
- **Provide families with referrals of eligible child care providers.**
- **Provide consumer education.**
- **Assist families through the application process.**
- **Manage an internal appeals and resolution process for disputes by parents and providers.**
- **Provide technical assistance and support to families and providers.**

Community-based organizations. Describe.

Other. Describe.

b) Who assists parents in locating child care (consumer education)?

CCDF Lead Agency

TANF agency. Describe.

**The Division of Family Development is the State TANF Agency. The 21 County Welfare Agencies (CWAs) and Boards of Social Services (BSS) determine eligibility for families receiving TANF benefits. Additionally, CWAs refer parents/applicants to the Child Care Resource and Referral Agencies (CCR&Rs) in their counties to assist with locating child care services. Some CCR&Rs are co-located with the CWAs and BSS.**

Other State/Territory agency. Describe.

**The Department of Children and Families, Division of Protection and Permanency authorizes child care services for children under Child Protective Services (CPS) and coordinate with the CCR&Rs to help families access child care services.**

Local government agencies such as county welfare or social services departments. Describe.

**The 21 County Welfare Agencies/Boards of Social Services determine eligibility for families receiving TANF benefits additionally they will refer parents/applicants to the CCR&Rs in their counties to assist with locating child care services. Some CCR&Rs are co-located with the CWAs/BSS.**

Child care resource and referral agencies. Describe.

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**The 14 CCR&Rs serving 21 counties assist clients with child care needs to appropriate local providers.**

Community-based organizations. Describe.

**The New Jersey School-Age Child Care Coalition (NJSACC) receives frequent inquiries from families requesting child care referrals through their web site. NJSACC redirects these families to their local county CCR&Rs.**

Other. Describe.

c) Who issues payments?

CCDF Lead Agency

**The State has a contract with Xerox Services to process/issue payments to providers through our “E-Child Care System”. An E-Child Care card is issued to parents that is used to capture time and attendance data. Once captured and processed, child care providers receive electronic deposits as payment through the E-Child Care system.**

TANF agency. Describe.

Other State/Territory agency. Describe.

Local government agencies such as county welfare or social services departments. Describe.

Child care resource and referral agencies. Describe.

**The CCR&Rs have the authority to make payment adjustments; however, all payments are issued electronically by Xerox.**

Community-based organizations. Describe.

Other. Describe.

### 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf)

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

[REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns. Describe.

**DFD provided presentations to the county welfare agencies and Office of Emergency Management staff on the CCDBG Reauthorization and State Plan. Information was shared and representatives were invited to participate on the State Plan workgroups to assist in the development and implementation of the State Plan, as well as provide input on draft policy and recommendations.**

[REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe.

**DFD shared the CCDBG Reauthorization Act with the Council for Young Children and invited council members to participate on state plan workgroups. Several members are participating on the workgroup to discuss, draft policy recommendations for consideration, completion and implementation of the State Plan. The council will be provided with a draft copy of the state plan for comment prior to submission of the final plan.**

If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council

Yes

No

- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy

[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with.

Check N/A if no Indian Tribes and/or Tribal organizations in the State

State/Territory agency responsible for public education. Describe.

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**DFD shared specific components of the plan with the Department of Education (DOE) and discussed the impact the changes would have on their respective departments. DOE staff actively participated on the CCDBG reauthorization work groups.**

**State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe** \_\_\_\_\_

State/Territory institutions for higher education, including community colleges. Describe.

**DFD met with institutions for higher education and provided an overview of the CCDBG reauthorization and state plan. Higher education will have an opportunity to provide feedback during the public comment posting and public hearing.**

State/Territory agency responsible for child care licensing. Describe.

**The NJ Department of Children and Families Office of Licensing (OOL) are active members of the council and have representation on the CCDBG workgroups that are responsible for drafting policy recommendations to inform the state plan.**

State/Territory office/Director for Head Start State collaboration. Describe.

**The Head Start Collaboration Office Director is an active member of the council and participates on the CCDBG workgroups that are responsible for drafting policy recommendations to inform the State Plan.**

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe.

**A representative from the Early Head Start – Child Care Partnership grant participates on the CCDBG workgroup which is responsible for drafting policy recommendations to inform the State Plan.**

State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe \_\_\_\_\_

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe

**NJSACC: The Statewide Network for New Jersey's Afterschool Communities promotes and supports the development, continuity and expansion of quality programs for children and youth during out-of-school time. The New Jersey School Age Child Care Coalition Executive Director along with her designated staff actively participates on the Quality Workgroup convened to make recommendations to inform the State Plan for implementing the new quality requirements and ways to expand on the quality initiatives currently being**



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**provided. The agency via their listserv also shares information with afterschool providers as part of their participation on the workgroup.**

State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe

**Department of Health (DOH) and Department of Children and Families (DCF) are the state agencies that oversee the maternal and child home visitation program. DFD collaborates with DCF for home visitation services for TANF families. Representatives provide input on policy recommendations for the implementation of the State Plan.**

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe

McKinney-Vento State coordinators for Homeless Education. Describe

State/Territory agency responsible for public health. Describe

**The Department of Health (DOH) representatives are active members of the Child Care CCDBG reauthorization workgroups. DOH representatives and Office of Child Care Operations staff met regularly to discuss and draft policy for completion and implementation of the State plan.**

State/Territory agency responsible for mental health. Describe

State/Territory agency responsible for child welfare. Describe

**The Department of Children and Families (DCF) representatives are active members of Child Care reauthorization workgroups. DCF representatives and Office of Child Care Operations staff met regularly to discuss and draft policy for completion and implementation of the State plan.**

State/Territory liaison for military child care programs. Describe

State/Territory agency responsible for employment services/workforce development. Describe \_\_\_\_\_

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe \_\_\_\_\_

**DFD is also the State TANF agency and has direct input into the development of the CCDF Plan for TANF recipients receiving child care. DFD contracts with the CWAs/BSSs to administer the TANF program. An overview of the CCDBG reauthorization and State Plan were presented to the CWAs/BSS Directors. DFD staff meets regularly with the CWAs/BSS's Directors and will be working closely will be sharing information and recommendations during policy development and implementation of the State Plan.**

State/community agencies serving refugee or immigrant families. Describe

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**The State Refugee coordinator and refugee social service grant is administered through DFD. Meetings are held regularly and the refugee coordinator is actively involved in reviewing draft policy recommendations.**

Child care resource and referral agencies. Describe

**DFD directly contracts with 14 CCR&Rs to implement the child care program. The CCR&Rs representatives are members of several child care reauthorization work groups responsible for discussing and drafting policy recommendations for completion and implementation of the State Plan.**

Provider groups or associations. Describe

**Regional meetings were held statewide for the general public comments which included providers and associations. Attendees were able to voice their concerns and provide feedback regarding CCDBG reauthorization. Feedback received was taken into consideration in drafting the State plan.**

Worker organizations. Describe

**Child Care Workers Union (CCWU) representatives will get an opportunity to review the plan prior to the public hearing.**

Parent groups or organizations. Describe

Other. Describe

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date(s) of notice of public hearing:

**Reminder - Must be at least 20 calendar days prior to the date of the public hearing.**

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

**Written notice of the hearing was provided to the broad child care community, consisting of CCR&R agencies and licensed/registered child care providers, via direct e-mail and DFD Information Transmittal Letters.**

The State Plan Public Hearing notice was also made available to county public libraries throughout the state and will be available on the Internet at the DHS DFD website: [www.state.nj.us/humanservices/providers/grants/public](http://www.state.nj.us/humanservices/providers/grants/public)

c) Date(s) of public hearing(s)

**Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.**

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed.

**The hearing is scheduled for March 21, 2016, at Mercer County Public Library, Ewing Branch; 61 Scotch Road, Ewing, NJ 08628 from 10:00 a.m. to 2:00 p.m. Mercer County is a central location and allows fair geographic access from all regions.**

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s)

**The web site of the CCDF draft State Plan was provided to the broad child care community consisting of CCR&Rs and licensed/registered child care providers via DFD Information Transmittal Letters and official notice via the DHS DFD website.**

**Prior to the hearings, copies of the CCDF State Plan public hearings notice including the website containing the plan were distributed to several child care advisory groups including NJACCRRRA, New Jersey Council for Young Children, and the Policy Development Board (PDB). The State Plan or Public Notice was made available to county public libraries throughout the state via the Internet at the DHS DFD website: [www.state.nj.us/humanservices/providers/grants/public](http://www.state.nj.us/humanservices/providers/grants/public)**

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan?

**All information provided by the public during the hearing was taken into consideration.**

1.3.2 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

Working with advisory committees. Describe

**A draft copy of the child care state plan was made available on DFD website prior to the public hearing.**

Working with child care resource and referral agencies. Describe

**The Division sent out an email informing the CCR&Rs to check DFD's website for a draft copy of the child care state plan. The draft copy of the child care state plan was made**

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**available on the DFD website prior to the public hearing. Additionally, staff members from the CCR&Rs were members of the child care reauthorization work groups.**

Providing translation in other languages. Describe

**Notices in English and Spanish were distributed to the CCR&R agencies to share with the applicants, providers and provider groups.**

Making available on the Lead Agency website. List the website  
[www.nj.gov/humanservices/dfd/programs/child](http://www.nj.gov/humanservices/dfd/programs/child)

Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe

#### **Email**

Providing notification to stakeholders (e.g., provider groups, parent groups). Describe

**DFD's child care operations staff held several state-wide forums to inform providers and key stakeholders of child care CCDBG reauthorization. The draft copy of the child care state plan was made available to the general public and stakeholders on DFD's website prior to the public hearing.**

Other. Describe

#### **1.4 Coordination with Partners to Expand Accessibility and Continuity of Care**

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

- 1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

[REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs,

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public and private preschools, programs serving preschool children receiving special education services, etc.). Describe

**DFD frequently meets with the state pre-school and Head Start programs, and conduct provider meetings for providers that receive CCDF payment, such as, school-based programs, private schools and programs serving children receiving special education. Representatives from the state agencies are active members of the Council for Young Children, New Jersey's Interdepartmental Workgroup, as well as represent the state collaborative agencies responsible for the implementation of New Jersey's quality rating improvement system, Grow NJ Kids. Within these various settings, planning and coordination efforts are discussed to improve expand accessibility and continuity of care to effectively help all children easily access early care and education programs.**

**DFD provides funding for eligible families to access before and after care for the state pre-school and Head Start programs for full-time services.**

[REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with

Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

[REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe.

**DFD meets with local early childhood programs, including programs servicing infants and toddlers with disabilities, and participates in local provider meetings facilitated by the CCR&Rs. Additionally, DFD representatives are active members of the Council for Young Children, the state's interdepartmental workgroup which includes representatives from Head Start, the early intervention coordinators for Individual with Disabilities Education Act (IDEA) Part B and the State 619 Coordinator. Within these meetings, services and policies impacting infant and toddler with disabilities are shared for review and input.**

[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe

**In collaboration with the county welfare agencies (CWAs), homeless service providers, CCR&Rs, and other key partners, DFD will be assembling a workgroup to develop a strategic plan, outlining procedures and trainings that will address the specific needs for effectively serving homeless children. The goal is to provide targeted training for the CCR&Rs to conduct outreach and employ strategies to effectively enroll and service this vulnerable population.**

[REQUIRED] Early childhood programs serving children in foster care. Describe  
**Representatives from DCF's, Division of Protection and Permanency (DCP&P) meet with staff from DFD regularly to discuss coordination of services and implementation of joint policies. Children in the foster care system under DCP&P are a priority group for child**

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protective services child care. DFD and DCP&P are in the process of finalizing joint policy to better coordinate child care services for children in foster care.

State/Territory agency responsible for child care licensing. Describe:

**The Office of Licensing (OOL) is the regulatory agency for child care licensing. DFD regularly meets with OOL staff and coordinates licensing related matters; specifically related to health and safety matters and professional development training for child care providers. DFD and OOL jointly conduct provider meetings, and coordinate technical assistance services. Professional development training and technical assistance are provided in collaboration with the OOL and CCR&Rs.**

State/Territory agency with Head Start State collaboration grant. Describe

**DFD has active members of New Jersey's Council for Young Children which was established with the Head Start Collaboration grant and serves as New Jersey's advisory council for early care and education.**

State Advisory Council authorized by the Head Start Act. Describe

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe

**The CCDF Administrator attends Head Start Grantee meetings to assist with the implementation and coordination of the EHS and CC partnership. In addition, DFD partners with the Head Start Collaborator in support of increasing and promoting higher education for the early care and education workforce.**

McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe

Child care resource and referral agencies. Describe

**DFD contracts with the CCR&Rs to implement a statewide child care resource and referral delivery system, which includes eligibility determination, referral services, consumer education, provider support, training and technical assistance. CCR&Rs also support New Jersey's Quality Rating and Improvement System (QRIS), Grow NJ Kids.**

State/Territory agency responsible for public education. Describe

**DFD and DOE meet regularly and collaborate on many early care and education initiatives. DFD provides funds for before and after care for the states' pre-school program for eligible parents. DOE provided funds to DFD through the Race to the Top grant to provide quality initiatives grants and scholarship to support Grow NJ Kids, NJ's quality rating improvement system. DFD and DOE are key state agencies responsible for the statewide implementation of Grow NJ Kids. Both entities conduct joint provider meetings to explore strategies to coordinate pre-school enrollment.**

State/Territory institutions for higher education, including community colleges. Describe



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DFD has been meeting with institutions for higher education, including community colleges, to explore and develop strategies targeted for programs receiving subsidy payments, participating in the Early Head Start and Child Care Collaboration and programs enrolled in Grow NJ Kids, to increase participation towards achieving credentials, continuing education units and degrees.

DFD has partnered with community colleges and universities to provide comprehensive educational and training services to the workforce, training and technical specialist to build capacity and skilled workforce, as well as make professional training easily accessible to the child care workforce.

State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe

**DFD collaborates with the Department of Health, the state agency administering childhood obesity, nutrition and physical activities and initiatives, such as Let's Move, which technical assistance and training are provided to CCDF providers and incorporated in the Grow NJ Kids standards, New Jersey's quality rating improvement system.**

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe

**DFD works closely with the IDEA Part B Coordinator to discuss and coordinate services across program settings. Additionally, DFD contracts with the Statewide Parent Advisory Network (SPAN) which provides information, resources, technical assistance and training that includes screening and early identification, family rights and inclusion, to name a few.**

State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe

**Race to the Top-Early Learning Challenge (RTT-ELC) has enhanced the Department of Human Services' (DHS) ability to collaborate with other state departments. Under the umbrella of RTT-ELC, DHS programs are collaborating with the Central Intake Hubs. The Hubs are located in all 21 counties and is the place that pregnant and parenting families are able to be connected to appropriate programs that include Home Visitation, Prenatal Care, Quality Child Care, etc. These Hubs collaborate on the community level and their advisory board members include individuals from the Maternal Child Health Consortia, CCR&Rs and other community partners.**

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe

State/Territory agency responsible for public health. Describe

**The Department of Health (DOH) is the state agency responsible for public health. DFD works closely with the Division of Family Services to ensure child care programs are familiar with the state central referral process and New Jersey Early Intervention System**



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**(NJEIS). DFD also collaborated with DOH with the implementation of statewide developmental screening awareness trainings.**

State/Territory agency responsible for mental health. Describe

State/Territory agency responsible for child welfare. Describe

**The Department of Children and Families (DCF) is the state agency for child welfare. DFD collaborates with DCF on numerous projects and initiatives. For continuity of care, the application process is being modified to ensure a seamless process to expedite child care services and help families locate child care programs.**

State/Territory liaison for military child care programs. Describe

State/Territory agency responsible for employment services/workforce development. Describe

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). **The Department of Human Services, Division of Family Development is the State agency responsible for TANF. The County Welfare Agencies (CWAs)/Boards of Social Services (BSSs) determine eligibility for families receiving TANF benefits. Additionally, they will refer parents/applicants to the CCR&Rs in their counties to assist with locating child care services. Some CCR&Rs are co-located with the CWAs/BSSs.**

State/Territory community agencies serving refugee or immigrant families. Describe

**DFD oversees the refugee social services grant and contracts with community-based organizations to implement services to help refugee and immigrant families. Child care referrals are made directly to the CCR&Rs by the CWAs and community based programs servicing the refugee or immigrant families. DFD plans to convene a workgroup to look at ways to target outreach directly to communities with large density of refugee and immigrant families.**

Provider groups or associations. Describe

**DFD representatives meet with various provider and association groups that represent licensed child care centers, not-for-profit programs, family child care, and private programs to hear their concerns and feedback, as well as share and receive information related to child care. Many of the provider groups and associations are also on the Council for Young Children and attend provider meetings to express their concerns and provide input on how to improve coordination of care and services.**

Worker organizations. Describe

**Child Care Worker Union (CCWU) representatives meet and regularly communicate with DFD representatives. Policies are shared with the CCWU.**

Parent groups or organizations. Describe

Other. Describe

## 1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits ([https://www.whitehouse.gov/omb/circulars/a133\\_compliance\\_supplement\\_2014](https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014)), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes. If yes, describe at a minimum:

**\$76 million in TANF and \$45.84 million in matching state funds**

- How do you define “combine”  
**“Combine” is defined as the comingling of funds into one child care funding stream.**
- Which funds will you combine  
**TANF-Block Grant funds and state matching funds.**
- Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of

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services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

**Funds will be combined in order to expedite payment to providers and ensure there is no disruption to child care services.**

- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?)

**Overall funding is allocated by county prior to the start of each fiscal year.**

**Quarterly reconciliations occur to ensure the funds are spent in the correct program areas.**

- How are the funds tracked and method of oversight.

**These funds are tracked quarterly as part of the CCDF reconciliation process.**

No

## 1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

- 1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

**DFD has partnered with the Nicolson and Schumann Foundation to discuss and implement quality initiatives; such as Steps to Quality – A Family Child Care Quality Initiative Project to support 36 family child care providers serving infant and toddlers in targeted low-income areas systematically improve their programs through professionalism, training and support. The Steps to Quality project helped 36 Family Child Care Providers make progress towards program improvement using quality activities; such as formal assessments, targeted professional development trainings, onsite intensive technical assistance and coaching, materials and supplies grants and family engagement activities.**

**DFD will be leveraging state and Race To the Top grant funds to expand this initiative and will be adding five quality improvement specialists; specifically to support and work with family child care providers regionally.**

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**DFD has also partnered with United Way with the implementation and support of Grow NJ Kids, NJ's quality rating improvement system in Morris County to provide support to 20 Child Care Centers.**

**1.7 Coordination with Local or Regional Child Care Resource and Referral Systems**

States and Territories may use funds to establish or support a system of local or regional CCR&Rs that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- Work directly with families to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- Promote, recruit and instrumental with the implementation of Grow NJ Kids, NJ's quality rating improvement system and DFD's quality initiatives.
- Coordinate activities with other key stakeholders and local government agencies.

**1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?**

Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs.

**CCR&Rs provide the following core services which are not inclusive of the full list of services:**

- Ensure that all families and providers represented in the service delivery area have access to information about child care such as program eligibility requirements, information on licensing, certification and registration and the benefits of high quality programs.
- Provide parents with written information about the benefits of high-quality programs to assist them in evaluating pre-school and child care environments and in making informed decisions when selecting child care.
- Provide referrals that match the parents' expressed needs and preferences, including additional referrals and resource information for other community services.
- Promote the development of quality child care services by explaining to providers the benefits of accreditation and Grow NJ Kids. Provide technical assistance to providers on how to become accredited and enroll in Grow NJ Kids.
- Provide information about the full diversity of child care program settings and program types to help parents make informed decisions.
- Promote community and consumer awareness of DHS/DFD child care programs and quality initiatives to support community involvement in quality child care.
- Provide comprehensive technical assistance to employers on employer supported child care options and work/family issues as needed.
- Provide information via website on the Child Care Subsidy Program, how to choose quality child care, Grow NJ Kids trainings and other DHS/DFD information when required.

No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

### 1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

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- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**September 30, 2016**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other).  
**Partially Implemented**
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
  - **DFD has written guidance for the CRR&Rs to administer continuation of child care services to CCDF Families.**
  - **Statewide emergency preparedness training is offered by the CCR&Rs.**
  - **Office of Licensing (OOL) regulatory requirements are in place.**
  - **The specific type of technical assistance by each respective entity has been established.**
- Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
  - **A written formal agreement, outlining each respective entities role and responsibilities needs to be finalized.**
  - **Established guidelines and protocol for rebuilding, recovering and operating temporary child care services during a disaster.**
  - **Finalized written statewide plan.**
  - **DFD is in the process of convening a workgroup with key stake holders to draft written procedures.**



- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity.
    - Already in progress**
  - Projected end date for each activity.
    - September 30, 2016**
  - Agency – Who is responsible for complete implementation of this activity
    - DFD**
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity
    - The Department of Human Services, CCR&Rs, DOH, and DCF, OOL.**

## 2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

- 1) The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
  - a) the availability of child care assistance,
  - b) the quality of child care providers (if available),
  - c) Other programs (specifically 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)) for which families may also qualify.



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- d) Individuals with Disabilities Education Act (IDEA) programs and services,
  - e) Research and best practices in child development, and
  - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
- 2) Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
- a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
  - b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
  - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.
- 2.1 Information about Child Care Financial Assistance Program Availability and Application Process
- Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services. (658E(c)(2)(E)(i)(1))
- 2.1.1 Describe how the State/Territory informs families of availability of services.
- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

**DFD contracts with the CCR&Rs to provide consumer education and inform the general public about the availability of child care services and eligibility requirements. Through several outreach strategies, including community events and participation on several committees, such as the Human Service Advisory Councils (HSAC) and the New Jersey Child Care Resource and Referral Association (NJCCRRA), the CCR&Rs conduct and gather information on the child care needs of potential eligible families. Additionally, Request for Applications for child care services are conducted in every county through the CCR&R and HSAC to meet the needs of families and the community. At regional and county level provider meetings information about child care needs are also communicated to inform and identify potential eligibility families.**

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With the establishment of County Councils for Young Children which are designed to address the needs of local families who are expecting or who are already parenting children up to the age of eight. County Councils for Young Children are established in all of the state's 21 counties to bring together parents, caregivers, as well as health, education and social service professionals to enhance communication, coordination and collaboration of services.

DFD plans to coordinate with the councils, which some are CCR&Rs as community partners to disseminate information and to help identify and discuss issues which impact child care needs, early care and education and the well-being of children.

- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

DFD's partners that assist with outreach efforts are the 14 CCR&Rs serving 21 counties, other state agencies, DOE, DCF, as well as the 21 CWAs and Boards of Social Services that refer TANF clients with child care needs to the CCR&Rs.

- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?)

The CCR&R contracts include provisions that require them to utilize several outreach strategies, including media campaigns, direct links from the website, Yellow Pages advertisements, billboards, and emails. The following child care partner website links are also available for current child care information:

- [www.nj.gov/humanservices/dfd/programs/child/](http://www.nj.gov/humanservices/dfd/programs/child/)
- NJ School Age Childcare Coalition receives frequent inquiries from families requesting child care referrals as a result of the NJSACC optimized website. NJSACC redirects these families to their local county CCR&R.
- <http://www.njsacc.org/>
- The New Jersey ParentLink website receives frequent inquiries regarding childcare availability and those families are referred to their local resource and referral agency, <http://NJParentLink.NJ.GOV/>

2.1.2 How can parents apply for services? Check all that apply.

- Electronically via online application, mobile app or email. Provide link

The application is available online; however, it must be printed and mailed to the CCR&R located in the county where the family lives. The website for the application is [www.nj.gov/humanservices/dfd/programs/child/forms/](http://www.nj.gov/humanservices/dfd/programs/child/forms/)

- In-person interview or orientation. Describe agencies where these may occur  
The 14 statewide CCR&Rs serving 21 counties.

- Phone

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- Mail
  - At the child care site
  - At a child care resource and referral agency
  - Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe
  - Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe.

**Families applying for TANF and SNAP at the CWAs/BSSs are referred to the CCR&Rs for child care eligibility determinations.**

- o Other strategies. Describe

## 2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- a) Information about the availability of the full diversity of child care services that will promote informed child care choices,
- b) Availability of child care assistance,
- c) Quality of child care providers (if available),
- d) Other programs (specifically 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)) for which families may also qualify,
- e) Individuals with Disabilities Education Act (IDEA) programs and services,
- f) Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- g) State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged

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children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016): **We anticipate completion by September 30, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other).

**Partially Implemented**

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

**DFD provides information through the CWAs and CCR&Rs, quality initiative contracts, as well as other state partner agencies and DFD websites about other 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), Medicaid and State Children’s Health Insurance Program (CHIP).**

**The CCR&Rs are DFD’s key communication hubs to inform the general public about the availability of the full diversity of child care services that will promote informed child care choices.**

- Unmet requirement - Identify the requirement(s) to be implemented

**The following requirements are not completed:**

- **The DFD is engaged in discussion with key stakeholders and exploring best practices to effectively collect and disseminate the following information to parents, providers and the general public:**
- **Expulsion policy - Currently DOE provides preschool expulsion guidance. DFD will be reviewing and cross reference DOE guidance, Head Start policy and ACF**

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**framework to assist with the development of a statewide expulsion policy for NJ.**

- **DFD will be convening a meeting with representatives from DOE, DCF, DOH, and NJDA, to assist with the development of a strategic plan to help inform effective outreach activities to meet the needs of individuals regarding Individuals with Disabilities Education Act (IDEA) programs and services; the Women, Infants and Children (WIC) program; and the Child and Adult Care Food Program (CACFP), for which families may also qualify.**

- **Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)**

**To assemble a group of key stakeholders to make recommendations to inform how the Division will implement the required program changes.**

**DFD will modify its contracts with the CCR&Rs, issue program instructions and coordinate with partnering agencies**

- **Projected start date for each activity:**

**Already in progress**

- **Projected end date for each activity.**

**September 30, 2016**

- **Agency – Who is responsible for complete implementation of this activity.**

**DFD**

- **Partners – Who is the responsible agency partnering with to complete implementation of this activity.**

**The partnering agencies at this time are the Department of Education, the Department of Children and Families, Department of Health and Department of Agriculture.**

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, including accessible to persons with disabilities.

- a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public

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1. **Parents**

CCR&Rs provide consumer education to parents of eligible children to help families make informed decisions about child care options. Written information, brochures, a parent handbook, and the DHS/DFD website also provide parents with information about the full diversity of child care services.

2. **Providers**

DFD contracts with the CCR&Rs to communicate and disseminate information to the child care providers. Information regarding the full diversity of child care services is available on the CCR&Rs website, written material and brochures. Information is also provided at provider meetings, through technical assistance, orientation and trainings conducted by the CCR&Rs.

3. **General Public**

The general public can access information regarding the availability of the full diversity of child care services thru the DHS/DFD website. This website provides information on the Child Care Subsidy Program, the different child care settings available, eligibility requirements, how to choose quality child care, Grow NJ Kids trainings and other social services programs. The website also links to the Department of Children and Families, Office of Licensing information.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

1. **Parents**

In addition to what the parents can access via the CCR&Rs and the DHS/DFD website, parents are provided training and education about their rights and responsibilities. Parent Handbooks are also made available to parents with easy to follow guides on how to access and maintain child care services. Additionally, the statewide 2-1-1 Helpline and website are available to assist parents in navigating the available child care services.

2. **Providers**

In addition to what providers can access via the CCR&Rs and the DHS/DFD website, all CCDF providers receive a provider handbook and have access to professional development trainings and technical assistance offered through the CCR&Rs and DFD Quality Initiatives. Providers are given training and technical assistance by the Statewide Parent Advocacy Network (SPAN) to help them better serve children with special needs.

3. **General Public**

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In addition to what public can access via the CCR&Rs and the DHS/DFD website, information is also available via [www.nj211.org](http://www.nj211.org) or by calling the statewide 2-1-1 Helpline.

- c) Describe who you partner with to make information about the full diversity of child care choices available

**DFD partnered with the CCR&Rs, the New Jersey Coalition of School Age Programs (NJSACC), New Jersey Child Care Training Program, and the Statewide Parent Advocacy Network (SPAN) to make information about the full diversity of child care choices available to providers. DFD also partnered with the statewide 2-1-1 Helpline.**

- 2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

**1. Parents**

**DFD makes information available to parents about quality through consumer educations provided by the CCR&Rs resource and referral process; during the application, intake, and/or counseling process; through written publications, such as handbooks, brochures, newsletters, publications, social media and website; and through DFD's partners and key stakeholders entities and agencies services.**

**Information is also available for parents through Grow NJ Kids, New Jersey's quality rating improvement system website. Furthermore, each county in the state has County Councils for Young Children. These councils are 51% parent led and provide an opportunity to educate parents on quality initiatives.**

**2. Providers**

**Providers receive information related to quality child care through orientation, technical assistance, training and on-site consultation. Providers receive information through written publications, email blasts, provider meetings, conferences and workshops. Information is also provided via DHS/DFD, CCR&Rs, Grow NJ Kids and PINJ websites, social media and other DFD's partners and key stakeholders agencies.**

**State staff also participate on numerous statewide communities, such as the State Advisory Board (Council for Young Children), and share information as appropriate.**

**3. General Public**



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DFD, through partnerships with other state agencies, participates on numerous statewide committees, such as the State Advisory Board (Council for Young Children), and share information as appropriate. Furthermore, information is communicated through the Race to the Top-Early Learning Challenge, a regularly distributed newsletter, Early Learning Matters, which highlights information related to Early Care and Education.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

1. **Parents**

As stated previously, there are numerous communication methods used to inform parents. These methods include regular updates to the Grow NJ Kids website. Most recently, DFD launched its first phase of a multi-year communication campaign for Grow NJ Kids. This initiative included the development of posters to be displayed at various places that are visited by parents, such as the pediatrician offices, community centers (Family Success Centers), social service agencies, etc. Bus side ads that directed individuals to the website were also purchased in every county. The campaign also provided the opportunity to revamp the Grow NJ Kids website which links to the child care website, NAEYC, and other resources for parents.

In addition, through a partnership with the Department of Children and Families, the County Councils for Young Children provides an opportunity to keep parents informed of the quality initiatives that are happening in their communities.

2. **Providers**

Similar to parents, providers are included in the communication campaign. In addition, periodic provider meetings are held throughout the state. Lastly, the CCR&Rs also host monthly directors meetings to provide education and discuss any new and ongoing quality initiatives.

3. **General Public**

DFD staff also participates on numerous statewide committees, such as the State Advisory Board (Council for Young Children), and share information as appropriate. Furthermore, information is communicated through the Race to the Top-Early Learning Challenge, a regularly distributed newsletter, Early Learning Matters, which highlights information related to Early Care and Education. As appropriate, email blasts are sent to DFD constituents and other state agencies to share with their networks.

- c) Describe who you partner with to make information about child care quality available

1. **Parent**

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All 21 counties in NJ have County Councils for Young Children. They are sponsored by the Department of Children and Families. This provides an opportunity to partner with parents and implement initiatives based on the needs of the individual communities. For instance, prior to the launch of the Grow NJ Kids campaign, focus groups were conducted to help design and market the campaign. Since NJ is a diverse state from having very urban areas to having extremely rural areas, groups were conducted in an array of areas to ensure we were reaching all parents.

2. **Providers**

DFD partners with providers on various committees, CCR&Rs, Head Start Collaborator, quality improvement specialists, quality initiative grantees, higher education institutions, and other state agencies.

3. **General Public**

Similar to parents and providers, DFD works with its sister state agencies and grantees to be active members in the activities happening around the state to help keep the public informed about the quality initiatives provided through DFD.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF)

Eligible participants are referred to the appropriate county CCR&R by assigned staff from their local CWA/BSS or One Stop Career center. In some counties the CCR&Rs and CWA/BSS are located in the same building.

CCR&Rs provide parents with written information about the benefits of high-quality child care programs through brochures, the parent handbook, program informational flyers and the DHS/DFD websites.

The CWAs/BSS provide a description and a referral to the CCR&R of the child care subsidy program as well as other social service programs that are available to eligible TANF families which may include but are not limited to: the Supplemental Nutrition Assistance Program (SNAP), child support services, Low Income Home Energy Assistance Program (LIHEAP), Universal Service Fund (USF), work related activities, family violence option, Women, Infants and Children (WIC) and Emergency Assistance (EA).

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The [www.njhelps.org](http://www.njhelps.org) website serves as a pre-screening tool for a variety of programs serving lower income NJ residents, and potential SNAP recipients can complete an online application.

The Division partners with the CCR&Rs, CWAs/BSS, and One Stop Career Centers to serve TANF Families.

b) Head Start and Early Head Start Programs

The CCR&Rs must coordinate child care delivery with other agencies, including Head Start and Early Head Start programs, for application referrals. Applicants are provided with referrals, including Head Start and Early Head Start Program during the intake, consultation or referral processes at the CCR&Rs.

c) Low Income Home Energy Assistance Program (LIHEAP)

Families are given information regarding the LIHEAP program at the CWAs/BSS. Information regarding this program is also on [www.NJHelps.org](http://www.NJHelps.org). The Division partners with the CWAs/BSSs and community based agencies under contract with the Department of Community Affairs (DCA) to provide LIHEAP assistance for families.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

DFD also provides state oversight of the SNAP program. The SNAP program is administered at the CWAs. The CWAs that administers the SNAP program refer applicants to the CCR&Rs for child care services. Case managers/workers provide families with the CCR&R contact information and, in some instances, the CCR&Rs provide orientation of child care services onsite. Information to families is provided in various ways, including via public radio announcements, billboards, brochures, flyers, the DHS website, [www.NJ211.org](http://www.NJ211.org) or by calling 2-1-1 Helpline.

Families applying for child care can also apply for SNAP through the NJ Helps website: [www.njhelps.org](http://www.njhelps.org). Information regarding the SNAP program is also included on the child care application.

e) Women, Infants, and Children Program (WIC)

Families are given information regarding the WIC program at the CWAs/BSS. Information regarding this program is also on the DHS and DOH websites.

DFD will be providing guidance to the CCR&Rs regarding partnering with the county WIC programs to strategically improve coordination efforts and effectively refer or provide adequate information to families, providers and the general public.

f) Child and Adult Care Food Program (CACFP)

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DFD plans to partner with the CACFP program located within the NJ Department of Agriculture to create a streamlined process to improve coordination efforts and to share CACFP program information with families, providers and the general public through the CCR&Rs.

g) Medicaid

Families applying for Medicaid/NJ FamilyCare are also evaluated for other social service programs. Families applying for TANF child care at the CWAs/BSSs are given information regarding Medicaid benefits. In most cases the Medicaid/NJ FamilyCare program is located in the same building as the TANF program at the CWAs/ BSSs. Non-TANF families are informed of the Medicaid program at the CCR&Rs. There is a simplified application process and a toll free FamilyCare call center number (1-800-701-0710) for healthcare insurance information and assistance.

h) Children's Health Insurance Program (CHIP)

Families applying for NJ FamilyCare are also evaluated for other social service programs. In most cases the NJ FamilyCare program is located in the same building as the TANF program at the CWA/ BSS. The CCR&Rs are required to inform families of the benefits of having healthcare insurance and to distribute the NJ FamilyCare flyer. The CHIP program is fully integrated within the eligibility requirements and benefits available for the Medicaid and NJ FamilyCare programs. Child Care applications also provide families with the content information to inquire of health insurance.

i) Individuals with Disabilities Education Act (IDEA)

In partnership with the NJ Department of Education, DFD will contract with the CCR&Rs to provide a specific plan to improve coordination efforts to share the IDEA program information with providers, parents and the general public. In addition, DFD collaborates with the following entities: DCF's Children's System of Care, Family Support Organizations (FSOs) and Statewide Parent Advocacy Network (SPAN); DOH, the Special Child Health Services and local health departments; Early Intervention programs through DOE, and Maternal Child Health coalitions to provide information regarding IDEA.

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)

Families are provided with information to access state Pre-K programs. CCR&Rs closely work with the school districts and child care providers to enroll families in the before/after care wrap around educational services.

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) Healthy Mothers, Healthy Babies, TIP, and other home visiting programs

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**DFD coordinates with Department of Children and Families (DCF) for in-home visiting services to new Work First New Jersey (WFNJ) / (TANF) Temporary Assistance for Needy Families parents. DFD and DCF work closely together and have joint responsibilities to ensure positive parenting and child health and well-being outcomes.**

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

a) Temporary Assistance for Needy Families (TANF)

**The CCR&Rs are required to refer, inform and coordinate child care services and other human service programs. This information includes referrals and resource information for other community services, including, but not limited to, TANF, health care, insurance, child development and screenings, the Head Start and Early Head Start program and other social and supportive services as appropriate. This information is also provided on the DHS/DFD website.**

b) Head Start and Early Head Start Programs

**Head Start and Early Head Start Programs are licensed through the Office of Licensing, and are part of the CCR&Rs referral system. The CCR&Rs referral service includes referrals and resource information for other community services, including but not limited to TANF, health care, insurance, child developmental screenings, the Head Start and Early Head Start program and other social and supportive services as appropriate. This information is also provided on the DHS/DFD website.**

c) Low Income Home Energy Assistance Program (LIHEAP)

**LIHEAP Program information is shared with families at the CWAs/ BSSs. DFD will contract with the CCR&Rs to provide a specific plan to improve coordination efforts regarding sharing/distribution of LIHEAP program information to families and providers in consultation with DCA and its community based agencies contracted to provide LIHEAP services.**

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

**Information regarding the SNAP program is shared with child care providers as a condition of the CCR&R contract. In some counties the SNAP program intake offices are co-located with the CWAs or BSSs buildings and provide families with information regarding eligibility requirements and how and where to apply. SNAP information is also provided on the DHS website, and communicated during community outreach events through our partnership with Department of Nutritional Science at Rutgers School of Environmental and Biological Sciences.**

e) Women, Infants, and Children Program (WIC)

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**Information regarding the WIC program is provided on Department of Health website. DFD will contract with the CCR&Rs to provide a specific plan to improve coordination efforts regarding dissemination to the general public.**

f) Child and Adult Care Food Program(CACFP)

**Currently, information regarding the CACFP program is provided on Department of Agriculture's website. DFD will contract with the CCR&Rs to provide a specific plan to improve coordination efforts regarding sharing the CACFP program information with providers, parents and the general public.**

g) Medicaid

**Information regarding the Medicaid programs is provided on the DHS website, community health events, flyers and local libraries. DFD partners with the CCR&Rs and the local CWAs/BSSs to provide Medicaid information to the general public.**

h) Children's Health Insurance Program (CHIP)

**Information regarding the CHIP program is provided on the DHS website, community health events, flyers at local libraries. DFD partners with the CCR&Rs to provide NJ Family Care information to families. Information regarding health insurance is also provided on the child care application.**

i) Individuals with Disabilities Education Act (IDEA)

**DFD will be collaborating with DOH, IDEA Part B Coordinator, DOE 619 Coordinator, as well as the Statewide Advisory Statewide Parent Advisory Network (SPAN) to provide guidance with the development of a specific plan to improve coordination efforts regarding sharing the IDEA program information with providers, parents and general public.**

j) Other State/Federally Funded Child Care Programs (example-State Pre-K)

**DFD contracts with the CCR&Rs to provide child care referrals including information about the state pre-k programs, private schools, and Head Start to families.**

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting

**Information about this program can be found on DHS and DCF websites.**

- 2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))



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- a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

**1. Parents**

The state, as well as DHS website has valuable information, resources and links for parents to easily access; such as NJ Parent Link which provides a wealth of information and resource needs for parents.

DFD also utilizes the CCR&Rs, quality initiatives contracts and partners to make information available through consumer education, as well as written publication, mailings, websites and through parent training and workshops.

Programs enrolled in Grow NJ Kids receive training and technical assistance to help them effectively communicate and inform parents about research and best practices in child development.

**2. Providers**

DFD uses professional trainings and technical assistance contracts, on-site consultation services and written publications to make information accessible to providers. DFD also collaborates with other state agencies and key stakeholders to make information available.

DFD will continue to use Grow NJ Kids, DFD funded initiatives and trainings as a vehicle to provide information to providers, in addition to creating website specifically designed to provide family and providers resources and information.

**3. General Public**

DFD utilizes the CCR&Rs, quality initiatives contracts and partners to make information available, as well as written publication, and website to inform the general public.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

**1. Parents**

Parents have access to the CCR&Rs lending libraries which include written materials and videos available for parents use. Technical assistance and training are also provided to help parents understand how to effectively achieve better outcomes for their children and understand important developmental milestones. Information about child development, finding quality child care, and understanding the importance of developmental milestones, is information on CCR&Rs, DHS and key stakeholder websites which parents can access.



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## 2. Providers

Through contracts, collaborations and partnerships, DFD provides professional development trainings, written materials and resources, and links to websites. Coaches, mentors and specialized technical assistances work directly with providers. Providers also have access to the lending library and resources at the CCR&Rs, as well as access to the Professional Development training calendar through Professional Impact of New Jersey (PINJ).

## 3. General Public

Program information regarding early childhood development, including social and emotional development, cognitive, and physical health and development, and meaningful parent and family engagement is provided to families and the general public in lay terms and using multiple presentation strategies (e.g., handbooks, videos, email, websites, television, and newspapers). Information about training opportunities can be found on the CCR&Rs and Professional Impact of New Jersey (PINJ) calendar of trainings or DHS's website that have several links to agencies and services specifically related to child development.

- c) Describe who you partner with to make information about research and best practices in child development available

**The State partners are other state agencies, such as, DOH, DOE, DHS, DCF and Children's Specialized Hospital regarding research and best practices in early childhood development. DFD will also be partnering other state agencies and Montclair State College to help draft policy and best practices for addressing social/emotional needs of children.**

- 2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

**DFD will be collaborating with Department of Education and the Head Start Collaborator to begin discussing plans with Montclair State College to help draft a state policy regarding the social-emotional health of young children.**

### 1. Parents

Information on the Preschool Teaching and Learning Standards is widely available through the Division of Family Development (DFD) Grow NJ kids Website and NJ Department of Education (DOE) Website.

### 2. Providers

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Training in utilizing the NJ DOE Preschool Teaching and Learning Standards are offered to providers and staff members participating in the Grow NJ Kids Program. Through the training, providers and their staff are encouraged to carefully observe and listen to children in care and adapt their responses to suit individual children's social and emotional needs, support young students' developing self-concepts and self-esteem by talking with them about their actions and accomplishments and by always showing respect for their feelings and cultures. Effective staff members will facilitate interactions between children that will improve children's social skills and problem solving abilities. With this training, staff members are given the tools and resources to help children in care develop the social and emotional competencies they need to fully immerse themselves in the preschool day and become successful learners.

### **3. General Public**

Information on the Preschool Teaching and Learning Standards is widely available through the NJ State Website and NJ Department of Education Website.

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe what you provide (e.g., early childhood mental health consultation services to child care programs) and how (i.e., methods such as written materials, direct communication, etc.) for each group:

The State of New Jersey has chosen to adopt and implement the New Jersey State Department of Education Preschool Teaching and Learning Standards for child care policy regarding the social-emotional health of young children and will use the five preschool standards for assessing social/emotional development.

Along with written standards, training, technical assistance and consultation is provided to provider to help them understand and implement into practice and learning environment.

DFD informs parents, providers, and the general public about the Preschool Teaching and Learning Standards in the following ways:

#### **1. Parents**

Parents are informed of the New Jersey State Department of Education Preschool Teaching and Learning Standards' approach to social-emotional behavioral health of young children through the DFD's website, Grow NJ Kids website, as well as the DOE website.

#### **2. Providers**

Providers and program staff participating in Grow NJ Kids are offered training on the New Jersey Preschool Teaching and Learning Standards. The trainings are evidence-based and best practices designed to approve teaching and learning strategies in programs serving

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children three to five years of age. A practical understanding of the relationship among the NJ Quality Rating Improvement Scale, Core Knowledge, and Competencies and the NJ Preschool Teaching and Learning standards are identified during this training. CCR&Rs also provide training and technical assistance on the Preschool Teaching and Learning Standards.

### **3. General Public**

Since the social-emotional behavioral health of young children are aligned with Grow NJ Kids Standards, this information has been shared publicly through the statewide Grow NJ Kids campaign and has been disseminated through radio ads, billboards, and the Grow NJ Kids website, DFD website, and DOE website.

- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

**DFD has partnered with the DOE, DOH, Montclair State College and Head Start to discuss drafting a statewide policy regarding the social-emotional behavioral health of young children.**

- c) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link

**New Jersey has a Preschool Student Suspension/Expulsion Guidance though the Department of Education (DOE), and State regulation, N.J.A.C. 6A:13A-4.4(g), "Preschool students in a general education program or special education program shall not be suspended, long-term or short-term, and shall not be expelled". Information regarding DOE's guidance can be found at the DOE's website at**

**<http://www.nj.gov/education/ece/psguide/suspension.htm>**

**In addition, licensed centers are required to provide parents with a copy of the centers' policy on the expulsion of children enrolled.**

**Information is posted on DOE's website and in the manual of requirements for child care centers.**

**DFD will be collaborating with DOE to create a state policy which will be made public and posted on DHS and Grow NJ Kids websites written materials and directly communicated to parents and providers through the CCR&Rs.**

No.

- School-age children from programs receiving child care assistance?

Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link

No.

#### 2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services.

(658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) \_\_\_\_\_ and:

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**September 30, 2016**

- 
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other).

**Partially implemented**

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable  
**Currently the state has an informal process in place in which child care providers inform families on how children receiving CCDF may utilize resources and services to obtain developmental screenings if they demonstrate health concerns.**

- Unmet requirement - Identify the requirement(s) to be implemented

**In order to improve the referral process DFD will establish specific policy for providing information on and referring families to existing developmental screening services and informing providers and families of what services and options are available when a health care issue has been observed.**

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**DFD plans to review and revise the current procedures regarding provider referral of families for child development screenings. The Division of Medical Assistance has established protocol for Early and Periodic Screening, Diagnosis, and Treatment program. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a Title XIX mandated program that covers screening and diagnostic services to determine physical and mental defects in enrollees under the age of 21. The program also provides resources for obtaining health care, treatment, and offers other measures to correct or ameliorate any defects and chronic conditions discovered, pursuant to Federal Regulations found in Title XIX of the Social Security Act.**

**DFD works closely with colleagues across departments to ensure that children and their families have access to a range of resources that support the social-emotional/behavioral and early childhood mental health of young children. For, example, the NJ Departments of Children and Families (DCF) and Health (DOH) have established a statewide network of county-level central intake hubs (all 21 counties) that provide a single point of entry for early childhood information, referral and service linkages at the local level.**

**DFD has partnered with the DOH, DCF, Children and Families, Family & Community Partnerships and the CCR&Rs to provide suggestions to improve the referral process for child care screening for CCDF eligible children.**

- Projected start date for each activity: **Already in progress**
- Projected end date for each activity: **September 30, 2016**
- Agency – Who is responsible for complete implementation of this activity: **DFD**

- 
- Partners – Who is the responsible agency partnering with to complete implementation of this activity: **Division of Medical Assistance, Department of Health and CCR&Rs**

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint

**Whenever the Department of Children and Families, Office of Licensing (OOL) receives a complaint against a program or center or a referral agency alleging that a licensed center is violating provisions of the licensing manual, 10:122 The Manual of Requirements for Child Care Centers, OOL must ensure that the allegation is promptly investigated to determine whether the complaint is substantiated. A Complaint Investigation Summary will be issued to the center and is public information upon completion.**

**Whenever the Department, through its Office of Licensing, DCF, Institutional Abuse Investigation Unit (IAIU) or district offices conducts complaint investigations, of alleged child abuse and/or neglect, the center shall cooperate with all Department investigators.**

**After the report of the DCF- IAIU investigation has been completed, the DCF, Institutional Abuse Investigation Unit Office of Licensing shall notify the sponsor/sponsor representative in writing of the results of the investigation, pursuant to the State Open Public Records Law, N.J.S.A. 47:1A-1 et seq., except for any information not permitted to be disclosed pursuant to the State Child Abuse and Neglect Law, N.J.S.A. 9:6-8.10a. The investigation may require the Office of Licensing to ensure that the center takes additional remedial action after the investigation.**

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

**Complaints and reports of completes are maintained in the program/provider file. DFD's record retention policy for child care requires a record of parental complaint about providers for three years.**

**In addition, complaints handled by OOL are maintained by the Bureau, are public record and shall be readily accessible for examination by any person, under the direction and supervision of the Bureau, except when public access to records is restricted, in accordance with the State Public Records Law or other applicable statutes.**

c) How does the State/Territory make substantiated parental complaints available to the public on request

**According to N.J.A.C. 10:122-2.7, files maintained by the OOL are public records and must be readily accessible for examination by any person, under the direction and**



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**supervision of OOL personnel, except when public access to records is restricted, in accordance with the State Open Public Records Act or other applicable statutes.**

- d) Describe how the State/Territory defines and maintains complaints from others about providers

**All complaints, including other providers are handled in the same manner as described above.**

**Whenever the Office of Licensing receives a “report” questioning the licensing status of a program or center or alleging that a licensed center is violating provisions of the manual, the Office of Licensing shall ensure that the allegation is promptly investigated to determine whether the complaint is substantiated.**

**Whenever the Department, through its Office of Licensing, Institutional Abuse Investigation Unit, or district offices conducts complaint investigations, the center shall cooperate with all Department investigators. After the report of the investigation has been completed, the Office of Licensing shall notify the sponsor/sponsor representative in writing of the results of the investigation, pursuant to the State Open Public Records Law, N.J.S.A. 47:1A-1 et seq., except for any information not permitted to be disclosed pursuant to the State Child Abuse and Neglect Law, N.J.S.A. 9:6-8.10a.**

- 2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other
- None

- 2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages



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Each CCR&R provides multilingual services to families applying for child care services in Spanish and other predominant languages spoken in their respective communities over the telephone or as necessary in person. The CCR&Rs and the Division of Family Development utilize the services of Language Line translation services if needed to communicate. Language Line is a national leader in providing over-the-phone interpretation from English into the caller's native language.

Provider handbooks for both TANF and non-TANF child care will be translated into Spanish as program modifications are incorporated and handbooks are revised. Provider handbooks can be made available in other languages upon request, depending on need.

- 2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities

DFD and the CCR&Rs are required to comply with The Americans with Disabilities Act (ADA) to ensure the removal of barriers which prevent persons with disabilities from accessing the same services as persons without disabilities. Based on the needs of parents, reasonable accommodations are made, such as making facilities readily accessible to and usable by persons with disabilities, using TTY/Interpreter Services and the Language Lines, having flexible office hours, and granting extensions to submit and complete applications or submission of documentations. Additionally, information is distributed by mail, phone, internet and through alternate means if they are unable to physically come to the agency.

### 2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

- 2.3.1 Describe the status of State/Territory's consumer education website.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website \_\_\_\_\_ and describe how the consumer education website meets the requirements to:

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- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe
  - b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe
  - c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe
  - d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe
  - e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017)

**September 30, 2016**

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, in progress, partially completed, substantially completed, other)

**Partially Implemented**

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

**The Department of Children and Families Office of Licensing launched the web portal called the “Licensed Child Care Center Explorer,” which is accessible by the general public to search and find license child care centers.**

**The DCF “Licensed Child Care Center Explorer” can be accessed at this address:**  
[https://data.nj.gov/childcare\\_explorer](https://data.nj.gov/childcare_explorer)

- Unmet Requirement(s) – Identify the requirement(s) to be implemented

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A consumer-friendly website to allow multiple ways to search for the full diversity of providers needs to be developed.

DFD needs to develop a full description or definition of the various types of providers, including license exempt and the new health and safety requirements and licensing or regulatory requirements for child care providers and a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers.

DFD need to post the annual aggregate information about the number of deaths, number of serious injuries and the number of incidences of substantiated child abuse in child care settings.

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

To complete these requirements, DFD has convened several meetings with the Department Of Children and Families, Office of Licensing to discuss the CCDBG Act of 2014's added requirements for consumer education. Currently the website design and content to promote consumer education is in the planning and development stage.

- Projected start date for each activity

**Already in progress**

- Projected end date for each activity

**By September 30, 2016, all components of the website will be completed with the exception of posting inspection results on the website based on the new monitoring requirements. That component in particular will be completed by November 19, 2017.**

- Agency – Who is responsible for complete implementation of this activity

**The Department Of Children and Families, Office of Licensing**

- Partners – Who is the responsible agency partnering with to complete implementation of this activity

**The Division of Family Development, New Jersey Association of Child Care Resource and Referral Agencies and Department of Health.**

### **3 Provide Stable Child Care Financial Assistance to Families**

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to

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adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children and children in foster care if served pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

### 3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

#### 3.1.1 Eligibility Criteria Based upon Child's Age

**a) The CCDF program serves children from age 0 to age 13 and up to age 19 for a child with a disability**

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?  
(658E(c)(3)(B)), 658P(3))

Yes, Provide the Lead Agency definition of physical or mental incapacity

**Physical or mental incapacity means a child who is under the age of 19 who is physically or mentally incapable of self-care; as identified through a written referral from a county**

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welfare agency, legal, medical, social service agency, emergency shelter, or school which indicates that the child has a serious physical, emotional, or mental, or cognitive condition and child care services are required as part of a treatment plan designed to stabilize or ameliorate the situation.

No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

Yes, and the upper age is **18 (may not equal or exceed age 19)**

No.

3.1.2 How does the Lead Agency define the following eligibility terms?

- a) Residing with – **means living in the permanent or temporary residence of the eligible parent, legal guardian or person standing *in loco parentis*.**
- b) *in loco parentis* – **means serving as the primary caretaker without legal confirmation for the child(ren) on behalf of whom services are requested.**

3.1.3 Eligibility Criteria Based on Reason for Care

d) How does the Lead Agency define “working, attending job training and education” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- working

**Full-time employment is employment that totals 30 or more hours per week is required for initial eligibility. Employment for that totals 25 or more hours per week is required at redetermination.**

- attending job training

**Full-time job training is job training in a vocational/occupational program that includes classroom instruction, on the job training and/or apprenticeships for 20 hours or more and is required for eligibility.**

- attending education

**Full-time education is enrolled in and attending a college, university or other educational facility a total of 12 credit hours or more per term or the equivalent number of continuing education units (CEU) and nine credit hours or more during the summer term or the equivalent number of CEUs.**

- e) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Yes.

**Applicant(s) can be deemed eligible for assistance if they are not working as long as they are attending a full-time education or training program and/or a combination of work/school/training equivalent to a full-time activity.**

No. If no, describe additional requirements

- f) Does the Lead Agency provide child care to children in protective services?

Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services –

**Child Protective Services (CPS) are services on behalf of any child, under age 19, considered at risk of abuse, neglect, or exploitation; or found to be abused, neglected, exploited or abandoned, as identified by the Division of Child Protection and Permanency (DCP&P), formerly known as the Division of Youth and Family Services (DYFS).**

**The term, unless otherwise specified, includes services provided to children in out-of-home settings under the supervision of DCP&P.**

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

**Note** – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

#### 3.1.4 Eligibility Criteria Based on Family Income

- a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination?

- Definition of income –

**Income is defined as the amount of current gross income earned by all members of the family unit through the receipt of wages including overtime, tips, bonus or**

commissions from activities in which he/she is engaged as an employee from his/her self-employment.

Unearned income such as social security, pensions, retirement, unemployment, worker’s compensation, public assistance, child support, alimony and any other income required for federal and state tax reporting purposes is calculated in the income.

- b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here .

Describe how many jurisdictions set their own income eligibility limits \_\_\_\_\_. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum “Entry” Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum “Exit” Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	\$5,104	\$4,338	\$972	19.04	\$2,431	48%
2	\$6,000	\$5,100	\$1,310	21.83	\$3,277	55%
3	\$7,572	\$6,436	\$1,649	21.78	\$4,123	54%
4	\$8,954	\$7,611	\$1,987	22.19	\$4,969	55%
5	\$9,629	\$8,185	\$2,325	24.15	\$5,815	60%

**Reminder** - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at <http://aspe.hhs.gov/poverty/index.cfm> .

- c) SMI Source and year  
**April 2015**
- d) These eligibility limits in column (c) became or will become effective on  
**April 2015**
- e) Provide the link to the income eligibility limits  
[http://www.nj.gov/humanservices/dfd/programs/child/sfy15\\_income\\_el.pdf](http://www.nj.gov/humanservices/dfd/programs/child/sfy15_income_el.pdf)

### 3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-



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determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called an “exit threshold”) or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory’s policy regarding graduated phase-out of assistance.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) and describe the policies and procedures for graduated phase-out

Not implemented. The State must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially Implemented**
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

**At initial entry into the program, families’ income eligibility threshold must be at or below 200% of the FPL. At redetermination, families’ income eligibility threshold can increase up to 250% of the FPL, which remains below the federal threshold of 85% of State median income, the family shall be eligible for an additional 12 months of child care assistance.**

- Unmet requirement - Identify the requirement(s) to be implemented  
**Written policy that allow for families’ whose income increases below 85% of the State median income at their initial redetermination assessment continue care for an additional 12 months.**
- Tasks/Activities – What steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity **April 2016**
  - Projected end date for each activity **September 2016**
  - Agency – Who is responsible for complete implementation of this activity **DFD**
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity **CCR&Rs**

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### 3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)

**September 30, 2016**

- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) : **Substantially Implemented**
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

**DFD is in the process at looking at several of its existing policies in reference to fluctuations in earnings and temporary changes in activities in order to broaden the scope of these policies and ensure they align with Federal requirements.**

**At this time DFD requires families to report changes, both temporary and permanent that may affect eligibility such as changes in income, employment, education/training status, etc. When reported, DFD accounts for these changes and makes necessary adjustments as it relates to family's eligibility and co-payment(s). For example, if a**

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family reports a decrease in income, DFD will ensure the family's co-pay is reduced to account for the decrease in income if necessary.

- Unmet requirement - Identify the requirement(s) to be implemented

Policies to address seasonal or other employment breaks (i.e. maternity, sick leave, etc.) need to be revisited to ensure it aligns with the Federal requirements. In addition, DFD's existing calculation of other income such as bonuses, commissions, etc. are in need of greater clarification to account for irregular and fluctuating income changes over the course of a year as well as how eligibility and copayments are set in a manner to take such circumstances into account.

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DFD is in the process of revising the current methodology for calculating other types of income such as bonuses, incentives, and commissions as well as overtime which are not always received on a consistent basis and must be looked at as fluctuated earnings. Currently, a family's income is calculated with these amounts which may have distorted the family's annualized gross income amount. The new annual income calculation formula will establish methodology for calculating inconsistent sources of income and will require the applicant's employer to verify the frequency of a bonus, commission, incentive and overtime amount on the paystub.

DFD is in the process of drafting policy that defines a "temporary change" in regards to families who experience a change in the status of their work, training, or educational activity during their 12 month eligibility period.

DFD plans to make a distinction between temporary changes in the ongoing status of work and the permanent loss of work or cessation of attendance at a job training or educational program. Temporary changes may include absence from employment due to an approved maternity leave or approved medical leave, work stoppage due to seasonal work schedule, or if a parent is enrolled in a training or education program and is temporarily not attending classes between semesters that does not exceed 90 days.

- Projected start date for each activity

**Already in Progress**

- Projected end date for each activity

**September 30, 2016**

- Agency – Who is responsible for complete implementation of this activity

**DFD**

- Partners – Who is the responsible agency partnering with to complete implementation of this activity

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## CCDBG workgroup and key stakeholders

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents and include in the description what information is required and how often. There are no federal requirements for specific documentation or verification procedures.

Applicant identity. Describe

**The identity of each applicant applying for child care will be verified through U.S. passports, certificates of naturalization, driver's licenses, permits or state identification cards, U.S. military cards, non U.S. passports, or school identification cards at the time of application.**

Applicant's relationship to the child. Describe

**The applicant's relationship to the eligible child will be verified by one or more of the following proof: birth certificate, medical and school records, or court order of custody at the time of application.**

Child's information for determining eligibility (e.g., identity, age, etc.). Describe

**The child's identity and age will be verified by one of the following proofs: birth certificate, U.S. passport or alien registration card at the time of application.**

Work. Describe

**Work hours will be verified through current paystubs at the time of application. In the event that paystubs do not reflect work hours, the applicant(s) may submit a New Jersey "Verification of Employment form" or a letter on the Employer's letterhead.**

Job training or Educational program. Describe

**Job training and Education Program hours will be verified through the school registration document, schedule, or letter from the training program. In the event that the above documentation cannot be provided, the Applicant/Co-Applicant may submit a New Jersey "Verification of School and Training" Form.**

Family income. Describe

**Family Income will be verified through pay subs in addition to a letter, certificate, court order, etc. documenting any unearned income.**

Household composition. Describe

**Household composition is done through self-certification on the application. However, collateral information and documents in the file such as birth certificates and tax records are used in collaboration when appropriate. Verification procedures of household composition are currently under review.**

Applicant residence. Describe

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**Applicant(s) residence is verified through one of the following acceptable documentation: utility bills, property tax bills, mortgage documents or home owner insurance documents, residential rental or lease agreements, or driver's license.**

Other. Describe

**Reminder** – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

Time limit for making eligibility determinations. Describe length of time

**DFD's policy allows 45 days of processing from the date of receipt to make an eligibility determination and notify the applicant/co-applicant of a decision. In addition, DFD requires in the CCR&Rs contract to screen all applications within 10 days and immediately process applications that are complete and satisfy all the eligibility criteria.**

Track and monitor the eligibility determination process

**DFD conducts ongoing monitoring of the timeliness of the eligibility determination process**

Other. Describe

None

3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be

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sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

- State/Territory TANF Agency

**Division of Family Development**

b) Provide the following definitions established by the TANF agency.

- "appropriate child care"

The child care provider is open for the hours and days the parent would need child care in order to comply with work requirements and the provider is able and willing to provide child care services including any special needs of the child(ren) and meets DFD and DCF requirements.

- "reasonable distance"

**The child care provider is located within a distance that is in route from the parent's home and work activity and that the parent can get the child to care and then to their activity within 90 minutes.**

- "unsuitability of informal child care"

**The minimum requirements for approval of the home are satisfactory results of a Child Abuse Record Information (CARI) background check by all household members 14 years of age and older, a satisfactory health and safety inspection of the home using the "Self-Arranged Care Inspection and Interview Checklist," and a standard interview with the provider and family members. Providers that do not meet the above criteria are not approved as an Approved Home.**

- "affordable child care arrangements"

**Affordable child care arrangements do not exceed DFD reimbursement rate.**

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

In writing

Verbally

Other. Describe



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List the citation to this TANF policy

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

### 3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a) (1) Provide definition of “Children with special needs”

**Current Definition**

**“Children with Special Needs” - A child that has been identified through a written referral from a county welfare agency; DCP&P; legal, medical, or social service agency; emergency shelter; or public school; which indicates that the child has a serious physical, emotional, mental or cognitive condition and child care services are required as part of a treatment plan designed to stabilize, ameliorate the situation and/or prevent the placement of the child outside the home. The child’s social or medical diagnosis must be documented as a result of a standardized developmental or psychological test given by a certified professional or physician.**

**Definition to be Implemented 2016**

**“Children with Special Needs” definition will be replaced with the federal definition “Child with a Disability” and will be defined as a child with under the age of 19 that has a 1) disability or developmental delay identified on an Individual Educational Plan (IEP), service agreement, or treatment plan; has a 2) written behavioral plan that has been determined by a licensed physician, licensed psychologist or certified behavior analyst; or has a 3) chronic health condition diagnosed by a licensed physician, physician’s assistant or CRNP that requires health and related services of a type or amount beyond that required by children generally.**

(2) Describe how services are prioritized



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**Currently, a child with a disability does not fall into the priority ranking category. However, parents are provided with referrals to help them find child care services to meet their family needs and applications are screened to quickly expedite child care services. DFD is in the process of revising priority ranking and service policies.**

f) (1) Provide definition of “Families with very low incomes”

**Families with very low income are those families that have an income at or below 150% of the Federal Poverty Index as determined by family size.**

(2) Describe how services are prioritized:

**Families with very low incomes are given priority over other CCDF eligible families. DFD will be developing new priority codes based on income level ranges.**

g) Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act)

**TANF families are a priority and receive immediate services when a referral for child care has been made. For those TANF families who become gainfully employed, DFD provides up to 2 years of Transitional Child Care (TCC) benefits to ensure continued employment.**

### 3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children’s learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of

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subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements
- b. Procedures to conduct outreach to homeless families to improve access to child care services
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)

**September 30, 2016**

- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

**Partially Implemented**

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

**DFD has begun to draft policy that establishes a Presumptive Eligibility process for Homeless Families in accordance with the McKinney definition to immediately access child care services for 90 days pending submittal of the required eligibility documentation. During the 90 day grace period, the requirements relative to hours of work/education and**

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**training for the applicant(s) will be waived if the applicant(s) demonstrates that they are seeking employment or participating in a transitional living program.**

- Unmet requirement - Identify the requirement(s) to be implemented

**DFD must create policy to address assistance to Homeless Families as identified by the CCDBG Act of 2014 including conducting outreach to homeless families and allowing them to access child care with a grace period to meet the eligibility requirements.**

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**DFD in conjunction with the CCDBG workgroup and key stakeholders will be convening meetings to begin drafting policy to improve homeless families' access to child care services to implement the following activities:**

- **Inform the applicant(s) of the 90 day grace period to receive child care services and advise them of the eligibility requirements and timeline for submitting the required documentation in order to maintain child care services.**
- **Advise applicant(s) of other social services supports, resources, and programs.**
- **Conduct targeted outreach efforts to places where homeless families are located, such as shelters, soup kitchens, and employment and social service agencies.**
- **Provide and disseminate easy to read information about the availability of child care services and eligibility.**
- **Assist families with the enrollment process.**
- **Collaborate with other community partners to help identify homeless families who are in need of child care services.**
- **Coordinate with other entities to link families to community services.**
- Projected start date for each activity  
**April 2016**
- Projected end date for each activity  
**September 30, 2016**
- Agency – Who is responsible for complete implementation of this activity  
**DFD**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity  
**CCDBG workgroup and key stakeholders, CCR&Rs, CWA/BSS, Department of Human Services (DHS), Department of Community Affairs (DCA), New Jersey Interagency Council on Homelessness, Department of Education (DOE)**

### 3.3 Protection for Working Parents

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### 3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**September 30, 2016**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other).  
**Substantially implemented**
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

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**DFD policy establishes a 12-month eligibility and redetermination period for CCDF families. A reassessment of eligibility will occur during the 12 month eligibility if a family's circumstances, other than a temporary change, should change to ensure continued eligibility.**

**DFD policy provides continued eligibility for applicants that experience temporary change in participation in work/training/education activities for 90 days; however, child care assistance is not paid during that time.**

- Unmet requirement - Identify the requirement(s) to be implemented

**DFD must establish clear written policies in alignment with the CCDBG 12-month minimum eligibility period requirement to ensure child care is not terminated prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity.**

**DFD must also establish clear written policies for a gradual phase out period for continued child care assistance for families whose income increases but remains below 85% of the SMI.**

Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**DFD in conjunction with the CCDBG workgroup and key stakeholders is drafting recommended policies to ensure current policy aligns with the CCDBG Act of 2014.**

- Projected start date for each activity  
**Already in progress**
- Projected end date for each activity  
**September 30, 2016**
- Agency – Who is responsible for complete implementation of this activity  
**DFD**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity  
**CCDBG workgroup and key stakeholders**

### 3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months

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to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent’s non-temporary loss of work or cessation of attendance at a job training or education program?

Yes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs

No, the State/Territory does not allow this option.

### 3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory’s or designated local entity’s requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory’s redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory’s or designated local entity’s requirements for redetermination of eligibility.



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Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

**DFD Instruction 15-08-01 provides applicant(s) the ability to submit original, electronic (i.e., both paperless paystubs and verifications received via email), or copies of eligibility documentation at initial application and redetermination which minimizes the disruption of working families. Families can also be assisted via telephone calls and in person, by appointment convenient to the working parent or through walk-ins.**

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
- Unmet requirement - Identify the requirement(s) to be implemented
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity
  - Projected end date for each activity
  - Agency – Who is responsible for complete implementation of this activity
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity

### 3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.



3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care.

Note – If the sliding fee scale is not statewide, check here  and describe how many jurisdictions set their own sliding fee scale \_\_\_\_\_. Fill in the chart based on the most populous area of the State.

See chart immediately above.

a) What is the effective date of the sliding fee scale(s)?  
**January 2015**

b) Provide the link to the sliding fee scale  
<http://www.state.nj.us/humanservices/dfd/programs/child/forms/>  
[http://www.state.nj.us/humanservices/dfd/programs/child/forms/dfdi\\_copay\\_sched\\_fy14.pdf](http://www.state.nj.us/humanservices/dfd/programs/child/forms/dfdi_copay_sched_fy14.pdf)

Family Size	(a) Lowest “Entry” Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Highest “Entry” Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	\$11,671 (\$972.58/per month)	\$76.51	7.87%	\$23,340 (\$1,945/per month)	\$163.50	8.41%
2	\$15,731 (\$1,310.92/per month)	\$76.51	5.84%	\$31,460 (\$2,622/per month)	\$163.50	6.24%
3	\$19,791 (\$1,649.25/per month)	\$76.51	4.65%	\$39,580 (\$3,298/per month)	\$163.50	4.96%
4	\$23,851 (\$1,987.58 /per month)	\$76.51	3.85%	\$47,700 (\$3,975/per month)	\$163.50	4.11%
5	\$27,911 (\$2,325.92/per month)	\$76.51	.274% (revised % 3.29%)	\$55,820 (\$4,652/per month)	\$163.50	0.292% (revised 3.51%)

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

- Fee is a dollar amount and
  - Fee is per child with the same fee for each child
  - Fee is per child and discounted fee for two or more children
  - Fee is per child up to a maximum per family
  - No additional fee charged after certain number of children
  - Fee is per family
- Fee is a percent of income and
  - Fee is per child with the same percentage applied for each child
  - Fee is per child and discounted percentage applied for two or more children
  - Fee is per child up to a maximum per family
  - No additional percentage applied charged after certain number of children
  - Fee is per family
  - Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe
  - Other. Describe

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

- Yes, and describe those additional factors using the checkboxes below.
  - Number of hours the child is in care
  - Lower copayments for higher quality of care as defined by the State/Territory
  - Other. Describe other factors
- No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

- Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the

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Lead Agency for a family size of 3 is **\$19,790**.

No, the Lead Agency does not waive family contributions/co-payments.

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

Limits the maximum co-payment per family. Describe

**The co-payment scale shall consider family income, family size, hours of care needed, and number of children in care. If more than two children in a family are receiving child care services, no co-payment shall be required for the third and subsequent children in the family. The Client Income Eligibility and Co-Payment Schedule for Subsidized Child Care Assistance or Services are revised on an annual basis through a notice of administrative change published in the New Jersey Register. The co-payment chart calculation is based on the Health and Human Services (HHS) Poverty Guidelines, which accounts for last (calendar) year's increase in prices as measured by the Consumer Price Index. The HHS Poverty Guidelines is updated and published annually in the Federal Register as a General Notice. Currently, New Jersey's families co-pay does not exceed the national average.**

Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe

Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe

Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe

Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe

Other. Describe

#### **4 Ensure Equal Access to High Quality Child Care for Low-Income Children**

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may

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develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

#### **4.1 Parental Choice In Relation to Certificates, Grants or Contracts**

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

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4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

**The CCR&Rs are responsible for administering the child care program and are required to inform parents of child care services and provider options. This information is provided during the application or intake process, or when the CCR&Rs are providing consumer education.**

**The CCR&Rs promote the availability of different kinds of child care services in each county whether it is licensed child care, registered home family child care, or approved Family, Friends, and Neighbors child care.**

**Information is found on each CCR&Rs website, the DHS/DFD website, and parents' handbook. Parents have parental choice and are informed they can select any DFD eligible provider that accepts the State's reimbursement rates. Parents are provided with referrals based on their criteria inquiry.**

**Parents are also advised of providers that have dedicated slots. CCR&Rs, county human service advisory councils, and community-based provider also inform parents of providers that have dedicated slots.**

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories – such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers. (658E(c)(2)(A)(i), 658P(2), 658Q)) Check all that apply.

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of application
- Community outreach, workshops or other in-person activities
- Other. Describe

4.1.3 Child Care Services Available through Grants or Contracts

- a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1))) **Note:** Do not check "yes" if

every provider is simply required to sign an agreement in order to be paid in the certificate program.

- Yes. If yes, describe:
  - the type(s) of child care services available through grants or contracts
  - The entities that receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)
  - the process for accessing grants or contracts
  - the range of providers available through grants or contracts
  - how rates for contracted slots are set through grants and contracts
  - how the State/Territory determines which entities to contract with for increasing supply and/or improving quality
  - if contracts are offered statewide and/or locally

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts for:

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas

Urban

Rural

Other. Describe

Improve the quality of child care programs with grants or contracts for:

Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs

Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards

- Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
- Programs to serve children with disabilities or special needs
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
  - Urban
  - Rural
  - Other. Describe

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe

Restricted based on provider meeting a minimum age requirement. Describe

**Family, Friend, Neighbor (FFN) and In-Home Providers must be 18 years of age or older. The age of the provider is verified by the CCR&R.**

Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe

Restricted to care by relatives. Describe

Restricted to care for children with special needs or medical condition. Describe



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Restricted to in-home providers that meet some basic health and safety requirements.  
Describe

**FFN providers and In-Home Providers must undergo a Child Abuse Record Information (CARI) check to determine whether an incident of child abuse or neglect has been substantiated against any such person. Providers must also complete the requirements of the CCR&R Health and Safety Home Inspection Checklist, Health and Safety Orientation, Cardiopulmonary Resuscitation (CPR) certification and First Aid training. In addition, the CCR&Rs provide and disseminate essential health and safety policies and trainings to the Providers on a regular basis.**

Other. Describe

**In-home care providers may be used in the home of a child for fewer than twenty-four (24) hours per day.**

**N.J.S.A.C. 30:5B-32 requires all prospective FFN or in-home providers and all members of the prospective provider's household (or the household where the care is provided) who are at least 14 years of age to undergo a CARI background check. Family members under the age of 14 that have access to children in care must provide written consent for DHS, through the DCF Office of Licensing, to conduct a CARI check. With the new background check requirement, DFD will need to wait for CCDF guidance to determine if restricted policies are needed for household members under 18 years of age.**

No

#### 4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators,

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local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- MRS
- Alternative Methodology. Describe
- Both. Describe
- Other. Describe

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

**A Memorandum of Understanding (MOU) was entered into between Rutgers School of Social Work Research Department, the DHS Office of Research and Evaluation and DFD for Rutgers to develop a strategic plan to capture the required data for the MRS.**

**Representatives across the various early care and education systems and key partners, provided input and feedback on the scope of work for the MRS and assisted with the outreach efforts to engage providers to complete the survey. During the design phase, an extensive review of seven other states' instruments were reviewed which provided best practices of critical program characteristics and quality elements to include in the instrument. In addition, the instrument was pre-tested, randomly selecting licensed centers.**

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4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. The survey took various approaches to ensure validity and reliability of child care market prices throughout the data collection and analysis stages.

**In terms of *data collection* procedures, the survey targeted the entire universe, which included provider data from CCR&R and Office of Licensing data file. It used three different data collection methods – mail, online and telephone- to maximize the survey participation. It collected actual market prices reported by child care providers and did not use any conversion method to estimate prices in order not to use prices that may not actually exist in the market. It also collected data so that variations in market prices can be analyzed by provider type (center and family providers), child age (infant, toddler, preschool and school-age), price mode (daily, weekly, and monthly rates), geographic location (county, zip code), and child care quality indicators.**

**In the *data analysis* steps, approaches were taken to further ensure validity and reliability of child care market prices including the following. The representative 50<sup>th</sup> and 75<sup>th</sup> percentile market prices were analyzed weighing the price distributions with the number of maximum slots to capture families’ real experiences in purchasing child care services.**

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

- a. Geographic area (e.g., statewide or local markets)

**Price variations by geographic location were analyzed adopting the method used in Oregon by grouping zip code areas with similar representative price data for infants, toddlers and preschoolers.**

- b. Type of provider

**Price clusters were mapped separately by provider type to allow a visual examination of price variations possible by zip code and county boundaries. Additionally, price variations by quality indicators were analyzed to using three domains of program characteristics - accreditation status, teachers’ educational qualifications, and curricular and program quality. Last, prices were also analyzed for extended care and discount and special fees.**

- c. Age of child

**Researchers conducted distinct weighted analyses for infants, toddlers, and preschoolers.**

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- d. Describe any other key variations examined by the market rate survey, such as quality level

**The MRS also explored price variations by child care quality indicators.**

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016)

**December 23, 2015**

- b) Date report containing results was made widely available, no later than 30 days after the completion of the report \*\*\*

**Market rate survey is scheduled to be posted on April 4, 2016.**

- c) How the report containing results was made widely available and provide the link where the report is posted if available

<http://www.state.nj.usj/humanservices/DFD/>

#### 4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here . Describe how many jurisdictions set their own payment rates

**The child care payment rates are set by New Jersey; there are no jurisdictions that set their own payment rates.**

**New Jersey's most populous geographic region serving the highest number of children is Essex County.**

- a) Infant (6 months), full-time licensed center care in most populous geographic region
- Rate **\$160.60**
  - Percentile **19<sup>th</sup>**
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
- Rate **\$154.80**
  - Percentile **58<sup>th</sup>**
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
- Rate **\$160.60**

- Percentile **35<sup>th</sup>**
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
  - Rate **\$154.80**
  - Percentile **74<sup>th</sup>**
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
  - Rate **\$132.40**
  - Percentile **7<sup>th</sup>**
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
  - Rate **\$121.60**
  - Percentile **50<sup>th</sup>**
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
  - Rate **\$132.40**
  - Percentile **14<sup>th</sup>**
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
  - Rate **\$121.60**
  - Percentile **58<sup>th</sup>**

\*Please note that percentiles are weighted for center based child care providers, but not for family child care providers. Because the number of slots available for family child care providers does not significantly differ by the number of family child care providers, the procedure for weighting does not make a substantial difference especially in regard to one county.

- i) Describe the calculation/definition of full-time care
  - **Full-time care is defined as six hours or more of care a day for a minimum of 5 days a week or 30 hours per week for a minimum of three days.**
  - **The weekly rate for a five day agreement is the daily rate multiplied by 5 days.**
- j) Provide the effective date of the payment rates  
**August 1, 2014**
- k) Provide the link to the payment rates  
[http://www.state.nj.us/humanservices/dfd/programs/child/forms/sfy14\\_max\\_cc\\_pay\\_rates.pdf](http://www.state.nj.us/humanservices/dfd/programs/child/forms/sfy14_max_cc_pay_rates.pdf)

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as

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both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

Tiered rate/rate add-on for non-traditional hours. Describe

Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe

**The following programs qualify for New Jersey's higher tier of reimbursement for serving children with special needs:**

**Registered Family Child Care homes, Accredited Family Child Care Homes, and License-Exempt Approved Homes.**

Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe

**All child care programs serving children from birth to 2.5 years old receive a higher tier of reimbursement than preschool and school age programs.**

Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe

**The following programs qualify for New Jersey's higher tier of reimbursement for meeting higher quality:**

**Licensed child care centers accredited by the National Association for the Education of Young Children-National Academy of Early Childhood Programs, Council on Accreditation (COA) of Services for Families and Children, and National Early Childhood Professional Accreditation (NECPA); Registered Family Child Care providers accredited by the National Association for Family Child Care; School age child care programs accredited by the National School Age Child Care Alliance; Summer camps accredited by the American Camping Association.**

Tiered rate/rate add-on for programs serving homeless children. Describe

Other tiered rate/rate add-on beyond the base rate. Describe

None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

**As part of the market rate study, specific questions related to quality indicators, such as accreditation status, certified teachers and use of research-based curricula were collected to examine the child care price variations in relation to child care quality. Additionally,**



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**the survey examined price clusters that reflected geographic variations in child care prices. This collected data will serve as critical information to help inform the state of reliable approach to set future payment rates.**

**It should be noted that the survey findings should be considered with the limitations of this study in mind. As the response rate of the survey indicated, only slightly more than 30 percent of child care providers eligible for the study participated in the survey despite repeated outreach efforts to increase the response rate. Furthermore, not all providers used all pricing modes (hourly, daily, weekly, and monthly) and not all providers who responded to this survey provided their price information.**

**New Jersey will be considering obtaining additional price data information to help inform the state of generalizable price estimation for all child care providers.**

- 4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

**Currently, New Jersey has a 5% differential rate for programs and providers that achieve national accreditation.**

**At this time, New Jersey has not set new payment rates. DFD plans to explore the methods used in this study, analyze the collected data, and explore other cost estimation models, such as the provider cost estimation model to help guide the state in its efforts to consider the cost of providing higher quality child care services than were provided prior to November 2014.**

**It should be noted that this process requires budget and legislative approval.**

#### **4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access**

**The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.**



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4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe
- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- Rates based on data on the cost to the provider of providing care meeting certain standards. Describe
- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe
- Data on the proportion of children receiving subsidy being served by high-quality providers. Describe **Approximately 24% of DFD funded children are receiving a subsidy serviced by a national accredited program.**
- Data on where children are being served showing access to the full range of providers. Describe **Children are receiving child care services from the full range of providers, such as non-for-profit and for-profit licensed centers, accredited programs, private schools operating a child care program, state contracted pre-k programs, Family Child Care and Approved Homes.**
- Data on how rates set below the 75<sup>th</sup> percentile allow CCDF families access to the same quality of care as families not receiving CCDF. Describe  
Centers that receive payment through CCDF provide care to subsidy and non-subsidy families.
- Feedback from parents, including parent survey or parent complaints. Describe
- Other. Describe.

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access
  - No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Not yet started**
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable  
**The MRS conducted provided important data and information to inform DFD of the necessary action steps and methods to consider while evaluating ways to structure the subsidy reimbursement rates to ensure equal access.**
- Unmet requirement - Identify the requirement(s) to be implemented  
**DFD at this time does not have sufficient price market data to certify that the payment rates are sufficient to ensure equal access by March 1, 2016.**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - **DFD will continue to have internal and external meetings, policy implementation, budget requests, and rulemaking.**
  - **New Jersey will be considering obtaining additional price data information to achieve generalizable price estimation for all child care providers.**
  - **In addition to obtaining additional price data, DFD will be exploring Grow NJ Kids as a measure to structure the reimbursement rate.**
- Projected start date for each activity ;  
**In progress**
- Projected end date for each activity  
**TBD**
- Agency – Who is responsible for complete implementation of this activity  
**DFD**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity.  
**Department of Treasury, Office of Management and Budget, the Governor’s office, and the legislature**

#### 4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the

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State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness.  
(658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
- Unmet requirement - Identify the requirement(s) to be implemented
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Projected start date for each activity
- Projected end date for each activity
- Agency – Who is responsible for complete implementation of this activity
- Partners – Who is the responsible agency partnering with to complete implementation of this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency ...

Pays prospectively prior to the delivery of services. Describe

Pays within no more than 21 days of billing for services. Describe

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DFD's E-Child Care (ECC) system is an automated web-based application that serves as the basis for payment to child care providers through the calculation of benefits based on time and attendance and directs the deposit of funds into provider accounts on a biweekly basis or two weeks in arrears.

By contrast, private pay childcare providers in New Jersey utilize prospective payment practices in which the family must pay for the child care on weekly, biweekly or monthly basis.

**DFD's retroactive, attendance based payment practices ensure stability and consistent funding.**

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory's definition of occasional absences

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe

**Currently, ECC is designed to allow the entry of up to 22 closure days per Federal Fiscal Year for which providers are automatically paid based on established business rules. The system is also designed to pay the full amount for child care services rendered if a child attends at least 80 percent of his or her scheduled time in a two week period (for example, 8 out of 10 days). The system is also designed to reimburse providers for up to five sick days in a two week period.**

**It is important to understand that based on established business rules, the ECC system takes into account attendance, sick, and closure days in the 80 percent calculation.**

**In addition, limited state users have the ability to enter emergency closure days at the state, county and zip code level.**

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe

Pays on a full-time or part-time basis (rather than smaller increments such as hourly)

**ECC is designed to make payments based on the authorized care type (fulltime or part-time). Providers are paid based on the authorized care type regardless of the number of hours a child is in care.**

Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)

**Providers are paid a one-time initial registration fee, not to exceed \$50.00, for WFNJ/TANF participant's child care service.**

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**Payment for transporting a child of a WFNJ/TANF participant to and from a licensed child care center or summer day camp, when this cost is not included in the child care center rate or available from another source, is allowable at a rate of up to \$10.00 per week per child.**

Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

**Providers receive prompt notice of any changes to a family's eligibility status that may impact payment including eligibility termination through a new agreement (revising the terms of the previous agreement) or in the case of eligibility termination through a termination notice.**

**When a termination notice is issued to the family, the contracted agency must concurrently issue a written notice of termination to all providers rendering services to the family. The termination notice issued to the provider(s) must indicate that the termination is effective a minimum of 5 days after receiving the notice.**

**After the date specified on the termination notice, the family is ineligible to receive continued services from the program and the provider(s) will no longer be authorized to receive a subsidy from the contracted agency for any child care services rendered.**

Has a timely appeal and resolution process for payment inaccuracies and disputes.  
Describe

**In accordance with State regulations, N.J.A.C. 10:15-10.3, providers must submit evidence of services being provided and request payment through the contracted agencies within 60 days. If the provider is not satisfied with the contracted agencies resolution, they can address the discrepancy with the Division's Office of Child Care.**

Other. Describe

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

Policy on length of time for making payments. Describe length of time

**The ECC system serves as the basis for payment to child care providers through the calculation of benefits based on attendance captured and established business rules. The system automatically directs the deposit of funds into provider designated accounts on a biweekly basis.**

Track and monitor the payment process

**With the implementation of ECC, NJ automated the collection of child care attendance and payment data used for tracking and monitoring of the payment process, per funding stream, through system generated reports. ECC is the only method of payment to providers.**

Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe

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In the ECC system, through the use of New Jersey's Families First card, parents or their designees are able to conveniently swipe their card using a reading machine called a Point of Service (POS) device or by using an Interactive Voice Response (IVR), a telephone based system which allows parents to record attendance data by following a series of voice prompts. After ECC conducts a rapid verification process to ensure that the family and child are eligible, the system records attendance. The system calculates payments based on the attendance information captured via POS device swipes or IVR calls and established business rules then directs the deposit of funds into providers' designated accounts on a biweekly basis.

Other. Describe \_\_\_\_\_

#### 4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Yes. Describe data sources

No. If no, how does the State/Territory determine most critical supply needs?

**Grow NJ Kids initiative is a Quality Rating and Improvement System (QRIS) designed to assess child care and early learning programs, provide training and incentives to improve them, and communicate their level of quality to the public. Each participating program must complete a self-assessment in order to review their program and to generate a plan for improving quality. Data on the self-assessment is collected for over 400 programs across New Jersey in order to determine the type of technical assistance and resources programs will need to fulfill Grow NJ Kids quality standards. New Jersey is currently in the process of developing more sophisticated methods for capturing data on existing and growing supply needs.**

**Through daily interaction with the CCR&Rs, DFD receives feedback on the location of underserved areas where more supply is needed. CCR&Rs as well as the county human advisory councils conduct child care needs assessment and share data with DFD.**

**DFD will also be seeking data and input from the Council of Younger Children and other key stakeholders working on gathering child care needs data.**

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe

b) Children with disabilities (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe

c) Children who receive care during non-traditional hours (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe

h) Homeless children (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe

**DFD is working with the CCR&Rs, the newly formed County Council for Young Children (CCYC), and other key child care partners to develop strategies for outreach and to identify service gaps to help homeless families and children access child care services.**



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4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**September 30, 2016**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)  
**Partially Implemented**
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

**The requirement that New Jersey invest in increasing families' access to programs providing high quality child care and development services is being addressed by Grow NJ Kids. The Grow NJ Kids initiative is New Jersey's program to raise the quality of early care and education for children from birth through pre-school across the state.**

- Unmet requirement - Identify the requirement(s) to be implemented  
**Increase access to programs providing high quality child care and development services.**  
**Give priority to children in families in areas that have significant concentrations of poverty, unemployment and do not have such high-quality programs.**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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**Grow NJ Kids initiative has two goals: to help all types of early care and education to continuously improve and to provide parents, no matter where they live, with information to help them select a high quality program. DFD will continue to utilize the recommendations of these entities to develop a strategy that provides families living in concentrated areas of poverty and unemployment with increased access to higher quality programs. The data collected from the Grow NJ Kids initiatives has provided a breakdown of technical assistance that will be offered county to county and will provide a resource for targeted outreach to families living in areas of concentrated poverty.**

- Projected start date for each activity

**Already in progress**

- Projected end date for each activity

**September 30, 2016**

- Agency – Who is responsible for complete implementation of this activity

**DFD**

- Partners – Who is the responsible agency partnering with to complete implementation of this activity

**New Jersey’s Departments of Children and Families, Education, Health and Human Services**

## **5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings**

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don’t care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with

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child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

### 5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

#### **New Jersey's categories of care include:**

- **Child Care Centers - NJ Child Care licensing law requires that any Child Care Center, home or facility, which is maintained for the care, development or supervision of six or more children under 13 years of age who attend for less than 24 hours a day must be licensed by OOL. According to N.J.A.C. 10:122-1.2, the term, Child Care Center, shall include, but not be limited to, day care centers; drop-in centers; night-time centers; recreation-type centers sponsored and operated by a county or municipal government recreation and/or park department or agency; day nurseries; nursery and play schools, cooperative child centers; centers for children with special needs; centers serving sick children; infant-toddler programs; school-age child care programs; employment-related centers; centers that had been licensed by the Department of Human Services prior to the enactment of the Child Care Center Licensing Act of 1984; and kindergartens that are not an integral part of a private educational institution or system offering elementary education in grades kindergarten through sixth, seventh or eighth.**
- **Family Friend and Neighbor Care (FFN, formerly known as approved homes,) means a child care provider not registered pursuant to the Family Child Care Provider Registration act. The homes must be evaluated and all members of the household age 14 and older must pass a Child Abuse Record Information (CARI) background check. In addition, pursuant to CCDBG regulatory requirements (45 CFR 98.41) on Health and Safety, FFN Homes must meet minimum health and safety training standard.**
- **In-Home Care provides child care in the child's home. In-Home Care providers are evaluated using the Self-arranged Care Inspection and Interview Checklist. In**

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addition, a CARI check must be completed for prospective in-home providers and all household members in the home 14 years of age and older conducted by the Department of Children (DCF) and Families, Office of Licensing.

- **Family Child Care (FCC) Registration** is a program that allows child care providers to participate in a voluntary statewide registration of family child care providers, under the authority of the DCF, OOL. The FCC registration program recruits, trains, inspects and monitors the FCC providers to ensure that the homes are in compliance with the manual of requirements for the FCC registration (N.J.A.C. 10:126). Registered family child care providers are required to immediately notify OOL of an imminent danger or hazard that may threaten the health and safety of children in their care.
- **Summer/Youth Camps** –Summer/Youth camps are required to be licensed under the Youth Camp Safety Act of New Jersey, pursuant to N.J.S.A. 26:12-1 et seq. To qualify for an exemption from licensing under this provision, a program must have a valid and current license as a youth camp, issued by the New Jersey Department of Health. The following is a sample of the rules that have been adopted and are enforced to ensure the health and safety of the children at these facilities: (a) According to N.J.S.A. 8:25-6.1(a) Each camp director shall ensure that the youth camp establishes written emergency procedures that address, at a minimum, evacuation of the camp, fires, natural disasters, serious accidents, illness or injury, and lost camper(s); (b) according to N.J.S.A. 8:25-6.2, Hazardous substances, the camp director shall ensure that the storage and handling of flammable liquids and hazardous substances conforms with the requirements of the New Jersey Uniform Construction Code at N.J.A.C. 5:23 and applicable local laws and ordinances; (c) according to N.J.S.A. 8:25-6.4(a), Fire safety, the youth camp operator or camp director shall obtain a certification from the State or local fire marshal that the youth camp is in compliance with all local and State fire codes and rules; and (d) according to N.J.S.A. 8:25-5.1 (a), the camp director shall ensure that the youth camp establishes a medical program. This medical program shall be under the direction of a physician licensed to practice medicine or osteopathy in New Jersey or a dedicated health director as set forth at N.J.A.C. 8:25-5.2.

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

- Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers
- **Child care center operated by the Board of Education and centers operating in Board of Education buildings** are all regulated by the Department of Education. Those buildings must undergo an annual inspection pursuant to the New Jersey Quality Single Accountability Continuum (NJQSAC) using the “Annual Facilities Checklist Health and Safety Evaluation of School Buildings” a 56-point inspection tool. The following is a sample of the areas inspected and enforced to ensure the health and safety of the children at these facilities: (a) A current certificate of compliance with the Uniform Fire Code has been issued by the local or State fire official/inspector within the year and posted in a conspicuous location (or current abatement inspection

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is available), (b) A current inspection report of the local health official (kitchen, cafeteria, pool, etc.) is available, (c) An annual inspection report of the Department of Environmental Protection for the operation of a sewage treatment plant, where applicable, is available, (d) Current drinking water supply inspection reports are available to comply with the Safe Water Drinking Act, and (d) Dangerous chemicals (i.e.: liquefied petroleum gas/propane) and/or explosive materials (i.e., gunpowder; picric acid) are **NOT** stored/present in the building. If needed, flammable and combustible materials are properly stored and maintained (i.e., in properly rated cabinets; NOT in boiler room/hazardous areas).

- Private schools that operate solely for educational purposes with a child care center or pre-k, kindergarten program that are integral part of the educational institution. DFD is in the process of updating its policy pertaining to license exempt providers. These providers must currently meet the basic health and safety standards required by ACF regulations and other ACF guidance. Currently, license exempt providers that do not fall under the direct regulatory authority of a government agency but serve families that receive CCDBG funds must produce (a) a current Certificate of Occupancy for each building to demonstrate approval for the number of and ages of children served, (b) A Fire Inspection Certificate demonstrating compliance with the uniform fire code for the number and ages of children served, (c) The center/program's policies addressing the prevention and control of infectious diseases, which must include immunization policies, and (d) A handbook and/or policies outlining staff health and safety training requirements. In the coming months DFD will gradually increase the requirements of these providers to meet a combination of the requirements of other CCDBG providers.

No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 5.1.4 and 5.1.5 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**September 30, 2016**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

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### Partially Implemented

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
- Unmet requirement - Identify the requirement(s) to be implemented

**Currently, DFD is compliance in the area of appropriate ratios for our licensed centers, registered and approved homes, and summer camps; however, there are no ratio requirements in effect in child care programs operated by Department of Education public schools or private schools operating a pre-k, kindergarten or child care program.**

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**Currently, license exempt providers that do not fall under the direct regulatory authority of a government agency, but serve families that receive CCDBG funds must produce (a) a current Certificate of Occupancy for each building to demonstrate approval for the number of and ages of children served, (b) A Fire Inspection Certificate demonstrating compliance with the uniform fire code for the number and ages of children served, (c) The center/program’s policies addressing the prevention and control of infectious diseases, which must include immunization policies, and (d) A handbook and/or policies outlining staff health and safety training requirements. In the coming months DFD will gradually increase the requirements of these providers to meet CCDBG requirements.**

- Projected start date for each activity  
**Already in progress**
- Projected end date for each activity  
**September 30, 2016**
- Agency – Who is responsible for complete implementation of this activity  
**DFD**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity  
**Department of Children and Families, Office of Licensing and the CCR&R’s**

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant



- 
- State/Territory age definition **Birth to 18 Months**
  - Ratio: **1**
  - Group size: **4**
2. Toddler
    - State/Territory age definition **18 months up to 2.5 Years old**
    - Ratio. **1**
    - Group size:**6**
  3. Preschool
    - State/Territory age definition **2.5 to 5 years old**
    - Ratio:**1**
    - Group size:**12**
  4. School-Age
    - State/Territory age definition **5 to 13 years old**
    - Ratio:**1**
    - Group size:**15**
  5. If any of the responses above are different for exempt child care centers, describe  
**Currently, DFD is in compliance in the area of appropriate ratios for licensed child care centers, approved homes, summer camps, and DOE's operated programs; however, there are no ratio requirements in effect for private schools operating a pre-k, kindergarten or child care center.**
  6. Describe, if applicable, ratios and group sizes for centers with mixed age groups  
**When children of mixed ages requiring different staff/child ratios are in one room or area within a large divided room, the center shall compute the staff/child ratios applicable for each group separately to the nearest tenth decimal. If the resulting cumulative figure for all age groups is any fraction above a whole number, an additional staff member shall be required.**

b) Licensed Group Child Care Homes: **N/A in New Jersey**

1. Infant
  - State/Territory age definition
  - Ratio
  - Group size
2. Toddler
  - State/Territory age definition
  - Ratio
  - Group size
3. Preschool
  - State/Territory age definition
  - Ratio



- Group size
4. School-Age
    - State/Territory age definition
    - Ratio
    - Group size
  5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day
  6. If any of the responses above are different for exempt group child care homes, describe

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios 1, group size 5, the threshold for when licensing is required 5, maximum number of children that are allowed in the home at any one time 5, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size 5, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day
2. If any of the responses above are different for exempt family child care home providers, describe. **The requirements are the same.**

d) Any other eligible CCDF provider categories:

Describe the ratios 1-5, group size 5, the threshold for when licensing is required 5, maximum number of children that are allowed in the home at any one time 8, if the State/Territory requires related children to be included in the child-to-provider ratio or group size 8, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher and assistant teacher qualifications
2. Toddler lead teacher and assistant teacher qualifications
3. Preschool lead teacher and assistant teacher qualifications
4. School-Age lead teacher and assistant teacher qualifications
5. Director qualifications

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**Head Teachers in New Jersey are known as a Lead Teachers. Assistant teachers in New Jersey are known as Group Teachers. The Director is consistent with the pre-print terminology.**

DRAFT

<b>OPTIONS FOR MEETING THE HEAD TEACHER QUALIFICATIONS</b>			
<b>Option</b>	<b>Educational Credentials</b>	<b>and</b>	<b>College Credits and Experience</b>
<b>A</b>	Master's Degree in Education		Six credits and one year of Experience
<b>B</b>	Master's Degree in any field other than Education		Nine credits and one year of Experience
<b>C</b>	Bachelor's Degree in Education, Psychology, Health Care, Nursing, or any other field related to Child Growth and Development; or Teaching Certification from Department of Education in Elementary Education, Nursery School, Preschool through Third Grade (P-3) or Teacher of the Handicapped		Six credits and two years of Experience
<b>D</b>	Bachelor's Degree in any field other than those listed in Option C		Nine credits and three years of experience
			OR
			Six credits and four years of Experience
<b>E</b>	Teaching Certification from Department of Education in a field other than those listed in Option C		Nine credits and three years of experience
			OR
			Six credits and four years of Experience
<b>F</b>	Montessori education equivalent to a Bachelor's Degree		Two years of experience
<b>G</b>	Head Teacher endorsement from the New Jersey Registry for Childhood Professionals, Professional Impact New Jersey		

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**i. The credits specified in the chart above shall be college credits in early childhood education and/or child development. These credits may be part of the bachelor's or master's degree or constitute additional credits beyond the degree(s).**

**ii. The years of experience specified in the chart above shall be full-time experience in a group program for children under six years of age. This experience may include supervised practice teaching and/or student teaching.**

**iii. The Office of Licensing may grant conditional approval for a head teacher who has the required educational credentials but has insufficient college credits or experience to meet all the qualifications specified in the chart in (c)1 above.**

**(1) For conditional approval, the center shall maintain on file documentation of enrollment in courses leading to the required credits, or of employment leading to the required experience, as specified in the chart above.**

**(2) Conditional approval shall be valid for a maximum of two years, at which time the center shall obtain and maintain on file a transcript indicating completion of the required credits, or documentation of completion of the required experience, as applicable.**

**(3) When the head teacher has received conditional approval, the center shall have a consulting head teacher until the head teacher has met all applicable qualifications specified in the chart in (c) 1 above.**

**2. For recreation-type centers sponsored by a county or municipal government recreation and/or park department or agency, the head teacher or consulting head teacher shall have:**

**i. One of the options specified in the chart in (c)1 above; or**

**ii. Certification as a Recreation Administrator or a Recreation Supervisor from the New Jersey Department of Community Affairs, Board of Recreation Examiners (BRE) and two years of recreation experience; or**

**iii. Certification as a Recreation Professional from the National Recreation and Park Association (NRPA) and two years of recreation experience.**

**3. The group teacher shall meet the following requirements for experience and education:**

**i. One year of teaching experience in a group program for children less than six years of**

age, which may include supervised practice teaching and/or student teaching; and

ii. One of the options set forth in the chart below for educational credentials:

**OPTIONS FOR MEETING THE GROUP TEACHER**

**EDUCATIONAL QUALIFICATIONS**

<b>Option</b>	<b>Educational Credentials</b>
<b>A</b>	<b>Associate's Degree in Early Childhood Education or Child Development</b>
<b>B</b>	<b>Six college credits in Early Childhood Education or Child Development</b>
	<b>AND</b>
	<b>Nine college credits in Education, Psychology, Health Care, Nursing, or any other field related to child growth or development</b>
<b>C</b>	<b>Child Development Associate (CDA) Credential</b>
<b>D</b>	<b>Certified Child Care Professional (CCP) Certificate</b>
<b>E</b>	<b>Group Teacher endorsement from the New Jersey Registry for Childhood Professionals, Professional Impact New Jersey</b>
<b>F</b>	<b>New Jersey Infant/Toddler Credential administered through Professional Impact New Jersey</b>

**OPTIONS FOR MEETING THE DIRECTOR QUALIFICATIONS**

The director shall meet the following qualification requirements:

1. For early childhood programs licensed to serve more than 30 children, the director shall meet the qualification requirements specified in one of the options set forth in the chart below for education and experience:

<b>Option</b>	<b>Educational Credentials</b>	<b>and Experience Requirements</b>
<b>A</b>	<b>Master's Degree in any field related to children or business</b>	<b>(N/A)</b>
<b>B</b>	<b>Bachelor's Degree</b>	<b>One year of managerial or supervisory experience</b>

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**2. For early childhood programs licensed to serve 30 or fewer children, the director shall meet the group teacher qualification requirements, as specified in (c)3 below.**

3. For school-age child care programs, the director shall meet the program supervisor qualification requirements, as specified in (d) below.

b) Licensed Group Child Care Homes: **N/A**

1. Infant lead teacher and assistant qualifications
2. Toddler lead teacher and assistant qualifications
3. Preschool lead teacher and assistant qualifications
4. School-Age lead teacher and assistant qualifications

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications : **N/A**

d) Other eligible CCDF provider qualifications : **N/A**

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility),

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within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))

- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016. Provide a citation and a link if available:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**September 30, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially Implemented**
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

**Currently, New Jersey is in compliance with the health and safety requirements listed above for licensed centers and registered and approved homes.**

- Unmet requirement - Identify the requirement(s) to be implemented  
**There are no verified health and safety requirements in effect for exempt providers, such as public schools or private schools which are run solely for educational purposes and have a pre-k program, kindergarten or child care center or summer camps.**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**DFD is in the process of updating policy pertaining to license exempt providers. These providers must currently meet the basic health and safety standards required by ACF regulations and other ACF guidance. As of December 2015, license exempt providers that do not fall under the direct regulatory authority of a government agency but serve families that receive CCDBG funds must produce (a) Current Certificate of Occupancy for each building to demonstrate approval for the**



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number of and ages of children served, (b) Fire Inspection Certificate demonstrating compliance with the uniform fire code for the number and ages of children served, (c) The center/program's policies addressing the prevention and control of infectious diseases, which must include immunization policies, (d) A handbook and/or policies outlining staff health and safety training requirements; and must also undergo one Life/Safety Inspection from the DCF Office of Licensing which will survey the physical safety of the child care center's building. In the coming months DFD will gradually increase the requirements of these providers to meet a combination of the requirements of other CCDBG providers.

- Projected start date for each activity

**Already in progress**

- Projected end date for each activity  
**September 30, 2016**
- Agency – Who is responsible for complete implementation of this activity  
**DFD**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity

**CCR&RS, Department of Children and Families, Office of Licensing**

- b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016. Describe, including at a minimum 1) how the state/territory defines pre-service or orientation period, 2) the minimum number of annual pre-service or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

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No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)

**By September 30, 2016**

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

**Substantially Implemented**

- Implemented requirement(s) – Identify any requirement(s) partially or substantially implemented

- a) **New Jersey has a definition for the pre-service or orientation period for newly hired child care staff in licensed child care centers.**

**New Jersey defines the orientation period as 2 weeks before the start of work in a child care center and includes training on the following topics:**

- **Supervising and tracking all children;**
- **Implementing group size limits and primary caregiver responsibilities;**
- **Understanding center operations policies and procedures;**
- **Recognizing and reporting child abuse and/ or neglect;**
- **Evacuating the center and using the fire alarms;**
- **Implement the center’s release policy;**
- **Implementing the center’s statement of policy on the discipline of children; and**
- **Implementing health practices.**

- b) **New Jersey has established minimum annual requirements for ongoing training hours for licensed child care center staff that meet licensing health and safety requirements.**

**For newly hired staff, the orientation topics specified above may be included in the required 10 hours of ongoing staff training and development specified below.**

**New Jersey has established requirements for the ongoing training or education hours needed to meet licensing health and safety requirements.**

**New Jersey requires licensed child care center staff members who work at a child care center for at least 20 percent of the center’s weekly operating hours to complete 10 hours of ongoing or continuing staff development each year. Each staff member must complete at least two hours of staff development each year in each of the three following areas:**

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1. **Child Growth and Development including but not limited to:**
    - a. Understanding the ages of child development;
    - b. Planning for and providing age appropriate activities;
    - c. Creating a classroom environment;
    - d. Including children with special needs in the center's program;
  2. **Positive guidance and discipline**
    - a. Using positive methods of guidance and discipline;
    - b. Promoting positive staff/child interactions;
    - c. Promoting family involvement and communication with families; and,
    - d. Recognizing, reporting and preventing child abuse and neglect
  3. **Health and safety procedures which include:**
    - a. Understanding New Jersey's child care center licensing regulations;
    - b. Understanding the nutritional needs of children;
    - c. Implementing infection control techniques;
    - d. Recognizing and responding to symptoms of illness and disease;
    - e. Recognizing and responding to injuries and emergencies;
    - f. Preventing Shaken Baby Syndrome;
    - g. Placing infants in the appropriate sleep position; and
    - h. Administering medication and health care procedures.

**DFD has contracted with the CCR&Rs to offer all the above health and safety trainings.**

- Unmet requirement - Identify the requirement(s) to be implemented

**DFD is in the process of updating policy pertaining to all providers. Pre-service and orientation will be clearly defined and the required trainings and standards for each provider type. All providers will be required to meet the new basic health and safety standards required by ACF regulations and other ACF guidance including pre-service, orientation, and health and safety trainings.**

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**DFD has a professional development and health and safety workgroup that is working on a professional development plan to submit policy recommendations and activities to meet the health and safety requirements.**

**DFD has been regularly meeting and coordinating with OOL to employ strategies specific to the required health and safety trainings to align with OOL regulations. Any changes would require regulatory changes which are being discussed.**

**As of December 2015, license exempt providers that do not fall under the direct regulatory authority of a government agency but serve families that receive CCDBG funds must produce a handbook and/or policies outlining staff health and safety training requirements.**

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**DFD and OOL had held joint license exempt provider meetings to inform them of the new law and health and safety requirements.**

**In the coming months DFD will gradually increase the requirements of these providers to meet a combination of the requirements of other CCDBG providers, including pre-service, orientation, and ongoing training and professional development**

- Projected start date for each activity **April 2014**
- Projected end date for each activity **September 30, 2016**
- Agency – Who is responsible for complete implementation of this activity **DFD**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity **The CCR&Rs, Department of Children and Families , Office of Licensing, Kean University Professional Impact NJ (PINJ); NJ Inclusive Child Care Program, Statewide Parent Advocacy Network (SPAN), NJ School Age Child Care Coalition (NJSACC), First Steps Infant Toddler Network (EIRC, Programs for Parents, CCCC).**

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition (including age appropriate feeding). Describe

**Yes. Providers who participate in the Department of Agriculture's Child and Adult Care Food Program are required to meet specified health and safety requirements.**

**Though Grow NJ Kids, programs (over 400 programs) enrolled must meet higher quality health and safety requirements.**

Access to physical activity. Describe

**The staff member(s) specified in N.J.A.C. 10:122-4.5 who are responsible for developing and overseeing the implementation of the center's daily activities shall ensure that:**

**Time frames for each activity are geared to the age and developmental level of each child served and are flexible enough to accommodate spontaneous occurrences or children's suggestions and inquiries.**

Screen time. Describe

Caring for children with special needs. Describe

**Licensed child care centers are required to develop written plans for children with special needs who may benefit from the educational or instructional use of a television, computer, or other video equipment.**

**Licensed child care centers are required to provide reasonable accommodations for the administration of medication or health care procedures to a child with special needs, if**

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**failure to administer the medication or health care procedure would jeopardize the health of the child or prevent the child from attending the center.**

Recognition and reporting of child abuse and neglect. Describe

Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.

Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from CCDF health and safety training requirements.

## 5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)

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**September 30, 2016**

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

**Partially Implemented**

- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
- Unmet requirement - Identify the requirement(s) to be implemented
  - **Establishing policy to coordinate annual unannounced inspections**
  - **Qualifications of some of the registered home inspectors.**
  - **Ensuring the mandated Inspectors to Provider Ratios**
  - **Ensuring that all inspectors are qualified as defined by CCDBG Law.**
  - **Ensuring all child care staff undergo the required health and safety training outlined in Reauthorization.**
  - **Establishing a coordinated process and obtaining funding to be able to search the State child abuse and neglect registry in the state where the staff member resides and each state where the child care staff member has resided for the past 5 years.**
  - **Establishing a process and obtaining funding to search the National Crime information Center for newly hired child care staff.**
  - **Establishing a process and obtaining funding to search the National Sex Offenders Registry for newly hired child care staff.**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**DFD is in the process of updating policy pertaining to the monitoring and enforcement of health and safety licensing requirements. DFD will continue to meet with the DCF Office of Licensing, and DOH Consumer, Environmental and Occupational Health Service to revise current policy to incorporate the required child care reauthorization changes regarding health and safety.**
- Projected start date for each activity

**Already in Progress**
- Projected end date for each activity

**September 30, 2016**
- Agency – Who is responsible for complete implementation of this activity **DFD**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity **DCF Office of Licensing; and DOH**

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children



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receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

- a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements.  
(658E(c)(2)(K)(i)(I))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
**November 19, 2016**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially Implemented**
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

**Inspectors are civil service employees who must possess the following education and experience: Graduation from an accredited college or university with a Bachelor's degree; Three (3) years of experience in the licensing, regulation, inspection or evaluation of child care centers, family day care homes, child placement agencies, residential or shelter facilities, group homes, resource family homes, or other facilities or homes for children or, as a manager, director, administrator, supervisor or comparable position in a child care placement agency, child care center, residential facility, shelter, group home or other facility/home for children, or three (3) years of experience in social work, direct support counseling, guidance and/or casework involving high risk child abuse and neglect or other problematic socioeconomic**



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situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and supporting and/or carrying out treatment plans.

**Knowledge of the methods used to conduct inspections and investigations of childcare facilities, homes and agencies.**

**Knowledge of the methods used to operate childcare centers, infant and toddler programs, before and after school child care programs, childcare programs for mildly ill children, or related programs for children.**

- Unmet requirement - Identify the requirement(s) to be implemented

**Standard qualifications for inspectors of registered and approved homes and license exempt providers.**

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**DFD will continue to coordinate meetings with DCF Office of Licensing to revise current policy and bring into alignment with new health and safety requirements regarding inspector qualifications.**

- Projected start date for each activity **Already in Progress**
- Projected end date for each activity  
**November 19, 2016**
- Agency – Who is responsible for complete implementation of this activity **The Division of Family Development and Department of Children and Families, Office of Licensing**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity **Department of Children and Families, Office of Licensing**

b) Inspections for Licensed CCDF Providers - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

- Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

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No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
**November 19, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Substantially implemented**
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable  
**All licensed CCDF providers receive a pre-license inspection. Thereafter, all licensed child care centers are inspected annually, either by way of a license renewal inspection or an annual monitoring inspection depending on the center’s licensing cycle.**
- Unmet requirement - Identify the requirement(s) to be implemented  
**Unannounced Inspections across all program settings will need to be established.**
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)  
**DFD will continue to coordinate meetings with DCF Office of Licensing to revise current state licensing requirements to bring all provisions regarding inspections into alignment with CCDBG Reauthorization.**
- Projected start date for each activity  
**Already in Progress**
- Projected end date for each activity  
**November 19, 2016**
- Agency – Who is responsible for complete implementation of this activity  
**DFD**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity **Department of Children and Families, Office of Licensing**

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

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No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) **November 19, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially Implemented**
- Implemented requirement(s) – Identify any requirement(s)
- implemented to date if applicable

**As of December 2015, license exempt providers that do not fall under the direct regulatory authority of a government agency but serve families that receive CCDBG funds must produce (a) a current Certificate of Occupancy for each building to demonstrate approval for the number of and ages of children served, (b) A Fire Inspection Certificate demonstrating compliance with the uniform fire code for the number and ages of children served, (c) The center/program’s policies addressing the prevention and control of infectious diseases, which must include immunization policies, (d) A handbook and/or policies outlining staff health and safety training requirements; and must also undergo one Life/Safety Inspection from the DCF Office of Licensing which will survey the physical safety of the child care center’s building. In the coming months DFD will gradually increase the requirements of these providers to meet a combination of the requirements of other CCDBG providers, including pre-service, orientation, and ongoing training and professional development.**

- Unmet requirement - Identify the requirement(s) to be implemented  
**DFD will need to create policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) to perform an annual monitoring visit for all license-exempt CCDF provider.**
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)  
**DFD is in the process of updating policy.**
- Projected start date for each activity  
**Already in progress**
- Projected end date for each activity  
**November 19, 2016**
- Agency – Who is responsible for complete implementation of this activity **DFD**
- Partners – Who is the responsible agency partnering with to complete implementation

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of this activity

**Department of Children and Families, Office of Licensing, Department of Health,  
Department of Education, CCR&Rs**

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) **November 19, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially Implemented**
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable.  
**New Jersey currently has a sufficient ratio of licensing inspectors to licensed child care centers, family child care providers and Family Friends and Neighbor providers in order to conduct inspections on a timely basis.**
- Unmet requirement - Identify the requirement(s) to be implemented  
**DFD would need to evaluate the number of inspectors for summer camp programs.**
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)  
**Coordinate with DOH, establish agreements, update policy, and secure funding to hire new staff as needed.**
- Projected start date for each activity **In Progress**
- Projected end date for each activity **November 19, 2016**
- Agency – Who is responsible for complete implementation of this activity  
**DFD and DOH**
- Partners – Who is the responsible agency partnering with to complete

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implementation of this activity **DOH, Department of Treasury, Office of Management and Budget**

- e) Child Abuse and Neglect Reporting – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

Yes. Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s)

**New Jersey requires the completion of a State Child Abuse Record Information Background**

**Check as specified in N.J.A.C. 10-122 for licensed child care centers, registered and approved homes and summer/youth camps.**

**All reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers, must be reported to the State Central Registry (SCR) at the Child Abuse Hotline: 1-877 NJ ABUSE (1-877-652-2873) in order to the meet requirements of N.J.A.C. 6A: 16-11.1 “Reporting Child Abuse and Neglect”.**

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
**November 19, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially Implemented**
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
- Unmet requirement - Identify the requirement(s) to be implemented
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Projected start date for each activity
- Projected end date for each activity
- Agency – Who is responsible for complete implementation of this activity
- Partners – Who is the responsible agency partnering with to complete implementation of this activity

**Department of Children and Families, Office of Licensing**

- 5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and

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uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

### 5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping,



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arson, physical assault or battery, or subject to an individual review, at the State’s option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory’s consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory’s requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the policy citation within the Lead Agency’s rules \_\_\_\_\_ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017)

**September 30, 2017**

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially Implemented**



- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable

**New Jersey currently requires the completion of a State Child Abuse Record Information Background Check and a State Criminal History Record Information Fingerprint Background Check for staff members working in a licensed child care center.**

- Unmet requirement - Identify the requirement(s) to be implemented

**Requiring and conducting comprehensive criminal background check every 5 years for all child care staff members to also include: must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.**

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **In conjunction with OOL and local law enforcement, DFD will develop a process for acquiring all of the necessary background checks for child care staff members.**

- Projected start date for each activity **Already in Progress**
- Projected end date for each activity **September 30, 2017**
- Agency – Who is responsible for complete implementation of this activity  
**DFD**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity **The Department of Children and Families, Office Of Licensing**

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3<sup>rd</sup> party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

**Prior to hiring or utilizing a director or staff member who will be working at the center on a regularly scheduled basis, the child care director must complete and maintain on file for each individual a Staff Records Checklist, signed by the director and designated by the Department of Children and Families, Office of Licensing indicating that the center has obtained**

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**documentation of the completion of a Child Abuse Record Information background check and a Criminal History Record Information fingerprint background check.**

**Currently, background checks are handled by a law enforcement entity. DFD will continue to meet with the appropriate entities to develop a strategy to meet the new requirements and ensure required timelines are met. DFD will also be seeking guidance from ACF regarding interstate agreements with bordering states.**

5.3.3 Describe how the State/Territory is assisting other States process background checks, including any agencies/entities responsible for responding to requests from other states. **DFD is currently developing policy in this area.**

5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes. Describe

No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

Yes. Describe

No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

Yes, all relatives are exempt from all background check requirements.

Yes, some relatives are exempt from the background check requirements. If the State/Territory exempts some relatives from background check requirements, describe which relatives are exempt from which requirements (some or all).

No, relatives are not exempt from background checks.

5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3<sup>rd</sup> party vendor or contractor. Lead Agencies can report that no fees are charged if applicable. **The State does not currently charge providers for the cost of background checks.**

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue. **The**

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**state is currently working to add background check policies and procedures to a consumer education website.**

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes. List types of crime included in the aggregated data

No

## **6 Recruit and Retain a Qualified and Effective Child Care Workforce**

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize onsite mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, onsite coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

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## 6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.
- c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood

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mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
- Unmet requirement - Identify the requirement(s) to be implemented
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Projected start date for each activity
- Projected end date for each activity
- Agency – Who is responsible for complete implementation of this activity
- Partners – Who is the responsible agency partnering with to complete implementation of this activity

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

- 
- State/Territory professional standards and competencies. Describe

**NJ DOE Program Guidelines/ Teaching and Learning Standards**

**NJ standards and competencies are established through the state's QRIS, Grow NJ Kids.**

**Core Knowledge and Competencies for Early Childhood Professionals**

- Career ladder or lattice. Describe

**The career lattice is displayed in stackable steps and is representative of early childhood and afterschool professional pathway from entry-level staff to the seasoned professional.**

- Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe

**DFD along with partners from the Department of Education and the Head Start State Collaborative Director, are working with its higher education partners (2 year and 4 year colleges). The workgroup meets regularly to discuss preparation of early childhood education practitioners to implement best practices that meet rigorous standards for the highest quality education and care for infants, toddlers, and young children, which includes the establishment of a credit bearing CDA program. The goal of the group is for a more unified approach throughout the state regarding articulation agreements for coursework offered to the workforce.**

- Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe

- Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe

**NJ contracts with Kean University who is the administrator of the Professional Impact NJ (PINJ) Workforce Registry for child care providers and early educators. All professional development funded through DFD and participating in Grow NJ Kids are now required to register with PINJ. Data, which includes compensation, education, continuing professional development, and demographic information, is collected through the registry.**

- Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe

**The New Jersey Council for Young Children, the state's advisory board, workforce and professional development committee, provides support and recommendations regarding the professional development framework.**



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Continuing education unit trainings and credit-bearing professional development.

Describe

**DHS/DFD has worked with Atlantic Cape Community College to develop and implement the online CDA Course to provide the workforce the ability to obtain a credit bearing CDA through a different modality. Through this partnership, those attendees will also be assigned a mentor/coach that will assist them in navigating a higher education institution to ensure their success.**

State-approved trainings. Describe

Inclusion in state and/or regional workforce and economic development plans. Describe

Other. Describe

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

**The New Jersey Council for Young Children (NJCYC), New Jersey's state advisory council has a number of standing committees, one of which is a professional development/workforce committee. This committee has been instrumental in assisting the State in developing Core Knowledge and Competencies and revisions to the State's Career Lattice. Furthermore, members of NJCYC are active participants on the various workgroups charged with informing the State's Child Care and Development Fund Plan.**

**In 2013, an Interdepartmental Planning Group (IPG) was established. This group consists of administrators from the Departments of Children and Families, Education, Health, and Human Services and the Head Start State Collaborative Director. IPG receives recommendations from NJCYC and is able to respond as appropriate to the recommendations. IPG has the ability to leverage its resources to incorporate the professional development and training needs of their constituents across state departments.**

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements (see Information Memorandum on Children's Social Emotional and Behavioral Health

<http://www.acf.hhs.gov/programs/occ/resource/im-2015-01> )

**Through the support of the NJCYC, early learning guidelines were established for both birth to three and preschool ages. DFD is gradually phasing in the implementation of the guidelines**



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with programs participating in Grow NJ Kids QRIS. Trainings are offered in each county through the CCR&Rs. Furthermore, for programs serving infants and toddlers, they are supported with implementation of the birth to three standards through the First Steps Initiative. There are three regional programs serving all 21 counties. These regional programs provide ongoing training and technical assistance for the implementation of the Birth to age three Early Learning Guidelines for programs and providers in their region. Lastly, DFD also contracts with the NJ School Age Association to provide technical assistance and training to afterschool programs regarding standards for school age children.

Through the QRIS standards, Caring for Our Children health and safety guidelines are referenced. In addition, the Pyramid Model for Supporting the Social Emotional Competence in Infants and Young Children Framework foundational trainings are offered regionally as well. Through a partnership with Department of Children and Families and Montclair State University, Center for Autism and Early Childhood Mental Health, a foundational training called Keeping Babies and Children in Mind training series was created to enhance the knowledge of early care and education staff on the development of social and emotional practices.

6.1.5 Describe how the State’s training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

N/A

6.1.6 Describe how the State/Territory’s training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians

**DFD has organized a CCDBG Reauthorization workgroup focused on Professional Development. This workgroup has made recommendations for professional development training including:**

- **specialized training for providers serving English learners**
- **specialized training for providers serving children with disabilities**
- **specialized training for providers caring for different age groups as appropriate**
- **specialized training on cultural competency**

**\*Intentional cultural competencies will be folded into all trainings.**

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

**Quality Improvement Specialists housed at the CCR&Rs, as well as the resource and referral services staff are tasked with the responsibilities of recruiting providers. With the**

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implementation of Grow NJ Kids, the focus has been on encouraging and engaging providers to improve their program to become a quality recognized program.

CCR&Rs conduct outreach events and have regular provider meetings and workshops to encourage providers to participate in the Child Care Subsidy Program and Grow NJ Kids initiative.

DFD provides an incentive (5 percent over the maximum rates) to increase the quality of child care in New Jersey; for to licensed child care centers, and registered family child care homes that have achieved national accreditation.

The CCDBG Reauthorization Quality Workgroup has also been established to develop additional strategies.

- Financial assistance for attaining credentials and post-secondary degrees. Describe
- Financial incentives linked to education attainment and retention. Describe
- Registered apprenticeship programs. Describe
- Outreach to high school (including career and technical) students. Describe
- Policies for paid sick leave. Describe
- Policies for paid annual leave. Describe
- Policies for health care benefits. Describe
- Policies for retirement benefits. Describe
- Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe
- Other. Describe

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language

**The county-based CCR&Rs are familiar with the communities in which they serve and work with providers to meet the specific needs of their communities.**

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages

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Bilingual caseworkers or translators available

Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce

Other

**The county-based CCR&R workforce responds to the cultural and linguistic needs of the communities they serve. CCR&Rs utilize Language Line, if necessary, to communicate with providers for whom English is not their first language.**

None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Yes. The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers

**The trainings are currently being designed.**

No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
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- Unmet requirement - Identify the requirement(s) to be implemented

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Projected start date for each activity
- Projected end date for each activity
- Agency – Who is responsible for complete implementation of this activity
- Partners – Who is the responsible agency partnering with to complete implementation of this activity

## 6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

Yes. If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

**DFD contracts with Professional Impact NJ to track and report on training offerings provided by all DFD contract agencies. Individuals are required to register through PINJ in order to access state funded trainings.**

**Evaluation of the progress of improving the quality of child care programs and services will be done through the statewide implementation of the Grow NJ Kids, QRIS.**

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe

**Quality set-aside dollars are used for trainings such as developmental screening, birth to three standards, social emotional development, inclusive practices, after-school/school age standards, and much more.**

Other funds. Describe

**Race to the Top Early Learning Challenge Grant funds, TANF, and State funds also help the Division fund trainings.**

c) Check which content is included in training and professional development activities. Check all that apply.

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Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe

**All trainings that are offered through the QRIS, incorporate developmentally appropriate practices that support children in their social, emotional, physical, and cognitive development. For instance, Let's Move! is a comprehensive initiative dedicated to tackling the challenge of childhood obesity within a generation so that children born today will grow up healthier. Let's Move is about putting children on the path to a healthy future during their earliest years, giving parents helpful information and fostering environments that support healthy choices.**

**The use of Let's Move Child Care practices are embedded in our QRIS, Grow NJ Kids. Through a partnership with the Department of Health, Quality Improvement Specialists were trained on the self-assessment instrument and will be providing technical assistance to the programs in Grow NJ Kids.**

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe

**DFD through its work with the IPG, was able to maximize funding from two federal grants, Project Launch and Race to the Top Early Learning Challenge. Funds from these grants were used to prepare trainers on the Pyramid Model and Keeping Babies and Children in Mind to support the social and emotional development of children.**

**In addition, through the work of the NJCYC, in partnership with Montclair State University, Center for Autism and Early Childhood Mental Health, and the New Jersey Association of Infant Mental Health, NJ is one of 17 states that have acquired the Infant Mental Health Endorsement (based on the Michigan Association for Infant Mental Health). The endorsement affords NJ to have a group of professionals to support early childhood practitioners with issues related to social and emotional development of infants and young children.**

**Lastly, New Jersey also contracts with the Statewide Parent Advocacy Network (SPAN) to conduct trainings and technical assistance to programs serving children with special needs and exhibiting challenging behaviors. Through this initiative, programs can receive onsite technical assistance, telephone support and online webinars on inclusion strategies.**

Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe

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**The CCR&Rs have a diverse workforce that responds to the cultural and linguistic needs of the communities they serve. Strengthening Families Framework and Protective Factors Training is provided to the workforce to support parents and families to be meaning partners in their child’s development and education.**

Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe

**Through the QRIS, programs need to implement a research based curricula that is aligned to the NJ Early Learning Guidelines. The curricula would be developmentally appropriate and individualized in order to meet the diverse needs of children.**

Onsite or accessible comprehensive services for children and community partnerships that promote families’ access to services that support their children’s learning and development. Describe

**The work of the IPG provides opportunities for partnerships through the various state departments to improve accessibility and system development to increase families’ access to needed services.**

Using data to guide program evaluation to ensure continuous improvement. Describe

**Curriculum training offerings also include how to use data to support continuous program improvement and child outcomes.**

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe

**Culturally responsive trainings will be utilized when serving families of varying socio-economic backgrounds.**

Caring for and supporting the development of children with disabilities and developmental delays. Describe

**DFD contracts with Statewide Parent Advocacy Network (SPAN), inclusive practices training are being provided. In addition, SPAN will provide onsite support and coaching and will assist programs and families to obtain appropriate services.**

Supporting positive development of school-age children. Describe

Other. Describe

a. Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

- 
- State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities
  - Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education
  - Other. Describe
  - No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content

**The State requires newly hired child care staff members to complete 20 hours of pre-service/orientation upon being hired and complete all of the following areas within two weeks of his or her date of hire and prior to working without direct supervision by an approved staff person 18 years or older.**

2) Number of on-going hours and any required areas/content

**The center shall ensure that all staff members who work at the center for at least 20 percent of the center's weekly operating hours complete 10 hours of continuing staff development each year.**

b) Licensed Group Child Care Homes: **N/A**

1) Number of pre-service or orientation hours and any required areas/content

2) Number of on-going hours and any required areas/content

c) Licensed Family Child Care Provider **N/A**

1) Number of pre-service or orientation hours and any required areas/content

2) Number of on-going hours and any required areas/content

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content

2) Number of on-going hours and any required areas/content



No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

Fully implemented as of March 1, 2016. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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- Unmet requirement - Identify the requirement(s) to be implemented
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Projected start date for each activity
- Projected end date for each activity
- Agency – Who is responsible for complete implementation of this activity
- Partners – Who is the responsible agency partnering with to complete implementation of this activity

### 6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality

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set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory's early learning and development guidelines appropriate for children from birth to kindergarten entry.

The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency

**As needed.**

Fully implemented and meeting all Federal requirements outlined above as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)
- Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
- Unmet requirement - Identify the requirement(s) to be implemented
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Projected start date for each activity
- Projected end date for each activity
- Agency – Who is responsible for complete implementation of this activity
- Partners – Who is the responsible agency partnering with to complete implement this activity

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines

- Birth-to-three. Provide a link <http://www.nj.gov/education/ece/guide/standards.pdf>
- Three-to-Five. Provide a link <http://www.nj.gov/education/ece/guide/standards.pdf>
- Birth-to-Five. Provide a link
- Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards). Describe and provide a link
- Other. Describe

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

- Yes, the State/Territory has a system of technical assistance operating State/Territory-wide
- Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

- Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe

**Early learning guidelines were established for both birth to three and preschool ages. DFD is gradually phasing in the implementation of the guidelines starting with programs participating in Grow NJ Kids (QRIS). Trainings are offered in each county through the CCR&Rs. A multilayered technical assistance strategy is offered to programs enrolled in the Grow NJ Kids to assist with the implementation of the guidelines. Lastly, DFD also contracts with the NJ School Age Association to provide technical assistance and training to afterschool programs regarding standards for school age children.**

- The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe

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**Regional Technical Assistance Centers have been established and provide support to programs based on needs identified through the QRIS.**

Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe

**Infant/toddler specialist network, which is statewide, provides TA to providers to enhance children’s cognitive, physical, social and emotional development and support children’s overall well-being, known as First Steps.**

Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe

**The state’s QRIS includes both infant/toddler programs as well as preschool programs.**

Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe

**NJ School Age Association provides technical assistance and training to afterschool programs regarding standards for school age children through a contract with DFD.**

b) Indicate which funds are used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

**Quality set-aside dollars are used to fund technical assistance centers regionally to providers.**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Race to the Top, TANF, or State funds may be used for this purpose.**

6.3.4 Check here  to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

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## 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation

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- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
  - 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

## 7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

**Based on the data and feedback received from our network of providers, families, staff, and partners, the following activities have been identified as strategies to improve the quality of child care services:**

- **Continuing to promote and recruit programs for Grow NJ Kids – NJ’s Quality Rating Improvement System.**
- **Continuing to provide progressive professional development training and technical assistance to programs and providers.**
- **Investing in Family Child Care Quality Improvement Specialists to support and assist FCC providers – enroll and participate in Grow NJ Kids.**
- **Strengthening coordination efforts with regulatory entities to target technical assistance and training to programs and providers.**
- **Making resources and information more accessible and available to providers and child care programs.**
- **Encouraging and helping license exempt providers’ transition into the regulatory system.**

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.

**With voluntary participation from 57 programs in four counties, the Division piloted Grow New Jersey Kids, New Jersey’s QRIS. The pilot provided an opportunity to test the early learning standards before going statewide with our system. With feedback from the**

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programs, the standards, measurements and levels were revised. The pilot included programs from all early care and education sectors (i.e., child care, Head Start, private non-profit providers, district preschool programs and private for profit providers). With the award of Race to the Top Early Learning Challenge (RTT-ELC), Grow NJ Kids was expanded statewide in 2014. Approximately 550 programs are currently enrolled. Furthermore, state funding was repurposed to expand the technical assistance that is provided to programs enrolled in Grow New Jersey Kids. In addition, through RTT-ELC dollars, the state established the New Jersey Center for Quality Rating in partnership with William Paterson University. Over the past year, the University has worked to further develop the rating system for New Jersey.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)  
**Quality set-aside and infant-toddler set-aside**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

**New Jersey has implemented a state wide quality rating improvement system called Grow NJ Kids supported by a 4-year, federal Race to the Top Early Learning Challenge Grant that has enhanced the incentives offered to programs participating in the QRIS.**

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, including whether designated infant- and toddler set aside, etc.) funds are being used along with other CCDF funds

**Infant- toddler set-aside and discretionary targeted funds**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

**Quality set-aside**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)



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Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

**Quality set-aside**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

**Race to the Top**

Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

**Quality set-aside**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

**Race to the Top**

Supporting accreditation. If checked, respond to 7.7. Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

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### Other local funds

Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

## 7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

**The State has a QRIS system operating statewide administered by the State's Child Care Operations unit. The State contracts with the local CCR&Rs to employ quality improvement specialist who provide targeted technical assistance, monitoring and coaching. Furthermore, the regional technical assistance centers also provide ongoing and intensive support to programs enrolled in Grow NJ Kids. Below is the link to Grow NJ Kids: [www.grownjkids.com](http://www.grownjkids.com)**

Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

Participation is voluntary

Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)

Participation is required for all providers

Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels

Supports and assesses the quality of child care providers in the State/Territory

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Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers

Embeds licensing into the QRIS. Describe

**Programs and Providers need to be licensed or registered in order to participate in the QRIS. Licensed and registered providers must be in good standing to participate. It is level 1 of the system.**

Designed to improve the quality of different types of child care providers and services

Describes the safety of child care facilities

Addresses the business practices of programs

Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled

Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

Licensed child care centers

Licensed family child care homes

License-exempt providers

Early Head Start programs

Head Start programs

State pre-kindergarten or preschool program

Local district supported pre-kindergarten programs

Programs serving infants and toddlers

Programs serving school-age children

Faith-based settings

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Other. Describe.

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

**Programs in participating in Grow NJ Kids are required to complete a self-assessment and quality improvement plan before obtaining a rating from our rating center. Technical Assistance will be provided to assist programs in the successful completion of the self-assessment. The QRIS is a 5 star rating system.**

**The quality and effectiveness of child care settings participating in in Grow NJ Kids will be evaluated using the Infant/Toddler Environment Rating Scale (ITERS), Early Childhood Environment Rating Scale (ECERS), and the Family Child Care Environment Rating Scale (FCCERS) for the classroom environment. The Classroom Assessment Scoring System (CLASS), a system for observing and assessing the quality of interactions between teachers and students in toddler classrooms, is also a required instrument in our QRIS and will be used to determine the quality of teacher child interaction. The increase in levels will be used to determine the increase in quality of the providers.**

**Based on a rating system, Grow NJ Kids provides the framework for programs to meet high quality standards and be evaluated in each of the following areas:**

- **Safe, Healthy Learning Environment**
- **Curriculum and Learning Environment**
- **Family and Community Engagement**
- **Workforce/Professional Development**
- **Administration and Management**

### **7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers**

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe

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Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe

Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe

**Through our local CCR&Rs, First Steps Initiative, and the Statewide Parent Advocacy Network, regular trainings are offered to providers of infant and toddlers to improve their knowledge and expertise in developmentally appropriate practices. Through a training calendar offered by all entities, providers are able to select from an array of topics that provide information, training and resources on the latest research on infant and toddler development.**

Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe

**The support provided through the First Steps Initiative, affords programs and family child care providers the ability to access a small incentive based payments on the needs identified in a quality improvement plan.**

Providing coaching and/or technical assistance on this age group's unique needs from statewide networks of qualified infant-toddler specialists. Describe

**DFD contracts with three agencies to implement the First Steps initiative. First Steps is our infant toddler specialist network. Through this network there are nine Parent Infant Toddler Care (PITC) trained Infant Toddler Specialists that provide onsite technical assistance, coaching and training to providers that care for infants and toddlers. Providers receive a pre and post Infant/Toddler Environment Rating Scale (ITERS)/ Family Child Care Environment Rating Scale (FCCERS) conducted by the Infant Toddler Specialist, a quality improvement plan is developed in partnership with the program director to address areas needed to raise the ITERS/FCCERS score, and 17 hours of intervention are provided to the program to address the areas of need. In addition, the Infant Toddler Specialist offers training on topics specific to the age group's needs (i.e., SIDS, child development, primary caregiving, room arrangement).**

Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe

Developing infant and toddler components within the State's/Territory's QRIS. Describe

Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe

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Developing infant and toddler components within the early learning and development guidelines. Describe

**In 2013 a Program Standards Subcommittee of the NJCYC developed a separate set of birth to age three early learning guidelines. The guidelines are research based, developmentally appropriate and were field reviewed by three experts for feedback. The guidelines were distributed to early care and education providers through conferences, meetings, trainings, as well as electronically. The guidelines are available in both English and Spanish on the NJ state website for easy access. The guidelines are aligned to the preschool standards and are embedded in our QRIS.**

Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe

**The State is developing an initiative to improve consumer education regarding quality infant toddler care through our outreach plans and a designated website.**

Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe

**Through a partnership with Department of Children and Families and Montclair State University, Center for Autism and Early Childhood Mental Health, a foundational training called Keeping Babies and Children in Mind training series was created to enhance the knowledge of early care and education staff on the development of social and emotional practices. DFD will be collaborating with DCF and Montclair to expand to CCDF programs.**

Other. Describe

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory.

**The State will begin to compile and analyze all relevant data to document areas in need of improvement.**

**Through the Grow NJ Kids rating process, DFD will be evaluating the progress in improving the quality of child care programs and services.**

#### 7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7)

State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary

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**DFD contracts with 14 CCR&Rs to administer the Child Care Subsidy Program in all 21 counties in New Jersey. CCR&Rs are often providers' first point of contact for information and resources regarding Grow NJ Kids.**

State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe

State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

**CCR&Rs promote quality child care services in the counties they serve through a multi-pronged approach of parent information, child care resource development, child care provider training, and advocacy.**

**Several counties will support the participation of 45 providers in low income neighborhoods in the Steps to Quality Project. Steps to Quality is a partnership with the State of New Jersey to pilot and implement the Grow NJ Kids QRIS for Family Child Care. Grow NJ Kids for family child care assesses the care provided to children in family based child care and identifies areas of strength as well as areas in need of improvement. Quality enhancement efforts that are being offered and assessed as part of the intervention include: training, onsite coaching, technical assistance, provider support meetings, resource-sharing, and distribution of early learning materials to enhance children's growth and development.**

**This project is providing valuable information to the state by helping to inform the future use of the Grow NJ Kids tool on a broader scale, as well as providing lessons learned to the early childhood field about effective supports and interventions for home-based early childhood providers**

## **7.5 Facilitating Compliance with State Standards**

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe

- **CCDF funds are used to enhance Office of Licensing (OOL) inspections and monitoring – to support additional inspectors to conduct annual monitoring of health and safety and licensing standards and to conduct Child Abuse Record Information (CARI) background checks**
- **CCDF funds are allocated to provide the 10 required trainings through the CCR&Rs and through third party contracts**
- **Plans are under way to develop a professional development tracking system to capture and monitor compliance with health and safety and professional development training requirements**



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7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

**NJ implemented Grow NJ Kids, quality rating improvement system, which will measure quality improvement process. Meeting OOL minimum standards is the foundation and first level of Grow NJ Kids; therefore, program assessments and improvement plans, as well as environmental rating scales are performance and research based instruments that will be utilized to measure and evaluate continuous quality improvement.**

## **7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services**

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

**Grow NJ Kids is New Jersey's QRIS. New Jersey's Departments of Children and Families, Education, Health and Human Services, have collaborated to create a program with two goals: to help all types of early care and education to continuously improve and to provide parents with information to help them select a high quality program.**

**Programs interested in participating in Grow NJ Kids are required to complete a self-assessment and quality improvement plan before obtaining a rating from our rating center. Technical Assistance will be provided to assist programs in the successful completion of the self-assessment. The self-assessment contains 5 star rating system**

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

**The Environment Ratings Scales and CLASS will be used as appropriate with programs and providers to measure the progression of CQI.**

## **7.7 Accreditation Support**

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation

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**The State provides a five percent differential in the payment rate for accredited child care programs. This five percent increase in provider payment assists providers in the cost associated with renewing their accreditation.**

**Licensed child care programs that are accredited through the National Association for the Education of Young Children, National Academy for Early Childhood Programs, Council on Accreditation of Services for Families and Children, and the National Early Childhood Professional Accreditation receive the five percent differential.**

**Family Child Care Providers accredited through the National Association of Family Child Care are also eligible for the five percent differential.**

**School age child care programs receive the five percent differential if they are accredited by the National School Age Child Care Alliance.**

**Summer and youth camps receive the five percent differential if they are accredited by the American Camping Association.**

Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

**In order to create a standard way to look at child care and early learning, Grow NJ Kids is working to provide families with an objective rating system. Based on the findings of a preliminary assessment that the child care and early learning program does on itself, trained professionals work with the program staff to address areas needing improvement. Then, a trained rater, using a comprehensive, research-based tool, formally assesses the program. A program can earn from one to five stars, giving parents an easy way to compare and make an educated decision about what is best for their child. The State will begin to compile and analyze all relevant data to document areas in need of improvement.**

## 7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe **N/A**

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory **N/A**

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## 7.9 Other Quality Improvement Activities

- 7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. N/A

## 8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

### 8.1 Program Integrity

- 8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements.

**To ensure program integrity and accountability throughout the eligibility process and strengthen internal controls, DFD has modified the July 2015 contract for the 14 CCR&Rs that implement the Child Care Subsidy Program in New Jersey's 21 counties. The new contract includes the establishment of a quality assurance process to ensure that all service components (eligibility, referrals, provider support, and subsidy payment authorization) are evaluated continuously for efficacy and use the data to create improvement plans that enhance the overall program operation.**

**A prescriptive list of requirements to which the CCR&Rs' providers are held accountable ensures that the grantee complies with all policies and procedures set forth by the DFD. DFD meets on a monthly basis with all CCR&Rs and has periodic conference calls to clarify and review policies, identify new issues, and provide TA for newly-released policies, etc.**

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**DFD program staff conducts ongoing periodic reviews in order to set the standards and parameters for the operation of all aspects of child care services and related CCR&R programs.**

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor implementation of the new policies. Describe

**CCR&R representatives are part of the policy workgroup and provide input with policy development. Once policies are finalized, DFD meets with the CCR&Rs to discuss operational concerns and responses to the new policies.**

**Each CCR&R has a designated policy staff to ensure that its staff are informed and understand policy. DFD meets regularly with the CCR&Rs to discuss policies and provide ongoing on-site technical assistance to aid implementation.**

**DFD staff also attend county provider meetings where policies are discussed.**

Other. Describe

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

**Definition:** "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal

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awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

**DFD contract agreements with the CCR&Rs clearly identify the roles and responsibilities for meeting the CCDF requirements. The Division conducts periodic monitoring of all CCR&Rs to ensure that policy and procedures are followed. Additionally, all CCR&Rs are required to submit copies of all outside audits to DFD as part of their contract requirements. DFD monitoring activities include but are not limited to:**

- **Targeted technical assistance and training**
- **Policy workgroups in conjunction with CCR&Rs**
- **Fiscal related discussions at the director’s monthly meetings**
- **Joint policy reviews for policy clarification**
- **Periodic updates to the Child Care Operations Manual**
- **Targeted monitoring that focuses on operational procedures and processes at the CCR&R.**

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types). Describe

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

- Audit provider records
- Train staff on policy and/or audits
- Other. Describe
- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- Run system reports that flag errors (include types). Describe
- Review of enrollment documents, attendance or billing records
- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records
- Train staff on policy and/or audits
- Other. Describe
- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount

**The minimum amount for recovery is based on overpayment issued.**

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe

**The CCR&Rs are responsible for investigating and collecting improper payments. A signed parent/applicant repayment agreement is established and improper payments are collected by the CCR&Rs.**

**When there are earnings discrepancies identified through the Wage Match process, (quarterly income and eligibility verification system (IEVS) match), DFD coordinates with the CCR&Rs to investigate and gather evidence. DFD sends wage match reports containing earned income, unearned income, and employer information to the CCR&Rs to research to determine the appropriate action to take.**

**If the finding results in an improper payment, the CCR&Rs will establish a signed repayment agreement and collect payment.**

**When parents/applicants fail to comply with their established repayment agreement, or do not set up an agreement, the CCR&Rs initiate the process to have payment collected through the New Jersey Set-Off Individual Liability (SOIL) process which withholds personal NJ Gross Income Tax Refunds, Saver Rebates and Homestead Rebates, and Lottery winnings. Parent/applicant must be delinquent for six months before this process takes effect.**

Other. Describe

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe composition of unit below

Other. Describe

**DFD is currently revising its policies governing noncompliance with Child Care Program Mandates. The scope of the anticipated policies will cover qualifying reasons for reducing,**



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**suspending, or discontinuing child care services, procedural guidelines for providing notice to parents/providers prior to any reduction, suspension or discontinuation, and due process procedures for filing an appeal.**

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines

c) Check which activities the Lead Agency will use for administrative error?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

Recover through repayment plans Parent

Reduce payments in subsequent months Provider

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe composition of unit below

**DFD has a program integrity manager, compliance specialist and support staff that coordinate with the CCR&Rs to research and investigate improper payments. DFD staff provide earning discrepancies, as a result the State's system match to each respective CCR&Rs to research and investigate, and determine the appropriate action to take. Findings of the CCR&Rs investigation is tracked and communicated back to DFD.**

**Improper payment with providers DFD recoups through the automated payment system, which can be one-lump sum or a series of payments in subsequent months.**

**Improper payments with parents/agreements – CCR&Rs are instructed to research and review eligibility and improper payment for current and previous years. When there is an overpayment, the CCR&Rs are instructed to calculate the total amount of subsidy paid during the period of ineligibility not to exceed two years.**

**Parent/applicant payment agreements must clearly outline the amount, frequency and time period for completion. It is recommended that agreements are established for 12 months, with the flexibility for extensions and reasonable payment amounts.**

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Other. Describe

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified.

Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified.

Prosecute criminally

Other. Describe

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