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**Child Care and Development Fund (CCDF) Plan  
for  
State of New Jersey  
FFY 2019–2021**

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, 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 the applicable laws regardless of these modifications.



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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



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 Child Care for Low-Income Families;
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 child 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 the need for technical assistance (TA), and 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.

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-cdbg-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 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

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Coordination with child care resource and referral (CCR&R) systems are explained, and Lead Agencies outline the work they have done on their disaster preparedness and response plans.

### 1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency 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 interagency office designated by the state or 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)).

Lead Agency or Joint Interagency Office Information:

Name of Lead Agency:

**The Department of Human Services (DHS), Division of Family Development (DFD), is the designated lead agency.**

Address of Lead Agency:

**New Jersey Department of Human Services  
P.O. Box 716  
Trenton, NJ 08625-0716**

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





Lead Agency or Joint Interagency Official Contact Information:

**Carole Johnson, Commissioner**

**New Jersey Department of Human Services**

**Phone Number: (609) 292-3717**

**Email Address: [Carole.Johnson@dhs.state.nj.us](mailto:Carole.Johnson@dhs.state.nj.us)**

Web Address for Lead Agency (if any): <http://www.nj.gov/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's or 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 the person with administrative responsibilities and include his or her contact information.

CCDF Administrator Contact Information:

**Natasha Johnson, Director—Division of Family Development**

Address for the CCDF Administrator (if different from the Lead Agency):

**Division of Family Development**

**6 Quakerbridge Plaza**

**P.O. Box 716**

**Trenton, NJ 08625-0716**

**Phone Number: (609) 588-2401**

**Email Address: [Natasha.Johnson@dhs.state.nj.us](mailto:Natasha.Johnson@dhs.state.nj.us)**

CCDF Co-Administrator Contact Information (if applicable):

**Margaret Milliner, Assistant Director, Office of Child Care Operations**

**Phone Number: (609) 292-2163**

**Email Address: [Margaret.Milliner@dhs.state.nj.us](mailto:Margaret.Milliner@dhs.state.nj.us)**

Address of the CCDF Co-Administrator  
(if different from the Lead Agency):

**See Above**

Description of the role of the Co-Administrator:

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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):

[www.ChildCareNJ.gov](http://www.ChildCareNJ.gov)

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

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

## 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 public or private local agencies as long as it retains overall responsibility for the administration of the program (658D (b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i) (3)). Check one.

- All program rules and policies are set or established at the state or 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.

1. Eligibility rules and policies (e.g., income limits) are set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- Other. Describe: \_\_\_\_\_

2. Sliding-fee scale is set by the:

- State or territory



- Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set
- Other. Describe: \_\_\_\_\_

3. Payment rates are set by the:

- State or territory;
- Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set;
- Other. Describe: \_\_\_\_\_

4. Other. List other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply.

a) Who conducts eligibility determinations?

- CCDF Lead Agency
- Temporary Assistance for Needy Families (TANF) agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other

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

- CCDF Lead Agency
- TANF agency
- Other state or territory agency- The Department of Children and Families, Division of Protection and Permanency.
- Local government agencies, such as county welfare or social services departments: The 21 County Welfare Agencies/Boards of Social Services
- Child care resource and referral agencies: 14 Child Care Resource and Referral Agencies serving 21 counties.



- Community-based organizations: The New Jersey School-Age Child Care Coalition (NJSACC).
- Other

c) Who issues payments?

- CCDF Lead Agency
- TANF agency;
- Other state or territory agency;
- Local government agencies, such as county welfare or social services departments;
- Child care resource and referral agencies;
- Community-based organizations;
- Other

1.2.3 What processes will the Lead Agency use to monitor administrative and implementation responsibilities performed by agencies other than the Lead Agency as indicated above, such as through written agreements or monitoring and auditing processes (98.11(a)(3))? Describe those processes and any indicators or measures used to assess performance.

**DHS/DFD contracts with the agencies through written agreements which detail the scope of work, administrative expectations, and performance standards. A few of the standards include correct eligibility determinations, the amount of collections on overpayments and the time to resolve payment disputes. Annual monitoring is conducted by program staff to evaluate and assess compliance with the contract, as well as assess and measure performance standards. Additionally, contract staff conduct quarterly reviews of fiscal, budget and expenditure activities.**

**In addition to conducting quarterly and annual reviews, monthly activity and service reports are tracked and monitored by DHS/DFD staff to ensure compliance with program, contract and fiscal management requirements and responsibilities.**

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

**DHS/DFD will share code, software, or other information technology with other State agencies and other states upon request where appropriate and feasible.**



- 1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally-identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally-identifiable information.

**DFD administers CCDF assistance through contracts with local Child Care Resource and Referral Agencies (CCR&Rs). Information about children and families is only used or disclosed by DFD and the CCR&Rs for purposes directly connected with program administration and as otherwise permitted or required by law. Pursuant to DHS/DFD written contract policy and the a signed DHS standard language contract document, CCR&Rs are required to treat all personal records of applicants for and recipients of services in accordance with all applicable federal and State legislation and regulations, including Executive Orders, governing access to and confidentiality of records. With exceptions specified below, the Provider Agency may not release or disclose records except to authorized personnel of the Provider Agency, the Department, or another appropriate unit, agency, or agent of State or federal government which is approved by the Department for receipt of the information.**

**Pursuant to DHS/DFD contract policy, generally the CCR&Rs must keep adequate books and records, supporting documents, statistical records, client records, and all other records pertinent to the Contract shall retain all such books and records for three years in the agency and four years at a records center. Litigation may alter the retention schedule. Additionally, the retention schedule does vary by document type.**

**Additionally, DFD has specific polices related to the storage and destruction of both personally identifiable information and federal tax information.**

### **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 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

- A. Appropriate representatives of units of general purpose local government— (658D (b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are 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).
- B. The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).



C. Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

*Consultation* involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation in the development of the CCDF plan.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

DFD had general discussions with the CWA directors during various regular monthly meetings on issues such as background check implementation, the family friendly policies, the phase-out of license exempt care and referring clients to the CCR&Rs.

b) Describe how the Lead Agency consulted with the State Advisory Council.

**DFD consulted with the New Jersey Council for Young Children (NJCYC). DHS/DFD presented sections of the plan to the Council for input and suggestions. Additionally, we discussed the Early Learning Standards and the Council's role in adopting those standards in New Jersey.**

(c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. **N/A**

(d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

Small workgroups were convened with representation from the CCR&Rs to discuss reauthorization requirements and strategies to meet the provisions of the law. CCR&Rs provided feedback and recommendations which were instrumental in the crafting many of the new family friendly policies outlined in the State Plan.

DFD discussed and/or shared a draft of the State Plan or portions thereof with representatives from the Department of Health (DOH), the Department of Children and Families, Office of Licensing (DCF/OOL), the DHS Office of Emergency Management (DHS/OEM), and the Department of Education (DOE).

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public 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 a public hearing. **May 31, 2018**

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 specific website links if used to provide notice.

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

**The State Plan Public Hearing notice was made available on the Internet at: [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov)**

**Parents are being provided notice through parent advocacy groups. Additionally, the State will hold regional meetings and invite parents and the parent advocacy groups to discuss the plan and receive feedback.**

c) Date(s) of the public hearing(s): **June 20, 2018**

Reminder—The hearing must take place no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the state or territory were addressed;

**The hearing is scheduled to take place at the New Jersey Forensic Science Technology Center, 1200 Negron Drive, Hamilton, New Jersey 08691. The hearing will be in two sessions: (1) 8:30 a.m.–10:00 a.m. and 10:00 p.m.–12:30 p.m. The public hearing site is located in Mercer County which is a central location in New Jersey. This location allows fair geographic access from all regions.**

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

**DHS/DFD made the draft State Plan available by way of a DFD Information Transmittal to stakeholders and the New Jersey child care website.**

**Prior to the hearings, copies of the CCDF State Plan public hearing notice, including a link to the website containing the plan, were distributed to several child care advisory groups including the New Jersey Association of Child Care Resource and Referral Agencies, (NJACCRRRA) and NJCYC. The State Plan or Public Notice was made available to county public libraries throughout the state via the Internet at the child care website: [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov)**



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

**All information provided by the public before and during the hearing will be reviewed and considered before the Plan is finalized.**

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)).

a) Provide the website link to where the plan, any plan amendments, and/or waivers are available; [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov)

**Similarly, any plan amendments or waiver requests associated with this plan will be published on the same website.**

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples;

- Working with advisory committees. Describe: **A copy of the hearing notice with the link to the Plan and any subsequent amendments will be sent directly to main contacts at the NJCYC.**
- Working with child care resource and referral agencies. Describe: **A copy of the hearing notice with the link to the Plan and any subsequent amendments will be sent directly to the directors of each CCR&R.**
- Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe:
- Providing notification to stakeholders (e.g., provider groups, parent groups). Describe: **A copy of the hearing notice with the link to the Plan and any subsequent amendments will be sent directly to main contacts at our key stakeholder organizations.**
- Other. Describe:

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

Lead Agencies are required to describe how the state or 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. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).





- 1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes entities required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions 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 the quality of services; linking comprehensive services to children in child care settings; or developing the supply of quality care for vulnerable populations. Check who you will coordinate with and describe all that apply.

- (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process;

**DFD works with the local County Welfare Agencies (CWAs) and county Boards of Social Services (BSSs) to ensure that TANF recipients who need full-day child care are promptly referred to the CCR&Rs for assistance with locating and applying for child care services. Additionally, DFD coordinates with County Departments of Human Services regarding contracted child care slots.**

- (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals and process;

**The NJCYC is the State Advisory Council in New Jersey. The DHS/DFD Child Care Administrator and the Grow NJ Kids Coordinator are members of the NJCYC and serve on subcommittees. Additionally, other DHS/DFD staff attend the meetings and conduct presentations related to the programs and services administered through the DHS/DFD. Staff also provide updated information to the NJCYC on DHS/DFD quality initiatives, professional development activities and the availability of scholarships.**

**These interactions are coordinated to accomplish the main NJCYC goal; which is to ensure broad statewide coordination and collaboration among the wide range of early childhood programs and services in the State, including child care, Head Start, early intervention, and preschool.**



- Does the Lead Agency have official representation and a decision-making role in the State Advisory Council (or similar coordinating body)?
  - No
  - Yes
- (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted;

**N/A**

- (REQUIRED) State/territory agency(ies) 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 the coordination goals and process;

**As mentioned above DHS/DFD staff are members of the NJCYC and serve on subcommittees. The NJCYC also has representation from early intervention coordinators for the Individuals with Disabilities Education Act (IDEA) Part B and the State 619 Coordinator. Through meetings, these groups come together to review and discuss policies impacting infants and toddlers with special needs.**

**In the context of the NJCYC subcommittees, DHS/DFD and the IDEA Part B Coordinator and State 619 Coordinator work to help ensure broad statewide coordination and collaboration among the wide range of early childhood programs and services in the state, including child care, Head Start, early intervention, and preschool as they relate to children with disabilities.. Additionally, DHS/DFD contracts with the Statewide Parent Advisory Network (SPAN) in order to provide information, resources, technical assistance and trainings that cover screenings, early identification, family rights and inclusion.**

- (REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process;

**The Child Care Administrator works together with the Head Start Administrator to review program updates and concerns, as well as to strategize to improve coordinated efforts between Head Start and the Child Care Subsidy Program. A streamlined process was implemented in order to support the Early Head Start and Child Care Partnership in order to improve the eligibility process and expedite enrollment.**

**The regular coordination between programs is focused on expanding accessibility and continuity of care. DHS/DFD and Head Start also work together to conduct joint community provider meetings to engage the public.**



The CCDF Administrator participates in Head Start Grantee meetings to assist with the implementation and coordination of the Early Head Start and CCDF partnership. This is an important relationship because DHS/DFD provides funding for eligible families to access before and after care for the State's pre-school and Head Start programs.

- ☑ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process;

**The Department of Health (DOH) is the state agency responsible for public health. DHS/DFD works with DOH to ensure continuity of care during summer months because DOH licenses summer youth camps. DHS/DFD and DOH work closely together to ensure that the transition from the school year to the summer is seamless and child care is accessible to families during the summer months. DOH also conducts certain health inspections at licensed child care centers throughout the year.**

- ☑ (REQUIRED) State agency responsible for employment services/workforce development. Describe the coordination goals and process;

**The New Jersey Department of Labor and Workforce Development (LWD) is responsible for Work First New Jersey (WFNJ) client work activities and Supplemental Nutrition Assistance Program (SNAP) Employment and Training activities (E&T). Employment related activities are administered at the local level by One-Stop Career Centers (OSCC) under LWD supervision.**

**OSCC staff coordinate work activities and ensure adequate placement for these work activities such as making sure parents are placed in work activities in appropriate geographic locations that are accessible to child care providers. DHS/DFD works closely with LWD to coordinate the implementation of these activities.**

- ☑ (REQUIRED) State/territory agency responsible for public education, including Pre-Kindergarten (Pre-K). Describe the coordination goals and process;

**DHS/DFD and DOE meet collaborate on early care and education initiatives, DHS/DFD providing CCDF funds to parents utilizing before and after-care programs in public pre-schools and elementary schools.**

- ☑ (REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process;

**The Department of Children and Families/Office of Licensing (OOL) is the regulatory agency for child care centers and registered homes. DHS/DFD meets coordinates licensing, and inspection activities. Additionally, the two divisions are in the process of rolling out the New Jersey Child Care**



**Information System (NJCCIS).** NJCCIS is the DCF/OOL and DHS/DFD joint licensing system. It is also an integrated data system related to child care. It will contain information on all licensed child care programs and registered providers. The system will launch later this year.

- ☑ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process;

**The NJ Department of Agriculture's Division of Food and Nutrition administers the Child and Adult Care Food Program (CACFP). CACFP provides meals to children residing in homeless shelters and snacks to youth participating in after-school programs. These meals are vital to the children remain in full-day care. The child care program and the New Jersey Supplemental Nutrition Assistance Program (SNAP) also coordinate to provide child care to SNAP recipients participating in work activities.**

- ☑ (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals and process;

**In collaboration with the County Welfare Agencies, homeless services providers, CCR&Rs, the DOE and other key partners, DHS/DFD is assembling a workgroup to finalize a strategic plan for effectively serving homeless children. The ultimate goal is for the CCR&Rs to provide targeted outreach to homeless families. DHS/DFD policy will also allow temporary waivers of certain eligibility requirements to expand access to homeless children. The CWAs will refer homeless families that they are working with to the CCR&Rs.**

- ☑ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and process;

**DHS/DFD is also the State agency responsible for TANF. The CWAs and BSSs determine TANF eligibility and refer parents to the CCR&Rs to assist with locating child care services. Some CCR&Rs are co-located with the CWAs/BSSs. TANF funds are made available to the CCDF in order to expand access to care, avoid a waiting list, and allow full-day care.**

- ☑ (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process;

**The DHS/Division of Medical Assistance and Health Services (DMAHS) (the Medicaid lead agency), and their Children's Health Insurance Program (CHIP) provide health coverage for children. The CWAs implement these programs locally and assist families in the enrollment process. The programs allow**



children to get routine check-ups, immunizations and dental care. CWA's and CCR&Rs provide information about these services to families in person and through their websites. DHS/DFD and DHS/DMAHS work closely together and meet with the CWA Directors on a monthly basis. The goal of the coordination is to provide information and referrals to families that need help.

- ☑ (REQUIRED) State/territory agency responsible for mental health. Describe the coordination goals and process;

**The DOH/Division of Mental Health and Addiction Services (DMHAS) is the State Mental Health Authority. The agency plans, monitors, evaluates and regulates New Jersey's mental health prevention, early intervention, treatment. CWA's and CCR&Rs provide information about these services to families in person and through their websites. The goal of the coordination is to provide information and referrals to families that need help.**

- ☑ (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process;

**DFD contracts with the CCR&Rs to effectively implement the child care subsidy program. The CCR&Rs are involved in all stages of planning and discussions pertaining to accessibility, continuity and full-time care. CCR&Rs are integral in locating and recruiting providers in order to expand accessibility. CCR&Rs are also responsible for promptly inspecting certain providers to increase accessibility. They are instrumental because they properly administer the temporary change policy and the redetermination process to ensure continuity of care. The CCR&Rs also make sure before and after school programs are properly enrolled and educated in the E-Child Care System in order to ensure full-time care for working families.**

- ☑ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school-time care (if applicable). Describe the coordination goals and process;

**The New Jersey School-Age Care Coalition (NJSACC) is NJ's Statewide Afterschool Network. NJSACC works to build and support quality afterschool programs across New Jersey. NJSACC provides a variety of professional development experiences and has partnered with the DHS/DFD Workforce Registry to provide professional development trainings. This partnership directly supports safe and appropriate full-time care for working families.**

- ☑ (REQUIRED) Agency responsible for emergency management and response. Describe the coordination goals and process.



**The New Jersey Office of Emergency Management (OEM) is the Lead Agency responsible for planning, directing and coordinating emergency operations in the State of New Jersey. The goal of this partnership is to improve procedure before, during and after a disaster. DHS/OEM reviewed the disaster plan and works with DHS/DFD to make any revisions needed.**

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

- State/territory/local agencies with Early Head Start—Child Care Partnership grants. Describe: **See Above Discussion regarding Head Start. DHS/DFD engages Early Head Start in a similar fashion as it does with Head Start.**
- State/territory institutions for higher education, including community colleges. Describe:  
**DHS/DFD frequently contracts with institutions for higher education, including community colleges for their expertise. Partnerships include efforts to increase credentials in the child care workforce, develop and complete the Market Rate Survey, and provide quality ratings. The goal of all of these collaborations is to support access to quality care, continuity, and full-time care.**
- Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **DHS/DFD continues to provide wrap around care for children attending State funded preschool programs. The goal of this coordination is to provide child care to these working parents.**
- State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:  
**DHS/DFD programs collaborate with the DCF's Home Visitation Programs and Central Intake Hubs. The Hubs are located in all 21 counties. The Hubs allow expecting families and families with young children to connect to home visitation programs, prenatal care programs, and many other services. Hubs enter into local partnerships and their advisory board members include individuals from the Maternal Child Health Consortia, CCR&Rs, and other community partners.**
- Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Describe:  
**The DOH is the responsible agency. CWA's and CCR&Rs provide information about these services to families in person and through their websites. The goal of the coordination is to provide information and referrals to families that need help.**



- State/territory agency responsible for child welfare. Describe:  
**DHS/DFD and DCF/Division of Permanency and Protection (DCP&P) formed a partnership to ensure expedited access and continuity of care. The agencies implemented simplified application, placement, and payment procedures for children under DCP& P supervision. DCF/DCP&P and DHS/DFD meet regularly to discuss this coordination of services.**
- State/territory liaison for military child care programs. Describe: \_\_\_\_\_
- Provider groups or associations. Describe:  
**Staff from DHS/DFD host county child care provider meetings to inform providers about policies and program changes, as well as to hear their child care related concerns. Staff also meet with representatives from the family child care worker union. DHS/DFD also meets with various advocacy group leadership.**
- Parent groups or organizations. Describe:  
**DHS/DFD contracts with the Statewide Parent Advisory Network (SPAN) which provides information, resources, technical assistance and trainings that cover screenings, early identification, family rights and inclusion.**  
**Additionally, all 21 counties have established a County Council for Young Children (CCYC). This shared leadership philosophy includes parents as active partners with service providers and community leaders helping to identify the needs, concerns aspirations and successes of State efforts to positively impact the health, education and well-being of children. DHS/DFD is part of this collaboration. The goal is to strengthen collaboration between parents, families, and local community stakeholders with health, early care and education, family support, and other service providers.**
- Other. Describe: \_\_\_\_\_

### 1.5 **Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds**

*Optional Use of Combined Funds:* 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 programs include those 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 to expand and/or enhance services for children and families to allow for the delivery of comprehensive 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 a 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, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between the Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start—Child Care Partnerships: [https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

No

Yes. If yes, describe at a minimum:

a) How you define “combine”?

**“Combine” is defined as the co-mingling of funds into one child care funding stream.**

b) Which funds you will combine?

**Both TANF-Block Grant funds and state matching funds which include \$72 million in TANF funds and \$44.24 million in matching state funds.**

c) Your purpose and expected outcomes for combining funds, 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 services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations.





**Combined funds will expand services to parents and ensure that there is no disruption to child care services.**

d) How will you combine multiple sets of funding, at the State/Territory level, local level, program level?

**Overall DHS/DFD receives funds from the respective funding sources and maintains the funds in separate accounts where appropriate. DHS/DFD conducts quarterly reconciliations to ensure that the funds are spent in the designated program areas.**

e) How are the funds tracked and method of oversight?

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

*Use of Pre-K for Maintenance of Effort:* The CCDF final rule clarifies that public Pre-K funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate Pre-K and child care services to expand the availability of child care while using public Pre-K funds as no more than 20 % of the state's or territory's maintenance of effort or 30 % of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for Pre-K services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

*Use of Private Funds for Match or Maintenance of Effort:* Donated funds do not need to be under the administrative control of the Lead Agency to qualify as expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the child care program (98.55(f)). **N/A**

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

Note: The Lead Agency must check at least public and/or private funds as matching, even if Pre-K funds also will be used.

- The territory is not required to meet CCDF matching and MOE requirements
- Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

If checked, identify the source of funds: **State general fund appropriations.**



If known, identify the estimated amount of public funds that the Lead Agency will receive:  
**\$150.84 Million.**

- Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

If checked, are those funds are:

- Donated directly to the State?
- Donated to a separate entity(ies) designated to receive private donated funds?
  - If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
  - If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$\_\_\_\_\_
- State expenditures for Pre-K programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated %age of the matching fund requirement that will be met with Pre-K expenditures (not to exceed 30 %):
  - If the %age is more than 10 % of the matching fund requirement, describe how the State will coordinate its Pre-K and child care services:
  - If known, identify the estimated amount of Pre-K funds that the Lead Agency will receive for the matching funds requirement: \$\_\_\_\_\_

Describe the Lead Agency efforts to ensure that Pre-K programs meet the needs of working parents:

- State expenditures for Pre-K programs are used to meet the CCDF maintenance-of-effort requirements. If checked;
- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).
  - No
  - Yes

Describe the Lead Agency efforts to ensure that Pre-K programs meet the needs of working parents: \_\_\_\_\_

Estimated %age of the MOE Fund requirement that will be met with Pre-K expenditures (not to exceed 20 %):

- If the %age is more than 10 % of the MOE requirement, describe how the State will coordinate its Pre-K and child care services to expand the availability of child care:



- If known, identify the estimated amount of Pre-K funds that the Lead Agency will receive for the MOE Fund requirement: \$ \_\_\_\_\_

## 1.6 Public/Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (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 the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

- 1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level—state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

**DHS/DFD does not currently utilize any public/private partnerships to fund child care services.**

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

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations 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 (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area;
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency);



- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b))

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use Section 7.6 to address how quality set-aside funds, if applicable, are used to support a statewide CCR&R system.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

- No. The state/territory does not fund a CCR&R system and has no plans to establish one
- Yes. The state/territory funds a CCR&R system. If yes, describe the following:**

a) What services are provided through the CCR&R system?

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

- **Make eligibility determinations**
- **Enroll child care providers into the program**
- **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;**
- **Provide referrals that match the parents' expressed needs and preferences, including additional referrals and resource information for other community services;**



- **Provide technical assistance to providers on how to become accredited and enroll in Grow NJ Kids, New Jersey’s Quality Rating and Improvement System;**
- **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 information via their websites on the Child Care Subsidy Program**
- **Administer the Family Child Care Registration Program, Approved Homes, and Summer Youth Camp provider application process;**

b) How the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated.

There are 14 CCR&R Agencies that administer New Jersey’s Child Care Subsidy Program in the state’s 21 counties. The agencies are contracted through the Request for Proposal process. The DHS/DFD supervises and guides the CCR&Rs in all aspects of program operation.

## **1.8 Disaster Preparedness and Response Plan**

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

- 1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

**DFD collaborated through meetings with all of the above-mentioned partners in developing a basic Child Care Disaster Plan.**



- 1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency’s guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

**In the event of a disaster, among other things, DHS/DFD relaxes documentary requirements for eligibility, utilizes a vendor supported back-up payment system, distributes extra EBT terminals as needed, provides emergency child care regardless of income, waives certain redetermination requirements and deadlines, and continues payments to providers to avoid the effect of excessive child absences.**

- 1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

**The State or local OEMs are the leads in recovery efforts; however, if funds allow, DHS-DFD will help repair damages or pay for destroyed items. The OEM’s connect with the Federal Emergency Management Agency (FEMA) to connect providers and the State to federal funding. DHS/DFD or OEM administer any federal appropriated funds.**

- 1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

**DHS/DFD ensures that providers receive pre-service and ongoing training in all of the above-mentioned areas. DCF/OOL and the CCR&Rs through their inspection and monitoring protocol confirm all relevant disaster plans, confirm that training requirements have been met and ensure that proper drills have been conducted.**

- 1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

**See 1.8.4 above.**

- 1.8.6 Provide the link to the website where the statewide child care disaster plan is available:  
**N/A**

## **2 Promote Family Engagement through Outreach and Consumer Education**

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to “promote involvement by parents and family



members in the development of their children in child care settings” (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children’s development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

## **2.1 Outreach to Families with Limited English Proficiency and Persons with Disabilities**

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Describe how the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language:

**DFD provides the following materials in languages other than English:**

- **Child care subsidy application**
- **Parent and provider brochures**
- **Parent and provider notices and flyers**
- **Consumer education website: [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov)**



- **Online training and technical assistance modules**

In addition, bilingual caseworkers and outreach workers are available when providing services to parents and child care providers. 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.

In addition, Google Translate is a feature built in to the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website. The service allows the user to click on a dropdown menu. The menu includes approximately 100 different languages. Once the user selects his language, all content on the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) is translated into the user's chosen language.

Parent and Provider handbooks 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.

- 2.1.2 Describe how the Lead Agency or partners provide outreach and services to eligible families with a person(s) with a disability:

**DHS/DFD and the CCR&Rs comply with The Americans with Disabilities Act (ADA) to ensure the removal of barriers that prevent persons with disabilities from accessing services. Based on the needs of parents, reasonable accommodations are made, such as using Interpreter Services and the Language Lines, having flexible office hours, and granting extensions to submit and complete applications or documentation. Additionally, information is distributed by mail, phone, and internet and through alternate means if a person is unable to physically come to the agency. Additionally, the DHS/Division of Disability Services (DDS), the DHS/Commission for the Blind and Visually Impaired (CBVI) and the DHS/Division of the Deaf and Hard of Hearing (DDHH) are all sister agencies in this Department. Executive staff for all of the divisions meet regularly.**

## **2.2 Parental Complaint Process**

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16; 98.32).





- 2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a web-based process:

**The DHS/DFD hotline number 1-800-332-9227 allows anyone to report a complaint. The number connects with the local Child Care Resource and Referral Agencies or directly the DHS/DFD Office of Child Care, where complaints can be reported.**

**DCF/OOL is the State entity that has administrative regulatory oversight for licensed centers and family child care providers. Their hotline number 1-877-NJ ABUSE (652-2873), is the child abuse and neglect hotline for any person having reasonable cause to believe that a child has been abused or neglected.**

**With the development of the NJ Child Care Information System (NJCCIS) website, parents will also have the option of submitting complaints online through a web-based process. This system will be operational later this year.**

- 2.2.2 Describe the Lead Agency's process for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

**The Child Care Helpline (800) 332-9227 directs callers to their corresponding county Child Care Resource and Referral (CCR&R) agency. If the caller does not select a CCR&R or if they choose "0" on the IVR prompt, the caller will be automatically routed to DFD-Child Care Operations (DFD-CCO) office.**

**Our DFD-CCO Office administrative staff answer the calls on the main Child Care Helpline. Child Care Helpline calls are logged on a daily log to track calls by subject, county and where the call was referred for further assistance. Calls about the subsidy program are routed directly to DFD-CCO staff. DFD-CCO staff are assigned to specific counties and provide oversight and technical assistance to our CCR&R's, and also assist callers who reach our office with issues of concern or complaint with a child care center.**

**DFD-CCO staff address the caller's complaint and then contact the CCR&R to investigate the matter further. The investigation process may include field visits and onsite meetings with the child care provider. In addition follow-up recommendations are made as well.**

**When warranted, DFD will reach out to Department of Children and Families, Office of Licensing (DCF/OOL).**

**Whenever the Department of Children and Families, Office of Licensing (DCF/OOL) receives a complaint against a program or center or a referral agency alleging that a licensed center is violating provisions of the licensing regulations, OOL ensures that the allegation is promptly investigated to determine whether the complaint should be substantiated.**



The Department of Children and Families, during the course of investigating an allegation of child abuse or neglect, may determine that corrective action is necessary to protect the children.

After the report of the DCF investigation has been completed, the unit notifies 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.

A Complaint Investigation Summary will be issued to the center and is public information upon completion. The investigation may require the Office of Licensing to suspend, revoke or refuse to renew the center's license or Certificate of Life/Safety Approval. Alternatively, the investigation may require OOL to ensure that the center takes additional remedial action after the investigation. DCF/DCP&P will also pursue individual actors, make findings, and take appropriate action.

With regard to home-based and other providers, when the CCR&R receives a complaint of alleged violation(s) of family child care regulations by a provider, other than child abuse or neglect, the CCR&R investigates the complaint within 10 working days to determine whether the complaint should be substantiated and will require the provider to abate any violations found. The sponsoring organization advises complainants that complaints may be made anonymously. The CCR&R's investigation includes an inspection of the home whenever such an inspection is necessary to substantiate the complaint.

If, during the course of investigating an allegation of child abuse or neglect, the Department determines that in order to protect the children it is necessary for the Department to remove children from a provider's home, the CCR&R suspends the Certificate of Registration, if the Office of Licensing recommends such action.

The CCR&R maintains documentation of complaints against providers, and a Complaint Investigation Report that documents the findings of the complaint.

- 2.2.3 Describe the Lead Agency's process for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

**See above. The process applies to both CCDF and non-CCDF providers.**

- 2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

**DCF-OOL maintains records of complaints pertaining to licensed centers. The CCR&Rs maintain documentation of complaints against providers, and a Complaint Investigation Report.**



Pursuant to DFD internal policy, all complaints and resulting investigations are filed and maintained pursuant to State document retention guidelines.

Files maintained by the DCF-OOL are public records and must be readily accessible for examination by any person, under the direction and supervision of DCF-OOL personnel, except when public access to records is restricted, in accordance with the State Open Public Records Act or other applicable statutes. In the future, electronic versions of these files will be available through the NJCCIS website: <https://www.njccis.com>.

- 2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

According to N.J.A.C. 3A:52-2.6, files maintained by the DCF- OOL are public records and must be readily accessible for examination by any person, under the direction and supervision of DCF-OOL personnel, except when public access to records is restricted, in accordance with the State Open Public Records Act or other applicable statutes. In the future, electronic versions of these files will be available through the New Jersey Child Care Information website: <https://www.njccis.com>.

### 2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved are considered substantial changes and CCDF Plan Amendments will be required.



- 2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

**DFD responds to feedback from CCR&Rs, parents, and providers, and other stakeholders in the on-going development of the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website. Over a 2-year period, the website underwent structural changes to improve the interface, usability, and accessibility to users.**

- 2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

**Individual web pages on the [www.ChildCareNJ.com](http://www.ChildCareNJ.com) website may be translated in over 100 languages.**

- 2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

**The State's Web Accessibility Policy 07-12-NJOIT is attached to all state websites, web-based applications, and online services including the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website. The purpose of the policy is to improve the ease with which all users, including those with disabilities, can access and benefit from web-based government services and information. While developing the website, special attention was put into the development of "easy-to-read" and "frequently asked questions" documents with clear, user-focused language. Some of the information on the website is available in alternative formats other than plain text such as audio recordings (including recorded webinars) and videos.**

**In addition, users who are deaf or hard of hearing may call TTY (877) 294-4356 to access any of the hotlines listed on the "Resources" page of the website (voice calls use 7-1-1 NJ Relay).**

- 2.3.4 Lead Agency Processes Related to Child Care

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

<http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf>

<http://www.nj.gov/dcf/providers/licensing/laws/FCCmanual.pdf>



[http://www.nj.gov/health/ceohs/documents/phss/youth\\_camp.pdf](http://www.nj.gov/health/ceohs/documents/phss/youth_camp.pdf)

<http://www.ChildCareNJ.gov/Providers/HowTo>

b) Provide the link to the procedure for conducting and monitoring inspections of child care providers, as described in section 5.3.2:

<http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf>

<http://www.nj.gov/dcf/providers/licensing/laws/FCCmanual.pdf>

[http://www.nj.gov/health/ceohs/documents/phss/youth\\_camp.pdf](http://www.nj.gov/health/ceohs/documents/phss/youth_camp.pdf)

<http://www.ChildCareNJ.gov/Providers>

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.6:

<http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf>

<http://www.nj.gov/dcf/providers/licensing/laws/FCCmanual.pdf>

[http://www.nj.gov/health/ceohs/documents/phss/youth\\_camp.pdf](http://www.nj.gov/health/ceohs/documents/phss/youth_camp.pdf)

<http://www.ChildCareNJ.gov/Providers/CCDBG>

### 2.3.5 List of Providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. Providers caring for children to whom they are related do not need to be included. The list of providers should be searchable by ZIP Code.

a) Provide the website link to the searchable list of child care providers:

**Quality Providers Search:**

<http://www.GrowNJKids.gov/ParentsFamilies/ProviderSearch>

**Licensed Child Care Center Providers Search:**

[https://data.nj.gov/childcare\\_explorer](https://data.nj.gov/childcare_explorer)

**A comprehensive searchable database of all child care providers in the state will be available in the future here:**

[www.ChildCareNJ.gov](http://www.ChildCareNJ.gov)

b) Which providers are included in the searchable list of child care providers:



- Licensed CCDF providers
- Licensed non-CCDF providers
- License-exempt center-based CCDF providers
- License-exempt family child care (FCC) CCDF providers
- License-exempt non-CCDF providers
- Relative CCDF child care providers
- Other. Describe: Quality Providers** \_\_\_\_\_

c) Describe what information is available in the search results. Specify if the information is different for different types of providers:

**When users search for providers, they will be able to access information on the program name, address, phone number, license number, license type, fatalities, serious injuries, email address, days and hours of operation, ages served, whether animals are present, program type, quality rating or accreditation type, transportation availability, languages spoken, provider website, substantiated complaints, and inspection reports.**

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- Quality rating and improvement system
- National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start requirements
- Meeting Pre-Kindergarten quality requirements

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

b) For what types of providers are quality ratings or other indicators of quality available?

- Licensed CCDF providers. Describe the quality information:

Providers that serve infants, toddlers, and preschool children in center-based settings that voluntarily participate in Grow NJ Kids (QRIS) with a rating level of 3, 4, or 5.



The rating levels are based on approximately 110 criteria. The criteria include health and safety criteria, teacher qualifications and others. The ratings factors can found through the following links:

<http://www.GrowNJKids.gov/getattachment/76059975-cbf2-4447-bac4-d2964035d02e/3,-4-and-5-Star-Rating-Point-Requirements.aspx>

<http://www.GrowNJKids.gov/getattachment/3800f879-98bf-4482-8f8d-02c5d36241f4/3,-4-and-5-Star-Rating-Point-Requirements-FCC.aspx>

**School-age programs that are accredited by certain accrediting bodies.**

- Licensed non-CCDF providers. Describe the quality information: \_\_\_\_\_
- License-exempt center-based CCDF providers. Describe the quality information: \_
- License-exempt FCC CCDF providers. Describe the quality information: \_\_\_\_\_
- License-exempt non-CCDF providers. Describe the quality information: \_\_\_\_\_
- Relative child care providers. Describe the quality information: \_\_\_\_\_
- Other. **Describe: Registered Homes can also enroll in Grow NJ Kids.**

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available. Certify by describing:

a) How monitoring and inspection reports are in plain language. Include a website link to a sample monitoring report, or if reports are not in plain language, describe how plain-language summaries are used to meet the regulatory requirements. Include a link to a sample report and summary;

**Inspection reports and summaries for licensed centers and family child care providers are available through the Department of Children and Families, Office of Licensing's searchable dataset website "Licensed Child Care Center Explorer" at:**  
[https://data.nj.gov/childcare\\_explorer](https://data.nj.gov/childcare_explorer)

**In the future, inspection reports and plain language summaries for all CCDF provider types will be available to providers and the general public at**  
[www.ChildCareNJ.gov](http://www.ChildCareNJ.gov).

b) How monitoring and inspection reports and/or their plain-language summaries prominently display any health and safety violations, including any fatalities or serious injuries;



**Inspection citations (including health and safety violations) are currently listed on DCF/OOL inspection reports.**

**Child Care Inspection Reports/Summaries are currently undergoing revisions. Both DHS and DCF are working to ensure that the plain language summaries/inspection reports prominently display any health and safety violations.**

c) The process for correcting inaccuracies in reports;

**Providers may report inaccuracies by calling the Office of Licensing at the toll free number (877) 667-9845.**

d) The process for providers to appeal the findings in the reports, including the time requirements;

**Licensed Child care centers and Registered Family Child Care Homes may request a hearing through Office of Licensing or the CCR&R respectively. Appeal requests must be submitted no later than 20 days from the receipt of their inspection results.**

e) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe;

**Reports are posted within 30 days. DCF/OOL monitors to ensure that reports are posted in a timely manner.**

f) How many years of reports that the state/territory posts on its website, if any, beyond the required minimum of 3 years, where available (98.33(a)(4)(iv));

**5 years**

g) The policy for removing reports after a certain amount of time has passed (e.g., after 7 years);

**The State does not have automatic removal after any set period of time.**

h) Any additional providers on which the Lead Agency chooses to include reports. Note: Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

License-exempt non-CCDF providers;

Relative child care providers;

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





2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. The information on serious injuries and deaths should be organized by category of care and licensing status, however, Lead Agencies are not required to breakdown the instances of substantiated child abuse by category of care and licensing status. Certify by providing:

a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity;

**The child care program director must report serious injuries or deaths to the DCF/OOL by the next working day after the center learns of the occurrence and shall submit documentation to DCF/OOL within one week of the occurrence of the incident.**

**Summer Youth camps are required to report accidents resulting in death or serious injury using the “Annual Accident Report Youth Camp Safety Act” form. This form must be submitted to the Department of Health on an annual basis.**

b) The definition of “substantiated child abuse” used by the Lead Agency for this requirement;

**A preponderance of the evidence establishes that a child is an abused or neglected child as defined by statute; and either the investigation indicates the existence of any of the absolute conditions; or substantiation is warranted based on consideration of the aggravating and mitigating factors.**

c) The definition of “serious injury” used by the Lead Agency for this requirement;

**DHS/DFD follows the serious injury definition under the manual of requirements of centers and family child care providers regulated through the OOL, which is defined as requiring hospitalization, visiting the emergency room, involving a call to 911, any medical care that is conducted on-site, and head or facial injuries.**

d) The site where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted:

**The New Jersey Child Care Information System website [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) will contain aggregate data on the number of serious injuries, deaths, and substantiated instances of child abuse. The system will be operational by the end of 2018.**

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:



On the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website, there is a “Parents” tab that contains general information on how to apply for the child care subsidy and how to find quality child care. There is a sub-tab that directs parents and the general public to a page with information on the CCR&Rs. The page contains a description of the CCR&R’s function(s), as well contact information (name, address, phone, fax, and website) of each CCR&R by county.

2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information:

**The home page of the consumer education website contains a:**

1. “How to Apply Tab” which contains the Child Helpline phone number and a link to the CCR&R contact page;
2. “Child Care Resource & Referral” Agency sub-tab to contact their local CCR&R;
3. “Contact” tab to send an email to DFD; or
4. “Resources” page to contact other programs and services that are in partnership with DFD
5. The phone number to the child care helpline.

[www.ChildCareNJ.gov/Parents/SubsidyProgram](http://www.ChildCareNJ.gov/Parents/SubsidyProgram)

2.3.11 Provide the website link to the Lead Agency’s consumer education website:

[www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) or [www.ChildCareNJ.com](http://www.ChildCareNJ.com)

## 2.4 National Website and Hotline

The CCDBG Act of 2014 required the U.S. Department of Health and Human Services to establish a national website at [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov), which includes a zip code-based search of available child care providers, provider-specific information about the quality of care and health and safety compliance, referrals to local CCR&R organizations, and information about child care subsidy programs and other financial supports available to families (658L(b)). Lead Agencies must also provide a description of how they will respond to complaints submitted through the national website and hotline (98.16(hh)).

2.4.1 Describe how the Lead Agency responds to complaints submitted through the national website and hotline regarding both licensed and license-exempt child care providers.

**Since the national website at [childcare.gov](http://childcare.gov) is still developing a process to receive and respond to reports of possible child care health and safety violations and**



complaints, there is currently a page that provides a list of each toll-free numbers and regional numbers for agencies designated to receive and investigate reports of suspected health and safety violations in the interim. The phone numbers listed for New Jersey are:

- Center (licensed): (609) 777-6945
- FCC (licensed): (609) 777-6948
- Group (licensed): (609) 826-3999
- Unlicensed: Users are directed to use the following link: [www.ChildCareNJ.gov/Parents/CCRR](http://www.ChildCareNJ.gov/Parents/CCRR) to locate a specific number for agency in their region.

2.4.2 Identify the designee responsible for receiving and responding to complaints submitted through the national website and hotline.

**The staff members for each designated provider type listed above are responsible for responding to complaints submitted through the national website and hotline. In the future, complaints that are submitted through the national website will be collected and sent to the online complaints repository housed at <https://www.njccis.com> where inspectors and inspection supervisors will log and review the complaints against licensed and unlicensed facilities.**

2.5 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.5.1 through 2.5.4, certify by describing:

2.5.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Pre-K, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

**DFD contracts with the CCR&Rs to provide consumer education and inform the general public about the full diversity 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, “Requests 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.

CCR&Rs provide consumer education to parents of eligible children to help families make informed decisions about child care options through the dissemination of written/electronic materials, provider meetings, technical assistance, orientation and trainings.

In addition, DFD uses a variety of methods to share information about CCDF to providers and the types of child care programs for which families may be eligible including:

- [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) Website
- Parent Brochure
- Provider Handbook and Parent Handbook

2.5.2 The partnerships formed to make information about the availability of child care services available to families.

**DFD’s partners that assist with outreach efforts are the 14 CCR&Rs serving 21 counties, DOE, DCF, DOH, DCF, 21 CWAs and BSSs, NJCYC, several universities, several hospitals and advocacy organizations.**

2.5.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description, include at a minimum what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

- Temporary Assistance for Needy Families program;
- Head Start and Early Head Start programs;
- Low Income Home Energy Assistance Program (LIHEAP);
- Supplemental Nutrition Assistance Programs (SNAP) Program;
- Women, Infants, and Children Program (WIC) program;
- Child and Adult Care Food Program (CACFP);
- Medicaid and Children’s Health Insurance Program (CHIP);



- ☑ Programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA)

**DHS/DFD or the CCR&Rs provide direct referrals to these programs. The programs are also mentioned in the “How to Apply for an NJ Child Care Subsidy” public brochure, and the “Parent Handbook.”**

**DHS/DFD works in partnership with service providers and other state, county and municipal agencies to help families access these programs and services.**

**Users may access information on the above programs on the DHS website: [www.ChildCareNJ.gov/resources](http://www.ChildCareNJ.gov/resources).**

- 2.5.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children’s development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

**Best practices in child development already built into the mandated pre-service professional development health and safety trainings for CCDF child care providers. In addition, 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. Grow NJ Kids also includes these concepts as part of the basis of the ratings.**

**The ChildCareNJ.gov website has information, resources and links for parents to easily access information on child development; such as NJ Parent Link which provides information and resource needs for parents.**

**DFD also utilizes the CCR&Rs, quality initiatives contracts, and other state partners to make information widely available through the consumer education website, written publications, mailings, trainings and workshops. For additional information about child development, CCR&Rs refer parents to resources maintained by the NJCYC.**

- 2.5.5 Describe how information on the Lead Agency’s policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.



**DHS/DFD contracted with Montclair University to research and help inform DHS/DFD policy statement regarding the social, emotional and challenging behavior of young children best on best practices. The policy is in draft.**

**DHS/DFD's consumer education and referral service provide families emotional services and support within their community and disseminate information to educate about interventions and services to address challenging behaviors.**

**Additionally, DHS/DFD has contracts with training entities to provide social and emotional, developmental screening, and mental health trainings. All trainings and services are communicated through the contracted agencies, posted on DHS/DFD child care website and published in the general information brochure which is distributed to the general public by the CCR&Rs and available on DHS/DFD Child Care and Grow NJ Kids websites.**

**Health consultants, and mental health on-site consultations and services are now available to providers to support programs, the workforce and families of children experiencing challenging behaviors.**

**Through all DHS/DFD quality initiatives, the professional development system, and collaboration with other state agency coordinated efforts, information about the above service and supports are shared and disseminated through DHS/DFD partners to make it available to families and the general public.**

- 2.5.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

**DFD promotes a policy that prohibits suspension, expulsion and other limitations of service in infant and early childhood settings.**

**This policy integrates support of the IDEA principle of providing education in the "least restrictive environment", and provides guidance that will promote adherence to the Least Restrictive Environment Settlement in New Jersey.**

**NJ is currently in the process of disseminating a program policy statement to all CCR&Rs and providers to increase awareness among staff, families, and community partners about the adverse development, emotional and social consequences of suspension and expulsion. The policy statement will also be included in the Provider Handbook which is also under development and will be available to the general public through the ChildCareNJ.gov website.**



## 2.6 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA),, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

### 2.6.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3));

**The DHS/DMAHS, DOH and DOE are the lead partners in this area. Parents are referred to them on this topic. Additionally, relevant links are listed at [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov)**

**All Medicaid covered beneficiaries under the age of twenty-one are entitled to receive any medically necessary service, including physician services that provide comprehensive developmental screenings. For those beneficiaries who receive benefits through a Managed Care Organization (MCO), the MCO provides written notification to its enrollees under twenty-one years of age when appropriate periodic assessments or needed services are due. MCOs are responsible to coordinate appointments for care and any necessary follow resulting from the appointments.**

**The requirements of EPSDT services can be found at Section 1905(r) of the Social Security Act (42 U.S.C. 1396(d) and federal regulation 42 CFR 441.50.**

b) The procedures for providing information on and referring families and child care providers to the 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.);



DHS/DFD or the CCR&Rs provide direct referrals to DMAHS and DOE. The programs are also mentioned in the “How to Apply for an NJ Child Care Subsidy” public brochure, and the “Parent Handbook.”

DHS/DFD works in partnership with service providers and other state, county and municipal agencies to help families access these programs and services.

Users may access information on the above programs on the DHS website: [www.ChildCareNJ.gov/Resources](http://www.ChildCareNJ.gov/Resources).

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

**The DMAHS and DOE are the lead partners in this area. Parents are referred to these entities on this topic. Additionally, relevant links are listed at [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) on the Resources page. Links to the website appear in the Parent Handbook and the Parent Brochure.**

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

**Families are referred to the DMAHS or DOE and their related partners on this issue.**

**For those families and children that are eligible for Medicaid, the Medicaid Managed Care Organizations have methods for coordinating care and creating linkages with external organizations, including but not limited to school districts, child protective service agencies, early intervention agencies, behavioral health, and developmental disabilities service organizations, for those children identified with a need.**

e) How child care providers receive this information through training and professional development;

**CCDF child care providers currently receive pre-service training on child development appropriate for the ages of children served.**

**In addition, a new DFD quality health initiative will allow providers to receive training and technical assistance from state Health Consultants in partnership with the Central Jersey Family Health Consortium.**

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

**N.J.A.C. 10:15-2.4**





## 2.7 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

Certify by describing:

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement;

**Once the parent decides on a provider, the CCR&R provides the parent a Parent Applicant Provider Agreements (PAPA) that contains the provider's information. The PAPA must be signed by both the parent and the provider.**

**The CCR&R provides the PAPA provided during the application, intake, or redetermination process, or when the parent needs to select a different provider.**

b) What is included in the statement, including when the consumer statement is provided to families;

**The Agreement clearly authorizes payments only for the period of service indicated on the agreement. It contains the parent/child information; child care start date and stop date for each child; summary of payment information for each child; and provider information. It also includes the Parent/Provider/Agency Certification page that fully explains the agency, parent, and provider responsibilities affecting the child care services.**

c) Provide a link to a sample consumer statement or a description if a link is not available at:

**There is no link to the PAPA. The document is described above in 2.7(b)**



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

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: A minimum 12-month eligibility and redetermination period; 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 a job search of not fewer than 3 months, if the Lead Agency exercises the option to discontinue assistance; and Policies for the graduated phase-out of assistance. Procedures should be in place for the enrollment of homeless children and children in foster care, if served pending the completion of documentation (required).

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Pre-Kindergarten, and other collaborative programs to finish the program year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

#### 3.1 Eligible Children and Families

At the time when eligibility is determined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 % 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 said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

##### 3.1.1 Eligibility criteria based on a child's age

a) The CCDF program serves children from **0** (weeks/months/years) to **12** years. Note: Do not include children incapable of self-care or under court supervision, reported below in (b) and (c).

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

No

Yes, and the upper age is **18** (may not equal or exceed age 19). If 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 unable to self-care; as identified through a written referral from a county welfare agency, legal, medical, social service agency, emergency shelter, or 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 or ameliorate the situation.**

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

No

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

d) How does the Lead Agency define the following eligibility terms?

**“Residing with”:** Means living in the permanent or temporary residence of the eligible parent, legal guardian, or person standing in loco parentis.

**“In loco parentis”:** Means serving as the primary caretaker without legal confirmation for the child(ren) on behalf of whom services are requested.

### 3.1.2 Eligibility criteria based on reason for care

a) How does the Lead Agency define “working” or “attending job training” and/or “educational program” for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

**“Working”:** At initial eligibility working means full-time employment, which is employment that totals 30 or more hours per week. At redetermination working means employment that totals 25 or more hours per week.

**“Job Training”:** Job training is full-time 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.

**“Education”:** Education is being enrolled full-time in and attending a college, university, or other educational facility a total of 12 credits 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.

**“Attending Job Training or Education”:** (e.g., number of hours, travel time): Same as “Job Training” and “Education” definitions above.



b) 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)?

- No. If no, describe the additional work requirements: \_\_\_\_\_
- Yes. If yes, define the job-search time limit, keeping in mind a minimum of 3 months is required to be provided when a parent experiences a non-temporary loss or cessation of eligible activity:

**Applicant(s) can be deemed eligible for assistance if they are attending a full-time education or training program and/or a combination of work/school/training equivalent to a full-time activity. Job-search time limit is not applicable here.**

c) Does the Lead Agency consider engaging in a job search or seeking employment an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination (must provide a minimum of 3 months)?

- No
- Yes. If yes, describe the policy or procedure.

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

- No
- Yes. If yes:

i. Please provide the Lead Agency's 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).**

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

**With regard to child care, the work status of a foster parent does not affect the child's eligibility to receive CCDF based child care.**

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.



- ii. Are children in foster care considered to be in protective services for the purpose of eligibility at determination?
  - No
  - Yes
- iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?
  - No
  - Yes
- iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?
  - No
  - Yes

### 3.1.3 Eligibility criteria based on family income

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

**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, bonuses 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 on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) only if the Lead Agency is using income eligibility limits lower than 85 % of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).

If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g., range from [lowest limit] to [highest limit])(98.16(i)(3)). **N/A**



Family Size	(a) 100% of SMI (\$/month)	(b) 85% of SMI (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) (\$/month) Maximum “Entry” Income Level if Lower than 85% of Current SMI	(d) (IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower than 85% of Current SMI
1	\$62,933.00	\$53,493.05	\$24,280.00	38.6%
2	\$75,305.00	\$64,009.25	\$32,920.00	43.7%
3	\$93,656.00	\$79,607.60	\$41,560.00	44.4%
4	\$114,886.00	\$97,653.10	\$50,200.00	43.7%
5	\$123,286.00	\$104,793.10	\$58,840.00	47.7%

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

SMI source and year: United States Department of Justice Census Bureau Median Family Income by Family Size Case File Between May 1, 2017 and October 31, 2017, Inclusive.

c) What was the date that these eligibility limits in column (c) became effective? **March 1, 2018**

Provide the citation or link, if available, for the income eligibility limits.

[https://www.justice.gov/ust/eo/bapcpa/20170501/bci\\_data/median\\_income\\_table.htm](https://www.justice.gov/ust/eo/bapcpa/20170501/bci_data/median_income_table.htm)



3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a check-off on the CCDF application)

**A family member certifies that family assets do not exceed 1,000,000 by completing an application addendum during the Child Care Subsidy Program application process. The addendum contains a certification that the parent's assets do not exceed the maximum amount.**

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No

Yes. If yes, please identify the policy or procedure

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

**Currently, there is no waiting list in New Jersey; therefore, no priority rules are being applied. In the event there is a need to prioritize eligibility, regulations exist in various parts of N.J.A.C. 10:15 that spell out admission priorities. For example, priority ranking is based on things like CP&P involvement, status as a TANF recipient or being at risk of becoming homeless.**

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Examples include partnering with Head Start, Pre-Kindergarten, or other high-quality programs to create a package of arrangements that accommodates parent's work schedules; providing more intensive case management for families with children with multiple risk factors; and including in the eligibility determination process a question about whether a child has an Individualized Education Program or Individual Family Service Plan. Describe the Lead Agency's policies and procedures that take into consideration children's development and learning and that promote continuity of care when authorizing child care services.

**DHS/DFD authorizes before and after care and pays an enhanced rate for children with a disability. CCR&R agency staff work personally with the parent to find a child care provider that meets the parent's and the child's specific needs.**

**Through the Early Head Start-Child Care Partnership (EHS-CCP) initiative, CCDF eligible families' subsidy is utilized to help provide comprehensive and continuous services to low-income infants, toddlers, and their families.**



**CCDF eligible children that are dually eligible for EHS are identified at the local CCR&R agencies enrolled in this partnership program. The EHS grantees track the number of children and communicate enrollment with the local CCR&Rs.**

### 3.1.7 Graduated phase-out of assistance

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 % of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that establish initial family income eligibility below 85 % of SMI must provide a graduated phase-out by implementing a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

85 % of SMI for a family of the same size

An amount lower than 85 % of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

1. Takes into account the typical household budget of a low-income family;
2. Provides justification that the second eligibility threshold is:
  - i. Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
  - ii. Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)).

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

- a) Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.





- N/A—The Lead Agency sets its initial eligibility level at 85 % of SMI and, therefore, is not required to provide a graduated phase-out period.
  - The Lead Agency sets the second eligibility threshold at 85 % of SMI.
    - Describe the policies and procedures: \_\_\_\_\_
    - Provide the citation for this policy or procedure: \_\_\_\_\_
  - The Lead Agency sets the second eligibility threshold at an amount lower than 85 % of SMI for a family of the same size but above the Lead Agency’s initial eligibility threshold.
    - Provide the second eligibility level for a family of three:  
**250 % of FPL (\$51,950)**
    - Describe how the second eligibility threshold:
      - i. Takes into account the typical household budget of a low-income family:  
**The second eligibility level allows a family with increased income additional time to receive subsidized child care. This has a positive impact on the household budget for an extended period of time.**
      - ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:  
**The difference between the first and second eligibility thresholds amounts to \$10, 390 for a family of three.**
      - iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:  
**See 3.1.7(a)(iii) above.**
      - iv. Provide the citation for this policy or procedure:  
**DFDI 17-04-02**
- b) Does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?
- No
  - Yes
    - If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.  
**Co-payments may be increased during Graduated Phase-Out.**
    - If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? **(Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)**



- No
- Yes. Describe:

**During graduated phase-out period a family must report when:**

- 1. The family income rises to an amount that requires a copay due to a change in circumstances;**
- 2. The family needs a Temporary Change Period or Job Search period while in Graduated Phase-Out status;**
- 3. The family's income falls to an amount at or below 200 % FPL. At that point they can reapply for the subsidy under the standard eligibility provisions;**
- 4. The family's income exceeds 85% of the State Median Income (SMI).**

### 3.1.8 Fluctuation in earnings

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 % of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)).

Describe the Lead Agency's policy related to the fluctuation in earnings requirement, including how temporary increases that result in a monthly income exceeding 85 % of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

**DFD averages a family's previous month of paystubs and multiplies that amount by 12 to calculate income. This means that if a family does happen to earn over 85% of the SMI in one month during the year, it may not impact eligibility because the entire year is considered.**

### 3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

- Applicant identity. Describe:

**The identity of each applicant applying for child care is 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 is verified by one or more of the following: birth certificate, medical and school records, or a court order of custody at the time of application.**

- Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe:

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

- Work. Describe:

**Work hours are verified through current paystubs provided at the time of the application. In the event that paystubs do not reflect work hours, the applicant(s) may submit a "New Jersey Verification of Employment" form supplied by the CCR&R or a letter verifying such on the employer's letterhead.**

- Job training or educational program. Describe:

**Job training and Education Program hours are verified through a school registration document, a schedule, or a 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 provided by the CCR&R.**

- Family income. Describe:

**Family income is verified through pay stubs, employer letters, statements of benefits, court orders of support, etc.**

- Household composition. Describe:

**Household composition is verified through a self-certification on the application; however, collateral information and documents such as birth certificates and tax records can be used to corroborate. Applicants are asked to provide birth certificates, court decrees/custody agreements, or tax records to verify the number of dependents residing in the home.**

- Applicant residence. Describe:

**The address of an applicant is verified through one of the following: utility bills, property tax bills, mortgage documents, home owner's insurance documents, a residential lease agreements or a driver's license.**

- Other. Describe: \_\_\_\_\_



3.1.10 What 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:

**CCR&Rs must screen all applications within 10 days and immediately process applications that are complete and satisfy all the eligibility criteria. The CCR&R must process an application, make an eligibility determination, and notify the applicant of the decision within 45 days after it is received.**

- Track and monitor the eligibility determination process

**DHS/DFD conducts monitoring by program staff to evaluate and assess compliance with the eligibility determination process.**

**In addition to conducting quarterly and annual reviews, monthly activity and service reports are tracked and monitored by DHS/DFD staff to ensure compliance with the eligibility determination process.**

- Other. Describe: \_\_\_\_\_

- None

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

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 younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be 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: **DHS/DFD**

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

- “Appropriate child care”:



The child care provider is open for the hours and days that the parent would need child care in order to comply with the work requirement, the provider is able and willing to provide child care services (including being able to serve a child with a disability, if that is the case) and the provider meets all other regulatory standards.

- "Reasonable distance":

The child care provider is located at a site that allows the provider to get from home, to the provider and then to the work activity within 90 minutes.

- "Unsuitability of informal child care":

If the following minimum requirements are not met, then an informal child care arrangement is unsuitable: (1) there must be satisfactory results of a Child Abuse Record Information (CARI), (2) there must be a negative background check on all household members 14 years of age and older, (3) there must be a satisfactory health and safety inspection of the home using the "Self-Arranged Care Inspection" and "Interview Checklists," and (4) there must be a standard interview with the provider and family members. Providers that do not meet the above criteria are cannot operate as an Approved Home.

- "Affordable child care arrangements":

A child care arrangement is considered affordable for a child care subsidy program participant as long as the cost does not exceed DHS/DFD's reimbursements rate.

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

- In writing;
- Verbally;
- Other. Describe:

The information is provided in the Work First New Jersey parent handbook, comprehensive social assessment and communicated through the case managers.

d) Provide the citation for the TANF policy or procedure:

**N.J.A.C. 10: 15-1-2 and N.J.A.C. 10:90-4.1b**

### **3.2 Increasing Access for Vulnerable Children and Families**

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The



prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note: CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

**Currently there is no waiting list; therefore, there is no active prioritization in progress.**

a) How does the Lead Agency define “children with special needs” and include a description of how services are prioritized;

**Currently, a “Special Needs Child” means a child who is under the age of 19 who is physically or mentally incapable of self-care; or a child who has been identified through a written referral from a county welfare agency, legal, medical, social service agency, emergency shelter, or public 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. A regulatory change is pending changing that will change that designation to a “child with a disability.”**

b) How does the Lead Agency define of “families with very low incomes” and include a description of how services are prioritized;

**Currently, a family with very low income is defined as having income at or below 100% FPL. As mentioned above, children with very low income will fall into one of the priority categories**

c) Describe how services are prioritized for children experiencing homelessness, as defined by the CCDF;

**As mentioned above, children experiencing homelessness will be included as one of the priority categories.**

d) Describe how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4))

**As mentioned above, TANF families will be included as one of the priority categories. Currently, TANF families meet income eligibility criteria. DHS/DFD may provide TANF families who become gainfully employed up to 2 years of Transitional Child Care (TCC) benefits.**



3.2.2 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

**The applicant will self-identify as homeless on the Child Care application. A family will verify homeless status by completing a CCR&R provided “Waiver for Child Care Services” form which will be provided by the CCR&R. Forms transmitted by a community organization (shelter, transitional program, etc.) that indicates an applicant’s need for child care services would be acceptable as well. CCR&Rs will examine all documentation and where appropriate, provide a one-month grace period that gives families more time to gather the required documentation. Applicants who identify as homeless and are not able to provide documentation to verify work, school, or employment qualify for the one month grace period at the time of application. Applicants will be eligible for a one month extension if additional time is needed.**

b) Describe the procedures to conduct outreach for children experiencing homelessness (as defined by the CCDF) and their families.

**DHS/DFD has consulted with the New Jersey State Coordinator of Education for Homeless Children & Youth Program to ensure that DHS/DFD has information on the full range of child care services. DFD also posts child care information in CWAs. DHS/DFD is developing additional outreach strategies.**

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.2.3 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(l)(i)(I); 98.41(a)(1)(i)(C)).

Note: Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).



a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

- Children experiencing homelessness (as defined by CCDF). Provide the citation for this policy and procedure;

**For each child not enrolled in a public or private school, upon admission, the child care center shall maintain on file at the center a Universal Child Health Record (Department of Health Form CH-14) or its equivalent, updated annually, along with an immunization record, and a special care plan, if applicable. A 30-day grace period is permitted for children experiencing homelessness as defined by The McKinney-Vento Act, 42 U.S.C. § 11434a(2). The length of the grace period was established through DCF regulations, in alignment with DOH regulations.**

**Citation: N.J.A.C 3A:52-7.3; N.J.A.C 8:57-4.5(e)**

- Children who are in foster care. Provide the citation for this policy and procedure

**See above.**

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

**The CCR&Rs work with applicants to help them obtain missing documentation, including immunization records. When necessary, CCR&Rs make referrals to Medicaid in order to facilitate medical appointments.**

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

- No
- Yes. Describe:

**For each child not enrolled in a public or private school, upon admission, the child care center shall maintain on file at the center a Universal Child Health Record (Department of Health Form CH-14) or its equivalent, updated annually, along with an immunization record, and a special care plan, if applicable. A 30-day grace period is also permitted:**

- **For children coming from other states or countries;**
- **For children enrolled in a public or private school as long as the child care centers obtains a written statement from each child's parent;**





- For children when immunizations are contraindicated for medical reasons;
- For children whose parents object to immunizations because it conflicts with the child's exercise of bona fide religious tenets or practices.

### 3.3 Protection for Working Families

#### 3.3.1 12-Month Eligibility

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 % of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency 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 % of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; any changes in age, including turning 13 years old during the 12-month eligibility period; and any changes in residency within the state, territory, or tribal service area.

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

**Families that meet all eligibility requirements shall have a 12-month eligibility period, including families experiencing an approved temporary change condition or changes in the family income. At redetermination a family is also authorized for a minimum of 12 months. Families must continue to follow the basic program requirements for the continued receipt of child care assistance. While a family's period of eligibility is authorized for no less than 12 months, a family can voluntarily receive less if the family decides that there is a shorter period of service that more appropriately meets their needs. Under no circumstances, can a family's income exceed 85 % of the State Median Income (SMI) for a family of the same size and remain eligible for assistance.**



b) How does the Lead Agency define “temporary change?”

**A temporary change is one of the following conditions and can only last up to three months: 1) a time-limited absence from work for an employed parent for periods of family leave or medical leave, 2) an interruption in work for a seasonal worker who is not working between regular industry work seasons, 3) a student holiday or break from training or education, 4) a reduction in work, training or education hours, as long as the parent is still working or attending a training or education program, or 5) a cessation of work or attendance at a training or education program.**

Provide the citation for this policy and/or procedure. **DFDI 17-04-02**

### 3.3.2 Option to Discontinue Assistance during The 12-month Eligibility Period

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent’s non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent’s eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

a) If the Lead Agency chooses the option to discontinue assistance due to a parent’s non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 % of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent’s non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

- No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent’s non-temporary loss of work or cessation of attendance at a job training or educational program.
- Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent’s non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
  - i. Provide a summary describing the Lead Agency’s policies and procedures for discontinuing assistance due to a parent’s non-temporary change;



**A temporary Change is defined in 3.3.1 (b). If a family experiences one of the above qualifying temporary changes during their eligibility period, the family will remain eligible to receive the subsidy for three months. If the temporary change goes beyond 3 months, it is considered a non-temporary change.**

- ii. Describe what specific actions/changes trigger the job-search period;

**Job Search Child Care Assistance is a maximum of three months of continued assistance that allows parents to engage in job search activities or education/training enrollment.**

**If a Temporary Change results in a cessation of work, training or school that exceeds three months, the change will be considered permanent and will allow the applicant to apply for Job Search Child Care Assistance.**

**Job Search Child Care Assistance is only available to families (both applicant and co-applicant) that have been out of work, school or a training program longer than three months and have reported the need for additional child care assistance.**

- iii. How long is the job-search period? (It must be at least 3 months);

**3 months**

- iv. Provide the citation for this policy or procedure:

**DFDI 17-04-02**

b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

Not applicable

Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance

- i. Define the number of unexplained absences identified as excessive;

**The amount of absences that qualify as excessive is determined on a case by case basis.**

- ii. Provide the citation for this policy or procedure

**DFD Instruction 12-09-05**

A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure;



#### DFDI 17-04-02

- Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure

#### DFDI 17-04-02

### 3.3.3 Change reporting during the 12-month eligibility period

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 % of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

- No  
 Yes

**A family may report a Temporary Change at any time during their 12-month eligibility period. However, if the family would like to have their copay reassessed due to a Temporary Change, the family must notify the State and include supporting documentation within ten (10) business days of the change.**

**A family shall report a change during their 12-month eligibility period if there is a copay adjustment needed because of the loss of a job, reduced income, or if the family income exceeds 85 % of the SMI.**

Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 % of SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider)



b) Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply. **N/A**

- Additional changes that may impact a family's eligibility during the 12-month period. Describe:
- Changes that impact the Lead Agency's ability to contact the family. Describe:  
\_\_\_\_\_
- Changes that impact the Lead Agency's ability to pay child care providers. Describe:

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- Phone
- Email
- Online forms
- Extended submission hours
- Other. Describe: **By appointment**

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 % of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report;

**Families are allowed to report changes in family circumstances such as medical leave or cessation of employment, training or school at any time during the 12-month eligibility period.**

ii. Provide the citation for this policy or procedure: **DFDI 17-04-02**



### 3.3.4 Prevent the disruption of employment, education, or job training activities

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents in families receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and that information required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination.

a) Describe the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. List relevant policy citations;

**An applicant has the ability to submit copies of eligibility documents, such as pay stubs and utility bills, by email, at initial application and at redetermination. Families can also make appointments for telephone or in person meetings or they can walk in at their convenience. In addition, DFD has created a user-friendly application, including a document checklist to help inform applicants of what documents to submit, so that there are no errors in the first application.**

#### **DFD Instruction 15-08-01**

b) How are families allowed to submit documentation for redetermination? Check all that apply.

- Mail
- Email
- Online Forms
- Fax
- In-person
- Extended submission hours
- Other. Describe:

### **3.4 Family Contribution to Payments**



Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.4 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

DRAFT



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

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

Family Size	(a) Lowest “Entry” Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	(b) What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	(c) The Co-Payment in Column (b) is What % of the Income in Column (a)?	(d) Highest “Entry” Income Level Before a Family Is No Longer Eligible	(e) What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	(f) The Co-Payment in Column (e) is What % of the Income in Column (d)?
1	\$12,141.00	\$76.51	0.63%	\$24,280.00	\$163.50	0.67%
2	\$16,461.00	\$133.89	0.81%	\$32,920.00	\$286.13	0.87%
3	\$20,780.00	\$133.89	0.64%	\$41,560.00	\$286.13	0.69%
4	\$25,101.00	\$133.89	0.53%	\$50,200.00	\$286.13	0.57%
5	\$29,241.00	\$133.89	0.46%	\$58,480.00	\$286.13	0.49%

b) What is the effective date of the sliding-fee scale(s)? **March 1, 2018**

c) Provide the link to the sliding-fee scale: [www.ChildCareNJ.gov/Resources/Reports](http://www.ChildCareNJ.gov/Resources/Reports)

d) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)). **N/A**





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

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

3.4.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder—Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

- No
- Yes, check and describe those additional factors below:
  - Number of hours the child is in care. Describe:  
**The amount of copayment that the family pays differs when the child is in full-time care versus part time care.**
  - Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:
  - Other. Describe:

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 (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency



(98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- No, the Lead Agency does not waive family contributions/co-payments;
- Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is **\$20,780**;
- Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation;

**Children who are under DCP&P supervision are eligible to receive subsidized assistance or services whenever child care is required as part of a case treatment plan. If family income exceeds the income eligibility level, services may be provided without regard to income and the co-payment is assessed based upon the highest amount indicated in the appropriate child care co-payment scale for the size of the family. For children who are in paid foster placement, the co-payment is assessed based on the income of the child. Since in most cases, the child has no income, the assessed child care co-payment is almost always \$0. For children under the supervision of DCP&P who are residing with a related caregiver, para-foster care provider or in their own home with their parents, the co-payment is assessed on the basis of family size and income. If it has been determined that payment of the full co-payment amount will cause undue hardship to the family or place the child, the siblings or the protective service case plan in jeopardy, the DCP&P Case Manager may reduce or waive the co-payment on a case-by-case basis. (DFDI 16-07-02)**

- Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation;

3.4.5 Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- No
- Yes. If yes:

a) Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families;



**DFD allows providers to charge additional fees to encourage providers to serve families that utilize the subsidy and not limit the number of children they serve. This also allows parents greater choice in the child care market.**

b) Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families;

**DFD does not have data on the extent to which CCDF providers charge additional amounts to families**

c) Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees:

**The additional amounts charged do not impact the copayment amount. Furthermore, our data tells us that the current subsidy rate in most cases allows sufficient access to care in settings that do not charge additional fees.**

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

Limit the maximum co-payment per family. Describe:

**The co-payment scale considers 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. Currently, New Jersey's copayment amounts do not exceed the national average.**

Limit the combined amount of co-payment for all children to a %age of family income. List the %age of the co-payment limit and describe: \_\_\_\_\_

Minimize 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: \_\_\_\_\_

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

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to



increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care.

#### 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 receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

- 4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

**The parent is given the information about available child care and then the parent makes a choice. Once the choice is made, the parent will receive a copy of the PAPA Preliminary Parent/Applicant/ Provider Agreement that contains the provider's information. The PAPA must be signed by both the parent and the provider. The PAPA is the document that displays charges, hours of care, co-pay, etc.**

**The information is provided during the application, intake, or redetermination process, or when the CCR&Rs are providing consumer education.**

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

- Certificate that provides information about the choice of providers;
- Certificate that provides information about the quality of providers;
- Certificate not linked to a specific provider, so parents can choose any provider;
- 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 the application;
- Community outreach, workshops, or other in-person activities;

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

#### 4.1.3 Child care services available through grants or contracts.

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 to be paid in the certificate program.

No. If no, skip to 4.1.4

Yes. If yes, describe:

- i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider;

**In areas where there are contracted services there are a variety of providers in the geographic area.**

- ii. The type(s) of child care services available through grants or contracts;

**Contracted providers provide the same services that is offered by all other service providers**

- iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers);

**Child care providers.**

- iv. The process for accessing grants or contracts;

**The contracted slots are granted through the Request For Applications process.**

- v. How rates for contracted slots are set through grants and contracts;

**The rates for contracted slots match the rates paid to all other providers**

- vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality;

**Contracts are established on a first come first serve rolling basis. Providers must meet all applicable licensing, health and safety and other standards.**

- vii. If contracts are offered statewide and/or locally



**Contracts are offered statewide.**

Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply:

- 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

- 4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

**According to 3A:52-6.8(b)&(c), centers shall allow parent(s) of enrolled children to visit the center at any time during the center's hours of operation to observe its operation and program activities without requiring the parent(s) to secure prior approval.**

**According to 3A:54-6.21 (e), the provider in a home setting shall permit the parents of enrolled children to visit the home at any time when enrolled children are present. Parents may be restricted to visit only those areas of the home designated for family child care.**

- 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 (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- No
- 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 the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
  - Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe: **Approved Home Providers must be 18 years of age or older. The age of the provider is verified by the CCR&R.**



- Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:  
**In-home providers must provide care for less than twenty-four (24) hours per day.**
- Restricted to care by relatives. Describe: \_\_\_\_\_
- Restricted to care for children with special needs or a medical condition.

Other: Describe: Other. Describe:

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

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

**Note: Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:**

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources;
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology;
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model;



- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care—such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors;
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market;
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality;
- Describe how the alternative methodology will use current, up-to-date data;
- Describe the estimated reporting burden and cost to conduct the approach;

4.2.1 Please identify the methodology(ies) used below to assess child care prices and costs.

- MRS  
 Alternative methodology. Describe: \_\_\_\_\_  
 Both. Describe: \_\_\_\_\_

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council 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 and (2) organizations representing caregivers, teachers, and directors prior to developing and conducting the MRS or alternative methodology.

Describe how the Lead Agency consulted with the:

- a) State Advisory Council or other state-designated cross-agency body: See 4.2.2(e)
- b) Local child care program administrators: See 4.2.2. (e)
- c) Local child care resource and referral agencies: See 4.2.2. (e)
- d) Organizations representing caregivers, teachers, and directors: See 4.2.2(e).
- e) Other. Describe:

**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, including child care providers, local child care administrators and the CCR&Rs 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. DHS/DFD also consulted with leadership from various County Councils For Young Children. Additionally, a member of





DFD senior management is on the New Jersey Council for Young Children. Consultation regarding the MRS occurred during scheduled meetings.

**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.**

- 4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, 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 methods.

**The NJ MRS targeted all child care providers in the State. This included provider data from the CCR&R NACCRR-Aware database system and Office of Licensing's database. It used three different survey collection methods—mail, online and telephone- to maximize provider responses and participation. The survey collected market prices reported by child care providers and did not use any conversion method to estimate prices. This was done to avoid using prices that may not actually exist in the market. The survey also collected data so that variations in market prices could be analyzed by provider type (center and family providers), age of the children (infant, toddler, preschool and school-age), price mode (daily, weekly, and monthly rates), geographic location (county, and zip code), and child care quality indicators.**

**In the data analysis steps, a variety of approaches were taken to further ensure the validity and reliability of child care market prices. In addition, 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 when paying for child care services.**

- 4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

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

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

b) Type of provider. Describe:

**Price clusters were mapped separately by provider type to allow a visual examination of all price variations possible by zip code and county boundaries.**



**Additionally, price variations by quality indicators were analyzed by using three domains of program characteristics: accreditation status, educational qualifications of teachers, and curricular and program quality. Prices were also analyzed for extended care, discounts, and special fees.**

c) Age of child. Describe:

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

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

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

- 4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. The Lead Agency 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 Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public.

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)).

**The results of the market rate survey are posted to the DFD child care website.**

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018);

**To be updated on or before July 1, 2018**

b) Date the report containing results was made widely available—no later than 30 days after the completion of the report;

**To be updated on or before July 1, 2018.**

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted;

The report containing the results of the Market Rate Survey will be posted to DFD's Child Care website at [www.ChildCareNJ.gov/Resources/Reports](http://www.ChildCareNJ.gov/Resources/Reports).



d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report

**The vendor frequently interacted with the DHS/DFD, the CCR&Rs, and DCF-OOL in preparing this report. These interactions mostly involved collecting data but also involved strategies to approach the market.**

#### **4.3 Setting Payment Rates**

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. If the Lead Agency conducted an MRS (only or in combination with an alternative methodology), also report the percentiles based on the most recent MRS. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children).

a) Infant (6 months), full-time licensed center care in the most populous geographic region

Rate **\$723.98** per **month** (unit of time e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: **N/A**

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region

Rate **\$670.28** per **month** (unit of time e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: **N/A**

c) Toddler (18 months), full-time licensed center care in the most populous geographic region

Rate **\$717.04** per **month** (unit of time e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: **N/A**

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region

Rate **\$670.28** per **month** (unit of time e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: **N/A**



e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate **\$585.42** per **month** (unit of time e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: **N/A**

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate **\$526.52** per **month** (unit of time e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: **N/A**

g) School-age child (6 years), full-time licensed center care in most populous geographic region

Rate **\$579.36** per **month** (unit of time e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: **N/A**

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate **\$526.52** per **month** (unit of time e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: **N/A**

i) Describe how part-time and full-time care were defined and calculated;

**Non-TANF programs utilize 'Full-Time Care' and 'Part-Time Care' rates. 'Full Time Care' is 6 hours per day or more, for a minimum of 5 days a week or 30 hours per week for a minimum of three days. 'Part Time Care' is less than 6 hours per day.**

**Proportionate to the full-time and part-time rates listed in the child care rate chart, maximum amounts paid through the Work First New Jersey (TANF) program and Transitional Child Care program allow payments for as little as 4 hours or even one hour per day.**

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS);

**May 7, 2018**

k) Provide the citation or link, if available, to the payment rates;

**[www.ChildCareNJ.gov/Resources/Reports](http://www.ChildCareNJ.gov/Resources/Reports)**

l) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). **N/A**



- 4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as 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 and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

- Differential rate for non-traditional hours. Describe: \_\_\_\_\_
- Differential rate 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**
- **Approved Homes**
- Differential rate for infants and toddlers. Describe:  
**Payment rates for center-based programs that serve infants/toddlers currently receive a higher tier of reimbursement than preschool and school-age programs.**
- Differential rate for school-age programs. Describe: \_\_\_\_\_
- Differential rate for higher quality, as defined by the state/territory. Describe:
  - **Tiered payments range from 4 percent (4%) to 24 percent (24%) above the base rate, depending upon the age of the child, the type of care, and the quality rating of the program. The Grow NJ Kids tiered reimbursement based on quality is currently limited to infants, toddlers, and preschool age center-based settings that have voluntarily enrolled in the program. This year marks the initial year of the Grow NJ Kids tiered reimbursement. Participation is expected to increase in the years ahead.**
  - **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**
- Other differential rates or tiered rates. Describe:
- Tiered or differential rates are not implemented



#### 4.4 Summary of Facts Used to Determine That Payment Rates Are Sufficient to Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

a) Describe how a choice of the full range of providers pursuant to 98.30(e)(1) is made available; the extent to which child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices

**Parents have the opportunity to choose from a full range of providers including non-for-profit and for-profit licensed centers, accredited programs, public and private schools, state contracted pre-k programs, Family Child Care and Approved Homes.**

b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology

**MRS provided valuable information to help inform the State of market prices and price variations throughout the State and within the same county. Data from the MRS helped guide efforts to begin restructuring the subsidy reimbursement rates which provided a rate increase in January 2018 and additional rate increases in May 2018, taking into consideration the cost of providing higher quality care.**

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF

**Along with rate increases in January and May 2018, DHS/DFD also offered per-service training at no cost to providers. DHS/DFD offered CPR and First Aid Training certification through the Child Care Resource and Referral Agencies at a subsidized rate to minimize the cost. These efforts helped providers to meet health and safety trainings requirements.**

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality

**New Jersey is phasing in higher rates is paid to providers that offer higher-quality care.**



e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable (response provided in 3.4.6)

**Co-payment scales are used to determine the co-payment that is assessed.**

**The amount of the required co-payment is based on a family's gross income, family size, hours of care needed, and the number of children in care. If more than two children in a family are receiving child care services, the full-time (100%), co-pay is assessed for the first child, while the co-pay for a sibling is assessed at 75% of the full time fee for the second child, and no-copayment required for the third and subsequent children in the family. The copayment rates are around 4 percent.**

f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers

**DFD's E-Child Care (ECC) system is an automated web-based application that serves as the basis for payments to child care providers. Benefits are calculated based on time and attendance and funds are directly deposited into provider accounts on a bi-weekly basis or two weeks in arrears. DFD's retroactive, attendance-based payment practices ensure stability and consistent funding. E-Child care terminals are provided to the entire range of providers to help ensure equal access.**

g) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

- Geographic area. Describe: \_\_\_\_\_
- Type of provider. Describe:  
Payment rates for center-based programs that serve infants/toddlers currently receive a higher tier of reimbursement than preschool and school-age programs.
- Age of child. Describe:  
Payment rates for center-based programs that serve infants/toddlers currently receive a higher tier of reimbursement than preschool and school-age programs.
- Quality level. Describe:  
New Jersey is phasing in higher rates for providers that offer higher-quality care.
- Other. Describe:  
Providers are paid a higher rate per child with a disability.

h) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access:

- Payment rates are set at the 75<sup>th</sup> percentile or higher of the most recent survey. Describe: \_\_\_\_\_
- Feedback from parents, including parent surveys or parental complaints. Describe: \_\_\_\_\_
- Other. Describe: \_\_\_\_\_



#### 4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 % of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.5.1 Certify by describing the payment practices that the Lead Agency has implemented for all CCDF child care providers,

a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

Paying prospectively prior to the delivery of services. If implemented, describe the policy or procedure.

**Paying within no more than 21 calendar days of the receipt of a complete invoice for services. If implemented describe the policy or procedure.**

**Benefits are calculated based on time and attendance and funds are directly deposited into provider accounts on a bi-weekly basis or two weeks in arrears.**





b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by:

- Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure;
- Providing full payment if a child attends at least 85 % of the authorized time. If implemented describe the policy or procedure;
- Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure;
- Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach

**A child must attend child care services at least 80 percent of the service period in order for a full payment to be made to a provider. With the implementation of the E-Child Care (ECC) System, the 80% level of service requirement is based on a two week service period. Payment for sick days will be authorized for a maximum of ten consecutive days; however, a request for a payment for six or more sick days cannot be authorized without a doctor's note. The physician's note may indicate the illness of either the child or parent and must cover the dates of absence from child care. All absences, other than sick, scheduled holidays and approved facility/home closings are considered unexcused absences. The 80% level of service requirement is not met when there are three or more unexcused absences within the 2 week service period.**

c) Reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies, which must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time):**

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

**Non-TANF programs utilize 'Full Time Care' and 'Part Time Care' rates. 'Full Time Care' is 6 hours per day or more (for a minimum of 5 days a week or 30 hours per week for a minimum of three days) and 'Part Time Care' is less than 6 hours per day.**

**Proportionate to the full time and part time rates listed in the child care rate chart, maximum amounts paid through the Work First New Jersey (TANF) program and Transitional Child Care program allow payments for as little as 4 hours or even one hour per day.**



- ☑ Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure:

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

**Providers may receive a 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. The amount allowed is up to \$10.00 per week per child. In addition, when it is essential for physical health and safety, the cost of transporting a disabled child to and from a family child care home may also be authorized when this cost is not included in the rate or available from another source.**

- d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

**All CCDF based Parent Applicant Provider Agreements (PAPAs) and WFNJ TANF Agreements, and Transitional Child Care (TCC) agreements reflect the maximum daily rate, daily co-payment, and the daily rate.**

**The Agreement clearly authorizes payments only for the period of service indicated on the agreement. It contains the parent/child information; child care start date and stop date for each child; summary of payment information for each child; and provider information. It also includes the Parent/Provider/Agency Certification page that fully explains the agency, parent, and provider responsibilities affecting the child care services.**

- e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day the Lead Agency becomes aware that such a change will occur. Describe:

**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.**

- f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

**If the provider has a payment issue, the provider can request a review of his/her case by the CCR&R and/or DFD. The CCR&R must inform the provider of his/her**



**right to request a review. A timely request must be made within 10 days of the date of the disqualification notice. If the provider is not satisfied with a CCR&R review, the provider can request a review by DHS/DFD.**

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

- No, the practices do not vary across areas.
- Yes, the practices vary across areas. Describe: \_\_\_\_\_

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

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

4.6.1 For each of the following types of providers, identify any shortages in the supply of quality child care providers, the data sources used to identify shortages, and the method of tracking progress to support equal access and parental choice.

- a) Children in underserved areas;
- b) Infants and toddlers;
- c) Children with disabilities (include the Lead Agency definition in the description): \_\_\_\_\_
- d) Children who received care during non-traditional hours;
- e) Other. Please describe any other shortages in the supply of high-quality providers;

4.6.2 Based on the analysis in 4.6.1, describe what method(s) is used to increase supply and to improve quality for the following.

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 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- 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 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe: \_\_\_\_\_

c) Children receiving 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 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other—Describe: \_\_\_\_\_

d) Other—Check and describe

- Grants and contracts (as discussed in 4.1.3). Describe: \_\_\_\_\_
- Family child care networks. Describe: \_\_\_\_\_
- Start-up funding. Describe: \_\_\_\_\_
- Technical assistance support. Describe: \_\_\_\_\_
- Recruitment of providers. Describe: \_\_\_\_\_
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging. Describe: \_\_\_\_\_

e) Other. Describe: \_\_\_\_\_

4.6.3 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

**DHS/DFD uses data from the federal Bureau of Labor and Statistics and current census data to define areas with higher concentrations of poverty.**

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs:



The data collected through Grow NJ Kids is a resource for targeted outreach to families living in areas with high concentrations of poverty. DFD is in the process of contracting with a vendor to create a data analysis tool that will create a uniform method for collecting and evaluating the data.

Based on the data, DHS/DFD will continue to develop strategies that provide families living in concentrated areas of poverty and unemployment with increased access to high quality programs.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to child care services in the state/territory. States and territories may allow licensing exemptions, but they must describe how such exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care. Lead Agencies also must certify that there are in effect health and safety requirements applicable to providers serving CCDF children. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures to ensure that providers are complying with the health and safety requirements.

This section covers licensing requirements, health and safety requirements and training, and monitoring and enforcement procedures to ensure that child care providers comply with licensing and health and safety requirements (98.16(n)) as well as exemptions (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)). Criminal background check requirements are included in this section (98.16(o)).

### **5.1 Licensing Requirements**

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of CCDF providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.409(a)(2)(iv)).

- 5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements



and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

**See 5.1.2 below for descriptions.**

5.1.2 Which providers in your state/territory are subject to licensing under this CCDF category? Check all that applies and provide a citation to the licensing rule.

Center-based Child Care—provide a citation;

**A child care center is any home or facility that 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. This includes, 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 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 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 and pre-kindergartens that are not an integral part of a private educational institution or system offering elementary education in grades kindergarten through sixth. (Citation New Jersey Administrative Code (N.J.A.C.) 3A:52 Manual of Requirements for Child Care Centers).**

**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. and are exempt from licensing under (N.J.A.C 3A:52). A youth camp program must have a valid and current license as a youth camp, issued by the New Jersey Department of Health (New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards).**

Family Child Care—provide a citation;

**A family child care home is the private residence of the family child care provider in which child care services are provided to no fewer than three and no more than five children at any one time for no fewer than 15 hours per week (Citation: New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration).**

In-home Care—provide a citation

**DFD Approved Home Providers are child care providers that are not registered pursuant to the Family Child Care Provider Registration Act (N.J.A.C. 3A:54), but whose home has been evaluated and authorized for payment through the CCR&Rs, using the Self-Arranged Care Inspection and Interview Checklist (see N.J.A.C. 10:15-2.4(a)10). The prospective**



**approved home provider and all members of the household who are 14 years of age and older must pass a Child Abuse Record Information (CARI) background check.**

5.1.3 Are any providers in your state/territory that fall under this CCDF category exempt from licensing (98.40(2)(i) through (iv))? If so, describe exemptions based on length of day, threshold on the number of children in care, or any other factors applicable to the exemption.

**No. DFD has phased out the practice of paying subsidies to license exempt providers. All providers must obtain some form of State license, registration or approval. There are remaining providers that are going through the process of being licensed pursuant to N.J.A.C. 3A:52.**

- Center-based child care. If checked, describe the exemptions;
- Family child care. If checked, describe the exemptions;
- In-home care. If checked, describe the exemptions

5.1.4 Describe how any exemptions identified above do not endanger the health, safety, or development of children in:

- a) Center-based child care if checked in 5.1.3;
- b) Family child care if checked in 5.1.3e;
- c) In-home care if checked in 5.1.3

## **5.2 Health and Safety Standards and Requirements for CCDF Providers**

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories.

a) Licensed CCDF center-based care

1. Infant

- How does the State/territory define school-age (age range): **Birth–18 months**
- Ratio: **1:4**
- Group size: **4**
- Teacher/caregiver qualifications:



**Each center shall have one or more of the applicable qualified staff members, as specified in the charts below for each program type offered; and additional staff members, as necessary, to meet staff/child ratio requirements, as specified in N.J.A.C. 3A:52-4.3. Based on the center's licensed capacity, the center shall have one or more head teachers, group teachers, and/or consulting head teachers, as specified in the chart below:**

DRAFT





## Types Of Staff Required at Early Childhood Programs

<u>Licensed Capacity</u>	<u>Head Teacher(s)</u>		<u>Group Teacher(s)</u>		<u>Consulting Head Teacher</u>
6–15	1	OR	1	OR	1
16–30	1	OR	1	AND	1
31–60	1				
61–120	1	AND	1		
121–180	1	AND	2		
181–240	2	AND	2		
241–300	2	AND	3		
301–360	3	AND	3		
361–420	3	AND	4		
421–480	4	AND	4		
481–540	4	AND	5		



## Options For Meeting The Head Teacher Qualifications

Option	Educational Credentials	College Credits & Experience
<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	<b>AND</b> 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	



## Options For Meeting The Group Teacher Educational Qualifications

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



## Options For Meeting The Group Teacher Conditional Approval Qualifications

<u>Option</u>	<u>College Credits Earned</u>	<u>Experience Completed</u>	<u>Remaining Credits</u>	<u>Time Limit to Obtain Remaining Credits</u>
<b>A</b>	12 college credits in Early Childhood Education, Child Development, Education, Psychology, Health care, Nursing, or any other field related to child growth or development	One year of teaching experience in a group program for children under six years of age	3	9 Months
<b>B</b>	Six college credits in Early Childhood Education or Child Development	Three years of teaching experience in a group program for children under six years of age	9	2 Years



2. Toddler

- How does the State/territory define school-age (age range): **18 months to 2.5 years**
- Ratio: **1:6**
- Group size: **6**
- Teacher/caregiver qualifications: **See charts above.**

3. Preschool

- How does the State/territory define school-age (age range): **2.5 to 5 years**
- Ratio: **1:10 for 2.5–4 years; 1:12 for 4 years**
- Group size: **10–12**
- Teacher/caregiver qualifications: **See charts above.**

4. School-age

- How does the State/territory define school-age (age range): **5–13 years**
- Ratio: **1:1**
- Group size: **15**
- Teacher/caregiver qualifications: **For school-age child care programs, the center shall have one or more program supervisors and additional staff members, as necessary, to meet staff/child ratio requirements, as specified in N.J.A.C. 3A:52-4.3at each site as specified in the chart below:**

**Types Of Staff Members Required  
at School-Age Child Care Programs**

<b>Licensed Capacity</b>	<b>Program Supervisor(s)</b>
6–180	1
181–360	2
361–540	3



## Requirements For Program Supervisor Qualifications

<u>Option</u>	<u>Licensed Capacity</u>	<u>Educational Credentials</u>	<u>Training</u>	<u>Experience</u>
<b>A</b>	6–15	High School Diploma or General Education Development (GED) Diploma	<b>AND</b> 6 hours (in child care)	<b>AND</b> 2 years
<b>B</b>	16–30	High School Diploma or General Education Development (GED) Diploma	6 hours (in child care)	3 years
		<b>OR</b> Certificate as a Recreation Technician from the National Recreation and Park Association (NRPA)	6 hours (in child care)	1 year
		<b>OR</b> Child Development Associate (CDA) Certificate; Group Teacher Approval; or 15 college credits in child development, education, recreation, psychology, health care, nursing or any other field related to child growth and development	<b>AND</b> 6 hours (in child care)	<b>AND</b> 1 year



## Requirements For Program Supervisor Qualifications

<u>Option</u>	<u>Licensed Capacity</u>	<u>Educational Credentials</u>	<u>Training</u>	<u>Experience</u>	
<b>C</b>	31 or more	<b>OR</b> 15 college credits in areas not related to children	6 hours (in child care)	2 years	
		High School Diploma or General Education Development (GED) Diploma	6 hours (in child care) <b>AND</b> 3 hours (in child program management)		<b>AND</b>
		<b>OR</b> Certificate as a Recreation Technician from the National Recreation and Park Association (NRPA)	6 hours (in child care) <b>AND</b> 3 hours (in child program management)		



## Requirements For Program Supervisor Qualifications

<u>Option</u>	<u>Licensed Capacity</u>	<u>Educational Credentials</u>	<u>Training</u>	<u>Experience</u>
		<b>OR</b> Child Development Associate (CDA) Certificate; Group Teacher Approval; or 15 college credits in child development, education, recreation, psychology, health care, nursing or any other field related to child growth and development	6 hours (in child care) <b>AND</b> 3 hours (in child program management)	
		<b>OR</b> 15 college credits in areas not related to children	6 hours (in child care) <b>AND</b> 3 hours (in child program management)	
		<b>OR</b> Associate's Degree in any field	6 hours (in child care) <b>AND</b> 3 hours (in child program management)	2 years





## Requirements For Program Supervisor Qualifications

<u>Option</u>	<u>Licensed Capacity</u>	<u>Educational Credentials</u>	<u>Training</u>	<u>Experience</u>
		<b>OR</b> Bachelor's Degree in a child related field; or Office of Licensing Head Teacher Approval	3 hours (in child Program management)	1 year
		<b>OR</b> Certificate as a Recreation Administrator, Recreation Supervisor or Recreation Professional	<b>AND</b> 3 hours (in child Program management)	<b>AND</b> 1 year
		<b>OR</b> Bachelor's Degree in an unrelated field	6 hours (in child care) <b>AND</b> 3 hours (in child program management)	1 year
<b>D</b>		School Age Program Supervisor endorsement from the New Jersey Work Registry for Childhood Professionals		



Summer youth camp standards fall under N.J.A.C. 8:25-3.2. The rule outlines the following staff-to-child ratios:

- 1 adult and 1 counselor, for 20 campers ages 5 to 17 years of age
- 1 adult and 1 counselor, for 14 campers age 2½ to 4 years of age
- 1 adult and 1 counselor, for 8 campers less than 2½ years of age

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers.

**N/A**

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups:

**When children of mixed ages requiring different staff/child ratios are in one room or an 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.**

7. Describe the director qualifications for licensed CCDF center-based care:

**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 below for education and experience:**

- **Master's Degree in any field related to children or business or;**
- **Bachelor's Degree with One year of managerial or supervisory experience**

b) Licensed CCDF family child care provider

1. Infant

- How does the State/territory define school-age (age range): **Birth–18 months**
- Ratio: **1:3**
- Group size: **Three children below one year of age**

**Both the provider and a second caregiver (either the alternate provider, substitute provider or provider assistant) shall be present whenever one or more children below six years of age are present in addition to the maximum number of infants or toddlers specified in (a) above.**

- Teacher/caregiver qualifications:



The executive director or administrator and designee, if applicable, designated in N.J.A.C. 3A:54-3.2(a) shall possess the following:

1. A bachelor's degree; or
2. Three years of managerial or supervisory experience in the field of human services, child care services, child development, education, nursing, social work, or business.

A family child care provider, in order to be eligible for a Certificate of Registration, shall:

1. Be at least 18 years of age;
2. Be of good character and reputation, with sufficient knowledge, intelligence, stability, energy and maturity to maintain a family child care home and to care for children;
3. Be in sufficient physical, mental and emotional health to care properly for children to be placed in the home;
4. Reside in the family child care home; and
5. Demonstrate to the satisfaction of the sponsoring organization and the Office of Licensing that he or she complies with all applicable requirements of the Manual of Requirements.

See N.J.A.C. 3A:54-5.1

2. Toddler

- How does the State/territory define school-age (age range):

**18 months–2.5 years**

- Ratio: **1:4**
- Group size: **Four children below two years of age, of which no more than two shall be below one year of age**
- Teacher/caregiver qualifications: **See above**

3. Preschool

- How does the State/territory define school-age (age range):

**5 years and older**

- Ratio: **See below**
- Group size: **See above**
- Teacher/caregiver qualifications: **See above**



#### 4. School-age

- How does the State/territory define school-age (age range): **5 to 13 years old**
- Ratio: **See below**
- Group size:

**The provider shall care for no more than five children at any one time with the following exception:**

**The provider shall be permitted to care for up to three additional children, up to a maximum of eight children at any one time, only if:**

- **The additional children reside with the provider and are below six years of age. Children six years of age or older who reside with the provider shall not be included in the limit of eight children; or**
- **The additional children reside with the alternate provider, the substitute provider or the provider assistant, and receive care in the family child care home for no payment. The alternate provider, the substitute provider or the provider assistant shall be present when any child who resides with that person is present.**

- Teacher/caregiver qualifications: **See above**

5. If any of the responses above are different for exempt child care homes, describe which requirements apply to exempt homes. **N/A**

#### c) In-home CCDF providers:

1. Describe the ratios:

**If the provider does not have children of their own in the home, the ratios are as follows;**

- **1:2 (for non-sibling children) or;**
- **1:5 (for sibling children)**

2. Describe the group size:

- **Up to 5 children (if three of the children are the provider's own children, and the other 2 children in subsidized care are non-siblings) or;**
- **Up to 7 seven children (if three of the children are the provider's own children, and the other 5 children in subsidized care are siblings)**

3. Describe the threshold for when licensing is required:

**All family providers who serve three or more non-sibling children shall be registered pursuant to the Manual of Requirements for Family Child Care**



**Registration (see N.J.A.C. 10:54) in order to qualify for payment of child care services through these programs.**

4. Describe the maximum number of children that are allowed in the home at any one time:

**An approved home provider may care for or no more than eight children if three of the children are her own.**

5. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size:

**An approved home provider who cares for no more than five children, or no more than eight children if three of the children are her own, who has been approved by the Department of Human Services, may receive payment for a maximum of:**

- **Two non-sibling children; or**
- **Up to five non-resident sibling children under 13 years of age**

6. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day: **N/A**

#### 5.2.2 Health and safety standards for CCDF providers

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)).

**Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.**

1. Prevention and control of infectious diseases (including immunization);

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.);

#### **Licensed Child Care Centers**

**For early childhood programs, the following shall apply:**



Each child not enrolled in a public or private school shall have had a health examination performed by a health care provider within:

- ▶ Six months prior to admission, for children who are 2½ years of age or younger; or
- ▶ One year prior to admission, for children above 2½ years of age; Note: A 30-day grace period is permitted for certain children in N.J.A.C. 8:57-4.5(e);
- ▶ Providers must keep a record of the child's health examination and immunizations, as specified on file

#### **Family Child Care**

Each child shall have had a health examination performed by a health care provider within:

- ▶ Six months prior to or within one month following admission to the home for children who are 2½ years of age or younger; or
- ▶ One year prior to or within one month following admission to the home for children who are above 2½ years of age.
- ▶ Providers must keep an up to date a record of the child's health examination and immunizations on file.

#### **Approved Homes**

A record of the health examination and immunization history shall be provided by the child's parent to the provider upon or within one month following admission to the home.

#### **Summer Youth Camps**

All campers shall:

Be immunized, with the vaccinations required for child-care center, preschool or school attendance, as appropriate for the camper's age, according to the immunization schedule.

- List the citation for these requirements;

**Licensed Child Care Centers: N.J.A.C 3A:52-7.3, N.J.A.C. 3A:52-7.3(a)**

**Family Child Care Homes: N.J.A.C 3A:54-6.8**

**Summer Youth Camps: N.J.A.C 8:25(3)(d)(1)**

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt)

**See above for variations based on category of care.**



- Describe any variations based on the age of the children in care:

**Family Child Care**

**Each child shall have had a health examination performed by a health care provider within six months prior to or within one month following admission to the home for children who are 2 1/2 years of age or younger; or one year prior to or within one month following admission to the home for children who are above 2 1/2 years of age.**

- Describe if relatives are exempt from this requirement.

**Relatives are not exempt from this requirement.**

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices;

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

**Licensed Child Care Centers**

**The only policies and procedures on these two issues are related to mandatory training.**

**Family Child Care**

**The only policies and procedures on these two issues are related to mandatory training.**

- List the citation for these requirements:

**Licensed Child Care Centers: N.J.A.C 3A:52-4.8**

**Family Child Care Homes: N.J.A.C 3A:54-4.2**

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **See above.**

- Describe any variations based on the age of the children in care:

**N/A**

- Describe if relatives are exempt from this requirement:

**Relatives are not exempt from this requirement.**

3. Administration of medication, consistent with standards for parental consent;

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

**Licensed Child Care Centers**

**For early childhood programs, the following shall apply:**



Among other things, the center shall develop and follow a policy on the administration of medication to children. Medication shall be administered only after receipt of written approval from the child's parents. The center shall designate staff members who are trained in and authorized to administer medication. The center shall limit the dispensing of non-prescription over-the-counter medication to certain types of medicine; however, the list can be expanded.

### **Family Child Care**

The provider must maintain, at the home, documentation of the child's name and written authorization from the parent or legal guardian for the provider to administer medication; and the date and time medication was administered to a child and the name of the person who administered it.

### **Summer Youth Camps**

The health director or adult designee shall administer prescription medication only after receipt of written authorization from the camper's parent, guardian, prescriber, or in accordance with the camp's treatment procedures.

### **Approved Homes**

The provider shall maintain, at the home, documentation of the child's name and written authorization from the parent or legal guardian for the provider to administer medication before the child is admitted in the home.

- List the citation for these requirements:

<b>Licensed Child Care Centers:</b>	<b>N.J.A.C 3A:52-4.8</b>
<b>Family Child Care Homes:</b>	<b>N.J.A.C 3A:54-4.2 &amp; 4.8</b>
<b>Summer Youth Camps:</b>	<b>N.J.A.C 8:25-5.3</b>
<b>Approved Homes:</b>	<b>DFDI 14-04-03</b>

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt):

**See above**

- Describe any variations based on the age of the children in care:

### **Licensed Child Care Centers**

**N/A**

- Describe if relatives are exempt from this requirement:

**Relatives are not exempt from this requirement.**





4. Prevention of and response to emergencies due to food and allergic reactions;

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

**Licensed Child Care Centers**

The provider shall maintain an individual record for each child in care including allergies. The only other policy and procedures on these issues are related to mandatory training.

**Family Child Care**

The provider shall maintain an individual record for each child in care including allergies. The only other policy and procedures on these issues are related to mandatory training.

**Summer Youth Camps**

At the time of admission, the parent or guardian of a camper shall complete and submit a written health history for the camper to the youth camp for review by the director, including all known allergies. The only other policy and procedures on this issue are related to mandatory training.

- List the citation for these requirements:

<b>Licensed Child Care Centers:</b>	<b>N.J.A.C 3A:52-4.8</b>
<b>Family Child Care Homes:</b>	<b>N.J.A.C 3A:54-4.2 &amp; 6.14</b>
<b>Summer Youth Camps:</b>	<b>N.J.A.C 8:25(3)(d)(1)</b>
<b>Approved Homes:</b>	<b>N.J.A.C. 10:15-2.4</b>

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **See above.**
- Describe any variations based on the age of the children in care: **N/A**
- Describe if relatives are exempt from this requirement:

**Relatives are not exempt from this requirement.**

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic;

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

**Licensed Child Care Centers**

**Building premises safety in child care centers is guided by DCF regulations. The rules provide guidance on such things as floors and**



carpets, waste receptacles, storage of hazardous materials, window guards, electrical outlets, lead paint, building code compliance, etc.

Licensed centers that are housed in public schools are covered by DOE.

**Family Child Care**

Family child care premised safety is controlled by DCF regulations. The rules cover such things as floors and walls, pay equipment, electricity, sanitation, the fire code, the Uniform Construction Code, etc.

**Summer Youth Camps**

Summer youth camp premises safety is guided by DOH regulations. The rules cover issues such as hazardous materials, certificates of occupancy, hot water, pools and power equipment.

- List the citation for these requirements:

**Licensed Child Care Centers:**

**N.J.A.C 3A:52-5.3**

**N.J.A.C. 6-26-12**

**Family Child Care Homes:**

**N.J.A.C 3A:54-4**

**Summer Youth Camps:**

**N.J.A.C 8:25-4**

**Approved Homes:**

**N.J.A.C. 10:15-2.4**

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **See above.**
- Describe any variations based on the age of the children in care: **N/A**
- Describe if relatives are exempt from this requirement:

**Relatives are not exempt from this requirement.**

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

**Licensed Child Care Centers**

The only policies and procedures on these issues are related to mandatory training.

**Family Child Care**

The only policies and procedures on this issue are related to mandatory training.

List the citation for these requirements:

**Licensed Child Care Centers:**

**N.J.A.C 3A:52-4.8**



### **Family Child Care Homes:**

**N.J.A.C 3A:54-4.2**

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **See above.**
- Describe any variations based on the age of the children in care:

**This standard applies to providers that care for infants.**

- Describe if relatives are exempt from this requirement:

**Relatives are not exempt from this requirement.**

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), 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)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions;

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

#### **Licensed Child Care Centers**

**The following are the procedures in place for ensuring the safety of children and communicating with parents in the event of evacuation, lockdown, natural or civil disaster, and other emergencies. The requirements include a plan for informing parents of their children's whereabouts; details of connections to the local law enforcement agency or emergency management office; the center's emergency procedures must be readily accessible in a designated location within the center; and ensure that at least two lockdown drills are performed per year, recorded and kept on file. Emergency procedures shall be readily accessible in a designated location within the center.**

#### **Family Child Care**

**The provider must maintain and post in a prominent location a written plan for an emergency evacuation, relocation, shelter-in-place, or lockdown of the children in the event of natural or civil disaster or other emergency. In the event of an evacuation, shelter-in-place, or lockdown, the registered family child care provider must notify the appropriate local law enforcement agency or emergency management office. The provider must practice and document fire, shelter-in-place, lockdown, and evacuation**



drills with each child from all exit locations at varied times of day and during varied activities, including nap-time.

### Summer Youth Camps

Each camp director must 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). Camp directors must conduct fire and emergency drills at least once each camp period or every two weeks, whichever is more frequent.

- List the citation for these requirements:

<b>Licensed Child Care Centers:</b>	<b>N.J.A.C 3A:52-4.8</b>
	<b>N.J.A.C. 6-26-12</b>
<b>Family Child Care Homes:</b>	<b>N.J.A.C 3A:54-4.2</b>
	<b>N.J.A.C. 3A:54-6.4</b>
<b>Summer Youth Camps:</b>	<b>N.J.A.C 8:25–6.1</b>

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **See above.**
- Describe any variations based on the age of the children in care: **N/A**
- Describe if relatives are exempt from this requirement: **No.**

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

### **Licensed Child Care Centers**

In general, all corrosive agents, insecticides, bleaches, detergents, polishes, any products under pressure in an aerosol can, and any toxic substance shall be stored in a locked cabinet or in an enclosure located in an area not accessible to children.

### Family Child Care

All items that may be hazardous to children, including medicines, poisonous plants, toxic substances, tobacco products, matches and sharp objects, must be stored out of the reach of children. The provider must ensure that play equipment, materials, and furniture for indoor and outdoor use are of sturdy and safe construction, non-toxic, easy to clean, and free of hazards that may be injurious to young children including any hazardous equipment.



### Summer Youth Camps

The camp director must ensure that the storage and handling of flammable liquids and hazardous substances conforms to the requirements of the New Jersey Uniform Construction Code at N.J.A.C. 5:23 and applicable local laws and ordinances.

- List the citation for these requirements:

**Licensed Child Care Centers:** N.J.A.C. 3A:5.2-5.3

**Family Child Care Homes:** N.J.A.C 3A:54-6.3 & 6.5

**Summer Youth Camps:** N.J.A.C 8:25-6.2

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **See above.**
- Describe any variations based on the age of the children in care: **N/A**
- Describe if relatives are exempt from this requirement: **No.**

### 9. Precautions in transporting children (if applicable);

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

#### Licensed Child Care Centers

All vehicles that are utilized to transport children must be equipped with car seats (child passenger restraint systems) and booster seats that meet Federal motor vehicle safety standards, as appropriate for the age and weight of the children transported, in accordance with applicable provisions of Motor Vehicle Commission (MVC) law, pursuant to N.J.S.A. 39:3-76.2a and f or 39:3B-10 and 11, as applicable. The center must have a written policy and procedures to ensure the safe transportation of children, including, but not limited to, ensuring that children are secured in appropriate restraints. The center shall train each regularly-scheduled driver and additional adult on this policy prior to starting his or her position.

#### Family Child Care

Whenever the provider transports enrolled children, the provider must comply with all applicable State laws and rules regarding:

- ▶ The use of infant seats, child passenger restraint systems, and seat belts pursuant to N.J.S.A. 39:3-76.2a et seq.;
- ▶ The possession of a valid automobile driver's license and valid vehicle inspection sticker; and



► **The possession of vehicle liability insurance**

**Summer Youth Camps**

The camp director must ensure that transportation for campers provided by the camp conforms to the requirements of Motor Vehicles and Traffic law, N.J.S.A. 39:1-1 et seq., and the Motor Vehicle Commission rules promulgated at N.J.A.C. 13:21.

Each bus or vehicle used to transport children who are under 18 months of age must be equipped with child passenger restraint systems which meet federal motor vehicle safety standards, in accordance with provisions of the Motor Vehicle Commission, pursuant to N.J.S.A 39:3-76.2a.

- List the citation for these requirements:

**Licensed Child Care Centers:** N.J.A.C 3A:52-9.5

**Family Child Care Homes:** N.J.A.C 3A:54-6.7

**Summer Youth Camps:** N.J.A.C 8:25-8.1

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **N/A**
- Describe any variations based on the age of the children in care: **See above**
- Describe if relatives are exempt from this requirement: **No**

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification;

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

**Licensed Child Care Centers**

At least two staff members must have current certified basic knowledge of first aid principles and cardiopulmonary resuscitation (CPR), as defined by a recognized health organization (such as the American Red Cross). The trained staff must be in the center at all times when enrolled children are present.

**Family Child Care**

At least one person providing supervision shall be certified in cardiopulmonary resuscitation (CPR).

The home must maintain documentation of a current certification in cardiopulmonary resuscitation (CPR) and completion of a first aid course taken every three years. The course must be certified through one of the following: American Heart Association; American Red Cross; National Safety



**Council: Infant and Toddler CPR (if care is limited to infants and toddlers), or Medic Pediatric Course.**

**The first aid training and CPR certification must be applicable to any of the ages of the children enrolled in the Family Child Care Home at any given time.**

**Summer Youth Camps**

**All day and resident youth camp health directors shall hold a certification from the American Red Cross, American Heart Association, or other certification agency approved by the DOH and listed in the list of “Recognized Certifications.”**

- List the citation for these requirements:

**Licensed Child Care Centers: N.J.A.C 3A:52-5.3**

**Family Child Care Homes: N.J.A.C 3A:54-4.1-4.2, 6.6**

**Summer Youth Camps: N.J.A.C 8:25-5.2**

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **N/A**
- Describe any variations based on the age of the children in care: **N/A**
- Describe if relatives are exempt from this requirement: **No**

**11. Recognition and reporting of child abuse and neglect**

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

**The following standards, with slight variation apply to all providers.**

**Any person who has reasonable cause to believe that a child enrolled in a child care program has been or is being subjected to any kind of child abuse/neglect by any person, whether in the child care center/home or not, is required by State law to report such allegations to the Department’s State Central Registry at 877 NJ-ABUSE ((877) 652-2873) pursuant (Such reports may be made anonymously).**

**In addition to the reporting requirements specified above, the sponsor, sponsor representative, director, or any staff member shall advise the parent(s) of the occurrence of any unusual incident(s) that occurred and that might indicate possible abuse or neglect involving the child. Such notification shall be made on the same day on which the incident occurred.**

**Orientation trainings on the topic of recognizing and reporting child abuse or neglect are required for all providers.**

- List the citation for these requirements:



**N.J.S.A. 9:6-8.9, 8.10, 8.13 and 8.14**

**N.J.A.C. 3A:52-4.9;**

**NJAC 3A:54-3.4**

**NJAC 8:25-3.1-3.2**

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **See above**
- Describe any variations based on the age of the children in care: **N/A**
- Describe if relatives are exempt from this requirement: **No**

a) The Lead Agency may also include optional standards related to the following:

1. Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

**Licensed Child Care Centers**

**Centers must ensure that food and beverages are in accordance with minimum Child and Adult Care Food Program (CACFP) standard, including portion size and nutritional value.**

**Family Child Care**

**The provider must ensure that all food prepared by the center meets certain standards in regards to who is preparing the meal and the schedule for when it is being prepared. The provider shall ensure that a child has breakfast, lunch and dinner based on the duration of care. The provider shall have back-up food, in the event that the parent forgets a meal. The provider must have clean and sanitary drinking water.**

**Summer Youth Camps**

**The camp director shall ensure that the youth camp conforms to Sanitation in Retail Food Establishments and Food and Beverage Vending Machines, N.J.A.C. 8:24, with respect to foods and food service. In addition, the camp director must ensure that the youth camp provides food of sufficient quantity and nutritional quality to provide for the dietary needs of each camper.**

- List the citation for these requirements:

<b>Licensed Child Care Centers:</b>	<b>N.J.A.C 3A:52-6.3</b>
<b>Family Child Care Homes:</b>	<b>N.J.A.C 3A:54-4.2, 6.14</b>
<b>Summer Youth Camps:</b>	<b>N.J.A.C 8:25-3.1</b>





- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **See above.**
- Describe if relatives are exempt from this requirement: **No**

## 2. Access to Physical Activity;

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

### **Licensed Child Care Centers**

**Children must be provided with daily structured and unstructured developmentally appropriate indoor and outdoor energetic physical activity as follows:**

- ▶ **At least 30 total minutes daily for children receiving child care less than four hours;**
- ▶ **At least 60 total minutes daily for children receiving child care more than four hours**
- ▶ **The use of a television, computers, and other video equipment shall be limited to educational and instructional use**

### **Family Child Care**

**Programs must offer such things as:**

- ▶ **Dramatic play and language development (for example, dress-up clothes, puppets, books, play telephones and unbreakable dishes);**
- ▶ **Visual and small muscle development (for example, mobiles, unbreakable mirrors, blocks, rattles, puzzles, sorting and stacking toys);**
- ▶ **Large muscle development (for example, swings, balls, bicycles, large boxes and wagons).**
- ▶ **Infants shall have age-appropriate, supervised tummy time at least twice a day.**

### **Summer Youth Camps**

**Generally, there are no specific policies around access to physical activity, but they do exist in this setting.**

- ▶ **A high risk activity includes, but is not limited to, archery, swimming and other aquatic activities, horseback riding, riflery, rope courses, motorized vehicles, and rock climbing.**
- ▶ **High risk activities shall be conducted by a qualified adult activity specialist.**



- List the citation for these requirements:

<b>Licensed Child Care Centers:</b>	<b>N.J.A.C 3A:52-6.1</b>
<b>Family Child Care Homes:</b>	<b>N.J.A.C 3A:54-6.12</b>
<b>Summer Youth Camps:</b>	<b>N.J.A.C 8:25-1.4, 3.2</b>

Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **See above**

- Describe if relatives are exempt from this requirement: **No**

### 3. Caring for children with special needs;

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.):

#### **Licensed Child Care Centers**

**The following staff/child ratios shall apply for centers serving children, 50 % or more of whom have special needs, as a result of a cognitive, socio-emotional, or physical disability or disorder:**

- ▶ **Under 2½ years—1:3**
- ▶ **2½ years of age and over (non-ambulatory)—1:3**
- ▶ **2½ years of age and over (ambulatory)—1:5**

**The center must also provide reasonable accommodations for the administration of medication or health care procedures to a child with special needs, if failure to administer the medication or health care procedure would jeopardize the health of the child or prevent the child from attending the center.**

#### **Family Child Care**

**When a provider identifies or suspects an enrolled child as having a developmental delay or disability, the provider shall inform the child's parent and contact the sponsoring organization for technical assistance in meeting the child's needs.**

**In addition, when the provider enrolls a child with special needs, the provider shall request that the parent provide a written up-to-date special needs care plan completed by the child's primary health care provider or any other person who has evaluated or treated the child.**

#### **Summer Youth Camps**

**Special accommodations and extra care must be given to campers with disabilities.**

- List the citation for these requirements:



**Licensed Child Care Centers:** N.J.A.C 3A:52-4.3; 7.5

**Family Child Care Homes:** N.J.A.C 3A:54-6.18

**Summer Youth Camps:** N.J.A.C. 8:25-8.5

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **See above**
- Describe if relatives are exempt from this requirement: **No**

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe: **N/A**

- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.): **N/A**
- List the citation for these requirements: **N/A**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt): **N/A**
- Describe if relatives are exempt from this requirement: **N/A**

#### 5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

#### **Pre-Service or Orientation Training Requirements**

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers: **10 hours**
2. Licensed FCC homes; **10 hours**
3. In-home care; **10 hours**
4. Variations for exempt provider settings



b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer).

**New hires must complete pre-service health and safety trainings within two (2) weeks of hire.**

c) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

The answers to question 5.2.3(c)(1) through 5.2.3(c)(13) are the same as follows:

**As part of their orientation, staff at licensed child care centers, registered and approved homes, and summer youth camps, must complete a DFD procured training module that covers health and safety and other topics as part of their orientation. The module consists of 8 hours of training that covers topics (2) through (12). The other two hours is fulfilled by staff through an in-person First Aid/CPR course (topic (1)) usually offered by the CCR&Rs, for a total of 10 hours. The owner/director of a child care home must take an additional course through DFD's online module that consists of an DCF/OOL policy review, Business Practices, and Program Management, for a total of 12 hours.**

**New Jersey requires that the trainings be completed before caregivers, teachers, and directors are allowed to care for children unsupervised.**

The relevant citations are as follows:

**Licensed Centers: N.J.A.C. 3A:52-4.8, DFD Instruction 17-02-05**

**Family Child Care: N.J.A.C. 3A:54-4.2, DFD Instruction 17-10-07**

**Summer Youth Camps: N.J.A.C. 8:25-3.2(d), DFD Instruction 18-03-01**

1. Prevention and control of infectious diseases (including immunizations);

- Provide the citation for this training requirement; **See above**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes**  
 **No**

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation for this training requirement



- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

3. Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

4. Prevention and response to emergencies due to food and allergic reactions

- Provide the citation for this training requirement
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation for this training requirement
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

- Provide the citation for this training requirement
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**



7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

- Provide the citation for this training requirement
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement.



- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

13. Describe other requirements

- Provide the citation for other training requirements.
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

**Yes**  
 **No**

### Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

a) Licensed child care centers:

**12 hours of continuing staff development each year**

b) Licensed FCC homes:

**20 hours of in-service training within a 3 year registration period (or approximately 8 hours of in-service training per year)**

c) In-home care: **N/A**

d) Variations for exempt provider settings: **N/A**

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The answers to question 5.2.5(1) through 5.2.5(13) are the same as follows:

#### **Licensed Child Care Centers**



Child care centers must ensure that all staff members who work at the center complete 12 hours of continuing staff development each year. There is no specific requirement that any particular health and safety topic has to be completed annually. Similarly, there is no specification of the format or medium of the ongoing trainings.

### Family Child Care

In-service training is provided on a semi-annual basis by means of group or individual instruction and written material. In-service training includes continued reinforcement of the subjects presented during the pre-service training. A total of at least eight hours of in-service training are offered to providers each year. There is no specific requirement that any particular health and safety topic has to be completed annually. Similarly, there is no specification of the format or medium of the ongoing trainings.

### Summer Youth Camps

Staff at summer youth camps must complete training annually. Going forward, each year staff at camps that serve CCDF families must complete the training offered on the New Jersey child care website. As such, staff at these camps complete all of the health and safety trainings annually.

The relevant citations are as follows:

<b>Licensed Child Care Centers:</b>	<b>N.J.A.C. 3A:52-4.8</b> <b>DFD instruction: 17-02-05</b>
<b>Family Child Care:</b>	<b>N.J.A.C. 3A:54-4.2</b> <b>DFD Instruction: 17-10-07</b>
<b>Summer Youth Camps:</b>	<b>N.J.A.C. 8:25-3.2(d),</b> <b>DFD Instruction 18-03-01</b>

1. Prevention and control of infectious diseases (including immunizations)
  - ▶ Provide the citation for this training requirement:
  - ▶ How often does the state/territory require that this training topic be completed?
    - Annually**
    - Other. Describe:**
2. Prevention of sudden infant death syndrome and the use of safe-sleep practices
  - ▶ Provide the citation for this training requirement.
  - ▶ How often does the state/territory require that this training topic be completed?
    - Annually**





**Other. Describe:**

3. Administration of medication, consistent with standards for parental consent

- ▶ Provide the citation for this training requirement
- ▶ How often does the state/territory require that this training topic be completed?

**Annually**

**Other. Describe:**

4. Prevention and response to emergencies due to food and allergic reactions

- ▶ Provide the citation for this training requirement.
- ▶ How often does the state/territory require that this training topic be completed?

**Annually**

**Other. Describe:**

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- ▶ Provide the citation for this training requirement:
- ▶ How often does the state/territory require that this training topic be completed?

**Annually**

**Other. Describe:**

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

- ▶ Provide the citation for this training requirement:
- ▶ How often does the state/territory require that this training topic be completed?

**Annually**

**Other. Describe:**

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- ▶ Provide the citation for this training requirement:
- ▶ How often does the state/territory require that this training topic be completed?

**Annually**

**Other. Describe:**

8) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- ▶ Provide the citation for this training requirement:



▶ How often does the state/territory require that this training topic be completed?

- Annually**  
 **Other. Describe:**

9) Appropriate precautions in transporting children (if applicable)

▶ Provide the citation for this training requirement:

▶ How often does the state/territory require that this training topic be completed?

- Annually**  
 **Other. Describe:**

10) Pediatric first aid and CPR certification

▶ Provide the citation for this training requirement:

▶ How often does the state/territory require that this training topic be completed?

- Annually**  
 **Other. Describe:**

11) Recognition and reporting of child abuse and neglect

▶ Provide the citation for this training requirement:

▶ How often does the state/territory require that this training topic be completed?

- Annually**  
 **Other. Describe:**

12) Child development (98.44(b)(1)(iii))

▶ Provide the citation for this training requirement:

▶ How often does the state/territory require that this training topic be completed?

- Annually**  
 **Other. Describe:**

13) Describe other requirements.

▶ Provide the citation for other training requirements:

▶ How often does the state/territory require that this training topic be completed?

- Annually**  
 **Other. Describe:**

### 5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

#### 5.3.1 Enforcement of licensing and health and safety requirements



Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements:

**The provisions of N.J.A.C. 3A:52 (Manual of Requirements for Child Care Centers) are promulgated pursuant to the Child Care Center Licensing Act, N.J.S.A. 30:5B-1 and require certain public and private child care centers to be licensed by the Department of Children and Families (DCF) and to undergo examinations and inspections by the state and local fire, health, and building officials to determine the center's compliance with State and local ordinances, codes, and regulations.**

**The provisions of N.J.A.C. 3A:54 (Manual of Requirements for Family Child Care Registration) are promulgated pursuant to the Family Day Care Provider Registration Act, N.J.S.A. 30:5B-16 and require certain family child care homes to be inspected and monitored to determine compliance with the health and safety regulations before receiving a Certification of Registration.**

**Approved Home Providers are child care providers not registered pursuant to the Family Day Care Provider Registration Act, but whose homes have been evaluated and approved for payments. "Approved Home Providers" include both "Family, Friend and Neighbors (FFN)" and "In-Home Providers." The minimum requirements for approval of the home are an inspection of the home using the Self-Arranged Care Inspection and Interview Checklist (see N.J.A.C. 10:15-2.4(a)10)), an interview with the provider and family members, and a CARI check completed for all prospective approved home providers and all household members of the home 14 years of age and older conducted by the Department of Children and Families.**

**Summer Youth Camps are required to be licensed under the Youth Camp Safety Act N.J.S.A 26:12-1 and are regulated through the New Jersey Department of Health (NJDOH) and are exempt from licensing laws specified in NJAC 3A:52.**

**In addition, NJ is in the process of developing a joint system that allows for the automation and standardization of DFD and DCF processes. The system is called the New Jersey Child Care Information System (NJCCIS) and will increase the use of automation in the licensing process, by: (1) Allowing providers to apply for licenses on-line (2) Allowing users to communicate with administrative staff via dashboard notification. NJCCIS will allow DFD and DCF staff to collect, manage and track programs and providers quality improvement efforts, licensing and inspection activities, background checks, and training progress.**



**NJCCIS will accurately track the activities of all licensed, regulated, registered and license exempt; such as licensed centers, family child care, approved and in-home providers, public and private schools, and camps (both subsidized and non-subsidized) in the state.**

### 5.3.2 Inspections for Licensed CCDF Providers

Lead agencies must require licensing inspectors to perform inspections—with no less than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

#### **a) Licensed CCDF Center-Based Child Care**

1. Describe your state/territory's requirements for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards:

**Pursuant to NJAC 3A:52, DCF/OOL is required to conduct an inspection prior to issuing a license to ensure compliance with all relevant local law and regulations. Among other things, they check for compliance with State and local fire, health and building rules, as well as all their requirements including ratio and staff qualification requirements. The inspections must be conducted and the results reported to DCF within 60 days after the request for licensure.**

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers:

**Pursuant to NJAC 3A:52, DCF/OOL is authorized to inspect and examine the physical plant or facilities, including, but not limited to, storage areas and additional floor levels of a child care center without delay or an escort. DCF-OOL can inspect all documents, records, files, or other data maintained during the center's normal operating hours and without prior notice.**

3. Identify the frequency of unannounced inspections:

**Once a year**



**More than once a year. Describe:** \_\_\_\_\_

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards: **See 5.3.2 (b).**

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers: **N.J.A.C. 3A:52-1.1(a), 2.8, 5.3.**

b) Licensed CCDF Family Child Care Home

1. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards:

**CCR&Rs are required to conduct an inspection to ensure that each provider complies with all health and safety requirements before issuing new and renewal Certificates of Registration to family child care providers. The provider shall permit and participate in an inspection prior to renewal of the Certificate of Registration.**

2. Describe your state/territory's requirements for at least annual, un-announced inspections of licensed CCDF family child care providers:

**The CCR&R must conduct annual, unannounced monitoring inspections prior to renewing the certificate of registration.**

3. Identify the frequency of unannounced inspections: **The frequency is not specified.**

**Once a year**

**More than once a year. Describe:** \_\_\_\_\_

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards:

Monitoring inspections shall be conducted at least once every two years. The CCR&R must annually monitor no less than 20 percent of the providers on a **random** basis. The inspection includes 89 observation criteria that cover such things as fire safety, ratios, and sanitation and equipment hazards.

**The Office of Licensing conducts a triennial comprehensive programmatic inspection of the CCR&Rs to ensure that they are monitoring providers appropriately.**

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers: **NJAC 3A:54-4.7, 5.4**



### **c) Licensed In-Home CCDF Child Care**

In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. In home care is not "licensed" or "registered." Instead, in home care are "Approved Homes" after being inspected by the State through the CCR&Rs.

1. Describe your state/territory's requirements for pre-licensure inspections of licensed in-home child care providers for compliance with health, safety, and fire standards:

**CCR&Rs are required to conduct an inspection to ensure that each provider and home complies with all health and safety requirements before granting approval to care. The home is inspected using the Self-Arranged Care Inspection and Interview Checklist.**

2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers:

**Division of Family Development Instruction DFDI No. 17-10-07 requires approved homes to undergo an annual announced inspection to evaluate whether they are in compliance with CCDBG requirements as well as other state health, safety, and fire standards.**

3. Identify the frequency of unannounced inspections:

- Once a year**  
 **More than once a year. Describe: \_\_\_\_\_**

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

The inspection includes 89 observation criteria that cover such things as fire safety, ratios, sanitation and equipment hazards. The inspection form is modeled after the form developed by OOL for use with registered homes.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers: **N.J.A.C. 10:15-2.4(a)10, DFDI No. 17-10-07**

d) List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers:

- i. **Department of Children and Families, Office of Licensing conducts pre-licensure and unannounced inspections for licensed centers.**
- ii. **Department of Children and Families, Office of Licensing's sponsoring organization(s) (the Child Care Resource and Referral Agencies) conduct**



**pre-licensure and unannounced inspections for registered family child care homes.**

- iii. The Child Care Resource and Referral Agencies conduct pre-licensure inspections and unannounced inspections for approved homes.**
- iv. The Department of Health & Local Health Authorities license and inspect summer youth camps.**

5.3.3 Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P)(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Provide the citation(s) for this policy or procedure: **N/A**

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Provide the citation(s) for this policy or procedure. **N/A**

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used.

Provide the citation(s) for this policy or procedure. **N/A**

5.3.4 The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). The state/territory may determine if exempt relative providers (as described in section (658P)(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (98.41(a)). To certify, describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.



Provide the citation(s) for this policy or procedure: **N/A**

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

Provide the citation(s) for this policy or procedure: **N/A**

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used.

Provide the citation(s) for this policy or procedure. **N/A**

### 5.3.5 Licensing Inspectors

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1)).

**Licensed Child Care Inspectors and Family Child Care Inspectors are trained and qualified to inspect child care providers and facilities. An individual must possess the following education and experience in order to qualify as an inspector:**

**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 services, direct support counseling, guidance and/or casework involving high risk child abuse and neglect or other problematic socioeconomic 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.**





Provide the citation(s) for this policy or procedure. **These requirements come from the job description for inspectors.**

5.3.6 The States and Territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e., number of providers per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

**Although there is no ratio defined in law, inspections and monitoring are generally completed with the required frequency.**

**Through terms established in a Memorandum of Agreement, DHS/DFD provides DCF additional annual funding to help ensure a sufficient amount of full-time employee positions for monitoring centers that accept CCDF families. The ratios appear to be sufficient because centers are monitored at intervals required by law.**

b) Provide the policy citation and state/territory ratio of licensing inspectors.

**See 5.3.6(a) above.**

5.3.7 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

- Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care
- Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care
- No, relatives are not exempt from inspection requirements

## 5.4 Criminal Background Checks

5.4.1 In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U.S. Department of Health and



Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care providers that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);
2. Sex offender registry or repository check in the current state of residency (in-state);
3. Child abuse and neglect registry and database check in the current state of residency (in-state);
4. FBI fingerprint check (national);
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional (inter-state);
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).



### Milestone Prerequisites for Time-Limited Waivers

By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):

- **The national FBI fingerprint check; and,**
- **The three in-state background check provisions for the current state of residency:**
  - state criminal registry or repository using fingerprints;
  - state sex offender registry or repository check;
  - state-based child abuse and neglect registry and database

**All four components** are required in order for the milestone to be considered met.

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If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

Background Check Components	If milestone is met, time-limited waiver allowed for:
In-state criminal w/ fingerprints	
In-state criminal sex offender registry	Conducting background checks on backlog of current (existing) child care staff only
In-state child abuse & neglect registry	
FBI fingerprint	
NCIC National Sex Offender Registry (NSOR)	
Interstate sex criminal registry	Establishing requirements and procedures <b>AND/OR</b>
Interstate sex offender registry	Conducting background checks on all new (prospective) child care staff only <b>AND/OR</b>
Interstate child abuse & neglect registry	Conducting background checks on backlog of current (existing) child care staff only

States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

**Overview of Background Check Implementation Deadlines**

- Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017
- Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018
- One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019
- Waiver renewal deadline (45 CFR 98.19(b)(1)(ii)): September 30, 2020



Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.

a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

**New Jersey's Criminal History Record Information, or CHRI, fingerprint check produces information collected by criminal justice agencies that is stored in the central repository of the New Jersey State Police State Bureau of Identification, the National Crime Information Center (NCIC), or other States' computerized repositories containing criminal history record information. This includes identifiable descriptions and notations of arrests, indictments, or other formal criminal charges, and any dispositions arising therefrom, including convictions, pending court actions, dismissals, acquittals, sentencing, correctional supervision and release. N.J.A.C. 13:59-1.1.**

**Licensed child care centers and registered homes are licensed must demonstrate fingerprint based CHRI compliance as a condition of securing a license or certificate. The business must ensure that all relevant staff members and leadership complete the CHRI fingerprint background check.**

**Any applicant 18 years or older applying for a position at child care center or registered home must undergo a CHRI. The DHS Office of Program Integrity and Accountability Central Fingerprint Unit manages the CHRI process for this specific purpose. This Unit collects fingerprint and applicant information and conveys it to State Police and the FBI. The results are then supplied back to the Unit which in turn relays them to DHS or DCF. Summer youth camp staff undergo a name based check through the New Jersey State Police. Approved home staff must report all past criminal history**

**Applicants must submit requests on forms prescribed by either the State or the federal government.**

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o);

**Fingerprint requirements apply to all licensed or registered providers.**

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o);

**DHS/DFD has phased out CCDF eligibility for license-exempt providers.**



iii. Has the search of the state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

**Yes**

**No.** Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement: **September 30, 2019**. Describe the status of conducting the search of the state criminal registry or repository, with the use of fingerprints for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

**Fingerprint requirements apply to all licensed or registered providers. DHS/DFD has a waiver and expects full compliance by September 30, 2019. Full compliance will include expanding the comprehensive fingerprint based CHRI to summer youth camps and approved homes. Additionally, a few former license exempt providers are still transitioning into the licensed system.**

**New Jersey passed a law in 2017 that requires family child care provider staff to undergo the fingerprint based CHRI. New Jersey is awaiting FBI approval of the Family Child Care CHRI statute signed into law in 2017.**

**DHS/DFD expects youth summer camp compliance by summer 2019. As of the Summer of 2018, DHS/DFD has already transitioned enrollment of summer youth camps into the subsidy program from the CCR&Rs to the DHS/DFD Office of Child Care for closer oversight. DFD is assessing next steps to ensure full implementation.**

**Lastly, a few providers who would normally have been license exempt are still transitioning over to DCF-OOL so that they can serve CCDF families. DHS/DFD and DCF/OOL are working with these providers daily to move them into the licensed world, and consequently into the comprehensive CHRI process.**

iv. List the citation: **N.J.A.C. 3A:52-4.11(a)(1), N.J. Stat. § 30:5B-25.6.**

b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides.



**When a person submits his or her fingerprints for the CHRI to the New Jersey State Police, that background check includes a search of the National and New Jersey sex offender registries.**

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o);

**See 5.4.1(a)(i). All of the standards discussed above for the CHRI apply to the sex offender registry check.**

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o);

**DHS/DFD has phased out CCDF eligibility for license-exempt providers.**

- iii. Has the search of the state sex offender registry or repository been conducted for all current (existing) child care staff?

**Yes**

- No.** Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement: **September 30, 2019**. Describe the status of conducting the search of the state sex offender registry or repository for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF **services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:**

**See 5.4.1(a)(iii).**

- iv. List the citation: **See 5.4.1(a)(iv).**

- (c) Briefly summarize the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in the state where the staff member resides.

**The New Jersey Child Abuse Record Information Background Check, or CARI, is used to determine if an incident of child abuse or neglect has been substantiated against the subject. Records of child abuse reports, information obtained through investigations, and all reports of findings are maintained by the Department of Children and Families. N.J. Stat. § 9:6-9.10(a). The DCF Office of Legal Affairs Child Abuse Record Information Unit performs CARI background checks. As a condition of securing a license or a certificate of registration, or approval providers must adhere to CARI rules. The providers must terminate staff who refuse to consent to a CARI or when negative information is revealed from the**



**CARI. Providers must ensure proper oversight of anyone not required to have a CARI.**

**At a licensed center, directors must maintain a file for each individual staff member indicating that the center has obtained documentation of the completion of a CARI background check for all staff who will be working at the center on a regularly scheduled basis. N.J.A.C. 3A52-4.1(b)(4).**

**In a registered or approved home, every member of the applicant's household who are at least 14 years of age and any other persons who will be working at the home on a regular basis must have a CARI background check completed.**

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o);

**As of November 19, 2017, DHS/DFD requires that all subsidy payments for the DHS/DFD Child Care Subsidy Program be authorized only licensed or registered providers. Pursuant to state law, all staff working at both of these types of providers must submit to a CARI check. Additionally, approved home staff must undergo a CARI. Summer youth camps are being moved into the CARI check process.**

- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o);

**DHS/DFD has phased out CCDF eligibility for license-exempt providers.**

- iii. Has the search of the state-based child abuse and neglect registry and database been conducted for all current (existing) child care staff?

Yes

**No.** Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement: **September 30, 2019.** Describe the status of conducting the search of the state-based child abuse and neglect registry and database for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

**The summer youth camps are being transitioned into the CARI system. Summer youth camps are licensed by DOH. As a start, as of the summer 2018, DHS/DFD has already transitioned enrollment into the**





**subsidy program from the CCR&Rs to the DHS/DFD Office of Child Care for closer oversight. DFD is assessing next steps to ensure full implementation.**

iv. List the citation: **N.J.A.C. 10:15-2.4(a), N.J.A.C. 3A:54-4.1(c)(3), N.J.A.C. 3A:52-4.10(a)(4)**

d) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification.

**The N.J. CHRI background check includes a National FBI Next Generation Fingerprint Background Check. All entities subject to a CHRI background check are subject to a National FBI Fingerprint Background Check.**

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o);

**See 5.4.1(a)(i) discussing the requirements, policies and procedures related to the New Jersey CHRI.**

ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o);

**DHS/DFD has phased out CCDF eligibility for license-exempt providers.**

iii. Has the search of the FBI fingerprint check using Next Generation Identification been conducted for all current (existing) child care staff?

**Yes**

No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement: **September 30, 2019**. Describe the status of conducting the FBI fingerprint check using Next Generation Identification for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

iv. List the citation: **See 5.4.1(a)(iv)**

e) Describe the status of the requirements, policies and procedures for the search of the NCIC's National Sex Offender Registry.

Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver



CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the search of the NCIC's NSOR check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o);
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o);
- iii. List the citation:

- In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement: **September 30, 2019**. Describe the status of implementation of requirements, policies and procedures for the NCIC's National Sex Offender Registry. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

**When a person submits his or her fingerprints for the CHRI to the New Jersey State Police, that background check includes a search of the National and New Jersey sex offender registries.**

**See 5.4.1(a)(iii).**

f) Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.

- Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state criminal registry check on all new and existing child care staff.
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o);
  - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o);



iii. List the citation:

- In progress.** Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. **September 30, 2019.** Describe the status of implementation of requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

**DHS/DFD is continuing to develop and research policy options in this area. DHS/DFD is exploring what opportunities are afforded by the Compact Council, the National Fingerprint File, and other cooperative agreements outside of the multilateral scope of the Compact Council. Additionally, DHS/DFD is considering what obstacles that states that have “closed record” laws present to the implementation of any inter-state background check policy. DHS-DFD has posted details on the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website, of how another state can obtain a New Jersey CHRI. DCF/OOL and DHS/DFD are also working with providers to conduct name searches and with reaching out to other states where appropriate to obtain basic CHRI.**

g) Describe the status of the requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years.

- Fully implemented for all required child care providers (all licensed, regulated or registered; and all (prospective and existing) child care providers eligible to provide care for children receiving CCDF assistance). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state sex offender registry check on all new and existing child care staff.
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o);
  - ii. Describe how these requirements, policies and procedures apply to all providers eligible to care for children receiving CCDF, in accordance with 98.43 and 98.16(o);
  - iii. List the citation: \_\_\_\_\_



- In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. **September 30, 2019**. Describe the status of implementation of requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

**See 5.3(f) above. In the meantime, DHS/DFD is relying on the National Sex Offender Registry.**

h) Describe the status of the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.

- Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o);

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o);

iii. List the citation: \_\_\_\_\_

- In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement: **September 30, 2019** and describe the status of implementation of requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges.



See 5.3(f) above. DHS-DFD has posted details on the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website, of how another state can obtain a New Jersey CARI. DCF/OOL and DHS/DFD are also working with providers to conduct name searches and reaching out to other states where appropriate to obtain CARI information.

- 5.4.2 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, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care staff member may begin to work on a provisional basis for a child care provider after completing either a Federal Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However, the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).
- 5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?
- No**
- Yes. Describe:**
- Until a Licensed Child Care Center or a registered or approved home receives the results of the CHRI background check for a new staff member, the center must ensure oversight of that person by another staff member and ensure that the person is not left alone to supervise a child or group of children.**
- 5.4.4 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.
- 5.4.5 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

**DHS/DFD is continuing to develop and research policy options in this area. DHS/DFD is exploring what opportunities are afforded by the Compact Council, the National Fingerprint File, and other cooperative agreements outside of the multilateral scope of the Compact Council. In the meantime, DHS/DFD has posted the protocol for other states to obtain New Jersey CHRI on the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website.**



- 5.4.6 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

- 5.4.7 Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(h)?

No

Yes. Describe:

**Endangering the welfare of an incompetent person, manslaughter, stalking, false imprisonment, interference with custody, causing or risking widespread injury or damage, aggravated assault, robbery, burglary, domestic violence, and attempt to commit any of the enumerated crimes.**

- 5.4.8 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2–4)).

**DCF Office of Licensing affords individuals the opportunity to challenge the accuracy of CHRI and CARI background check results for Licensed Child Care Centers and the CARI results for Registered Family Child Care Providers and Approved Homes, respectively. 3A:52-4.10(g)(2); 3A:52-4.11(f); 3A:54-5.3(f). Furthermore, a provider’s application cannot be denied on the basis of any conviction disclosed by the CHRI background check without an opportunity to challenge the accuracy of the disqualifying criminal history record. Approved home providers are afforded an opportunity to be heard and appeal the results of CARI background checks. Results of the checks can only be shared with the government agencies involved, the provider and the subject.**

**New Jersey is currently developing policy concerning the review process for individuals disqualified due to certain drug offenses to determine if that individual should still be eligible for employment.**



5.4.9 The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). 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 they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

**The cost of the CARI check is \$10. The providers are reimbursed by DCF.**

**The cost of the CHRI is \$62.00. DHS-DFD covers the costs of CHRI for child care staff.**

**Neither charge exceeds the cost.**

5.4.10 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

**Relative providers must submit to a CARI background check. Relative providers are exempt from the CHRI background check**

## **6 Recruit and Retain a Qualified and Effective Child Care Workforce**

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).



## 6.1 Professional Development Framework

6.1.1 Describe how the state/territory developed its training and professional development. Each State or Territory must describe their professional development framework for training, professional development, and post-secondary education, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework. Describe how the state/territory's framework for training and professional development addresses the following required elements:

- State/territory Professional Standards and Competencies. Describe:

***New Jersey's Core Knowledge and Competencies for Early Childhood Professional*** identify specific knowledge areas that a professional must have and be able to apply when working with children, their families and other professionals. Although presented individually, all areas are intrinsically interrelated and interdependent. The ***Core Knowledge and Competencies for Early Childhood Professionals*** provide a framework of common evidence-based skills that can serve children and families, including programs in centers, homes, and schools. These standards are an integral part of building a statewide comprehensive professional development system.

The areas of the Core Knowledge and Competencies are:

1. Child Growth and Development
  2. Family and Community Relationships
  3. Learning Environment and Curriculum
  4. Teaching-Learning Interactions and Approaches
  5. Child Assessment
  6. Child Wellness: Health, Safety, Nutrition and Physical Activities
  7. Serving Diverse Populations
  8. Professionalism and Leadership
  9. Program Organization and Management
- Career Pathways. Describe:

**All training coordinated through DHS/DFD provides a pathway for individuals. It begins with the foundational training to meet CCDBG training requirements and is complimented with progressive training offerings through Grow NJ Kids (QRIS) training and other training contracts. Consecutively, the workforce is supported with scholarships to further educational achievements; including**





**scholarships for Child Development Associate (CDA) training, CDA Assessment Fees, and college coursework.**

**All training and professional development coordinated through DHS/DFD contracts are posted on the NJ Workforce Registry through our State's integrated data system, NJCCIS. The NJ Workforce Registry allows training agencies to post training and allows the workforce to search and register for training. All training posted on the NJ Workforce Registry will demonstrate alignment with some or all of the Core Knowledge and Competency Areas. This alignment helps professionals identify their areas of strength and areas of need when selecting training to support their individual needs for ongoing professional development. In addition, the NJ Workforce Registry supports the workforce in maintaining a professional profile, tracking professional development, training, and educational achievements, and the ability to apply for a higher career level within the NJ Career Lattice.**

➤ **Advisory Structure. Describe:**

**The New Jersey Council for Young Children was created in 2010 by an Executive Order to serve as the Governor's State Advisory Council for Early Childhood Systems as authorized under the Improving Head Start for School Readiness Act of 2007. The mission of the Council is to align and improve New Jersey's numerous and complex early childhood programs and initiatives. The New Jersey Council for Young Children is a 25-member Council that is in the DOE, and represents all state agencies with oversight of programs serving families and children from birth to thirteen. This includes the DOE, DHS, DOH, LWD, and DCF. Also represented on the Council are Head Start agencies, advocacy groups, child care organizations, school districts, universities, and foundations. The work of the Council mostly occurs in the committees and workgroup. The Council has 5 working committees and 1 workgroup. The Early Care & Education Workforce Committee provides support and recommendations regarding the professional development framework.**

➤ **Articulation. Describe:** \_\_\_\_\_

**DHS/DFD 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, attendees were assigned a mentor/coach who assisted them in navigating a higher education to ensure their success. Scholarships were provided to support individuals who enrolled in the online CDA.**

➤ **In addition, to our work with Atlantic Cape Community College, ongoing discussion with community college partners and higher education institutions have brought about several articulation agreements between the CCR&Rs and community college partners to articulate CDA training into college credit.**



- Workforce Information. Describe: \_\_\_\_\_
- A component of New Jersey's Child Care Information System (NJCCIS), is the NJ Workforce Registry. The NJ Workforce Registry maintains workforce data including demographic information such as, the address/county, age, race, and ethnicity of the workforce. In addition, the NJ Workforce Registry maintains training records, certifications, transcripts, career levels, scholarships, and educational achievements for the workforce.
- Financing. Describe:

**DHS/DFD provides statewide training and professional development supports through contracts with the Child Care Resource and Referral Agencies, Grow NJ Kids Training Services, NJ School Age Coalition, NJ First Step Infant Toddler Specialists, and the Child Care Health Consultants. Many training projects are funded with the quality set-aside funds.**

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:
- Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: **New Jersey offers CCDBG online training for Health and Safety through the Penn State University, Better Kid Care on demand training system. Social-Emotional/behavioral training supports are offered through Montclair State University, Center for Autism and Early Childhood Mental Health. In addition, the QRIS professional development training academy is offered through the Rutgers University, School of Social Work, Institute for Families. The Rowan University, College of Education, Center for Access, Success, and Equity provides training and support to the Quality Improvement Specialists and Technical Assistance Specialists for Grow NJ Kids. Our higher education partners provide high quality training supports to our workforce.**
- Other. Describe: \_\_\_\_\_

6.1.2 Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.



The framework development for Grow NJ Kids (QRIS) was started by the New Jersey Child Care Advisory Council (CCAC) and the New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA). New Jersey wanted a strong system to enhance the preparation and continuing education for all professionals providing care and education to the State's children. Progressive training and professional development offerings are aligned with CCDBG progressive training topics and the QRIS standards.

6.1.3 Identify how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.

**Financial assistance to attain credentials and post-secondary degrees.**  
**Describe: Credentials improve the quality and stability of the workforce. Scholarships are offered to instructional staff and family child care providers for CDA Training, CDA Assessment Fees, and College Coursework. In addition, when a scholarship recipient achieves a credential – CDA, Associate's Degree, Bachelor's Degree or P-3 Certification – they are eligible to receive a \$500 Merit Award paid directly to the individual. As discussed above under 6.1.2(Financing) most of the professional development initiatives are funded with quality set-aside funds.**

**Financial incentives linked to educational attainment and retention.**  
**Describe:**

**Grow NJ Kids (QRIS) programs may obtain a higher rating based on the education of staff. For example, a program may achieve points for standards if a percentage of their teaching staff have a minimum of a CDA or equivalent, or higher degrees, credentials or licenses. DHS/DFD provides an incentive (4%–24% increase above the base rate) to licensed programs who achieve a 3, 4 or 5 star rating in Grow NJ Kids. Each Grow NJ Kids star rating at a 3, 4, or 5 is associated with a higher tier of reimbursement.**

Financial incentives and compensation improvements. Describe: \_\_\_\_\_

**See Financial Incentives linked to educational attainment and retention.**

**Registered apprenticeship programs. Describe: \_\_\_\_\_**

Outreach to high school (including career and technical) students. Describe

Policies for paid sick leave. Describe: **Grow NJ Kids (QRIS) programs may obtain a higher rating based on the types of benefits offered in to their staff. For example, a program may achieve points for standards if they offer benefits (paid vacation time, sick time, health insurance,**



**tuition/professional development reimbursement or retirement plan option) to staff.**

- Policies for paid annual leave. Describe:

**See policies for paid leave immediately above.**

- Policies for health care benefits. Describe:

**See policies for paid leave above.**

- Policies for retirement benefits. Describe: \_\_\_\_\_

**See policies for paid leave above.**

- Support for providers' mental health, such as training in reflective practices and stress-reduction techniques and health and mental health consultation services. Describe:

**Grow NJ Kids standards focus not only on the children in care but also on the mental health of the staff/providers who are caring for the children. All professional development offered through Grow NJ Kids and other contracted training vendors support the overall growth and development of the workforce. Examples of Grow NJ Kids standards that directly address the mental health of the workforce include:**

- **Systemic opportunities for teachers to engage in reflective teaching practices through the use of peer groups, coaches, and/or mentors; and**
- **Ongoing professional development and supervision for staff to support positive and responsive relationships and interactions that are warm and nurturing.**
- **In addition, instructional staff and providers receive on-site technical assistance from NJ First Steps, Child Care Health Consultants, Quality Improvement Specialists, and Grow NJ Kids Technical Assistance Specialists to provide hands on support.**

- Other. Describe: \_\_\_\_\_

## **6.2 Training and Professional Development Requirements**

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing 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 funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b) (2)).



- 6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development requirements (98.44(b) (2) (ii)).

New Jersey has implemented a dual modality approach to offer required trainings to all programs and providers caring for children receiving CCDF funds. Online training and face to face training are offered to ensure that all staff and providers who need the training have access. Training is offered in both English and Spanish in both modalities. Training topics include: Mandated Reporting Child Abuse and Neglect (Positive Guidance and Discipline), Safe Spaces, Transportation Safety, Handling and Storage of Hazardous Materials, Emergency Preparedness, Prevention and Control of Infectious Disease, Food and Allergic Reactions and How to Respond, Safe Sleep and SUIDS Prevention, Prevention of Shaken Baby Syndrome, an overview of Administration of Medication and Foundations of Child Development (birth to preschool) or Youth Growth and Development (school age and summer camp). In addition, CPR and First Aid Training are offered in a face to face modality throughout the state by the local Child Care Resource and Referral Agencies along with other training vendors. New Jersey also provides statewide training on Keeping Babies and Children in Mind and the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. Technical assistance supports are also provided to reinforce training through our various contracted agencies including the Child Care Health Consultants, the NJ First Steps Infant Toddler Specialists, NJ School Age Coalition, mental health consultants, and the Grow NJ Kids Technical Assistance Specialists and Quality Improvement Specialists.

- 6.2.2 Describe how the state/territory's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b) (2) (vi)). **N/A**
- 6.2.3 Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)).

**NJCCIS provides translation in over 100 languages to support those with limited English proficiency in navigating the system. Training is offered online and statewide in both English and Spanish.**

**The State's Web Accessibility Policy 07-12-NJOIT is attached to all state websites, web-based applications, and online services including the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website. The purpose of the policy is to improve the ease with which all users, including those with disabilities, can access and benefit from web-based government services and information. While developing the website, special attention was put into the development of "easy-to-read" and "frequently asked questions" documents with clear, user-focused language. Some of the information on the website is available in alternative formats other than plain text such as audio recordings (including recorded webinars) and videos.**



**In addition, users who are deaf or hard of hearing may call TTY (877) 294-4356 to access any of the hotlines listed on the “Resources” page of the website (voice calls use 7-1-1 NJ Relay).**

- 6.2.4 If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages.

**As mentioned above, NJCCIS provides translation in over 100 languages.**

- 6.2.5 Describe how the state/territory’s training and professional development requirements are appropriate, to the extent practicable, for child care providers who care 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 developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii–iv)).

New Jersey offers training and professional development that supports the workforce who work with children birth to age 13. The various supports outlined in Section 6.2.1 focus on developmentally appropriate practices in working with all children. In New Jersey, all contracted agencies that provide training and professional development focus content on meeting the individualized needs of all children. In addition, all Quality Improvement Specialists and Technical Assistance Specialists have received rigorous training on Dual Language Learners and Cultural Competency. The intent is to provide programs and providers with hands on supports to individualize education and care for children.

**DHS/DFD is developing a series of online training modules to support staff of school age programs in the areas of Positive Behavior Management, School age Standards and Afterschool Space.**

- 6.2.6 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c) (3) (B) (i)).

a) Describe the state/territory’s training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

**DFD is in the process of implementing a new policy for serving homeless children and families.**

b) Describe the state/territory’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2).

**DFD is the process of implementing and operationalizing a new policy for serving homeless children and families. In partnership with the County Welfare Agencies,**



CCR&Rs will be trained to develop an outreach plan to establish partnerships to help identify and refer families experiencing homelessness to the CCDF program. The CCR&Rs' outreach plan will include:

- Utilizing a residency questionnaire that prompts families to answer key questions about their living situation and training staff to be able to ask sensitive questions without being overly;
- Establishing partnerships with their counties' designated McKinney-Vento liaison(s). County-based McKinney-Vento liaison would be responsible for:
  - Identifying children and youth experiencing homelessness;
  - Ensuring that children experiencing homelessness can enroll immediately and participate fully in school;
  - Supporting unaccompanied youth in school selection and dispute resolution;

DFD's policy also includes a mechanism for helping CCR&Rs to identify and prioritize homeless children and families including:

- Ranking homeless families higher on a waiting list;
- Expediting application processing for homeless families;
- Utilizing a referral form (completed by an organization that provides services to homeless families) to verify a family's homeless status;
- Posting program Subsidy Program flyers at sites that serve homeless families.

6.2.7 The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a) (3)). Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor the implementation of CCDF policies
- The type of check-ins, including the frequency. Describe: \_\_\_\_\_
- Other. Describe: \_\_\_\_\_



6.2.8 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a) Identify the strategies that the state/territory is developing and implementing for training and TA.

- **Training supports through the local Child Care Resource and Referral agencies provide training on management and administration for programs and providers. In addition, Grow NJ Kids standards in the *Administration and Management* Category focus on some of the following:**
- **Implementing financial policies, budgeting, professional and accounting standards, and marketing/recruitment plans;**
- **The Grow NJ Kids Technical Assistance Specialists support programs and providers by providing technical assistance in those areas during the self-assessment process. Training is offered online in the Program Administration Scale (PAS) to all programs enrolled in Grow NJ Kids.**

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other. Describe: \_\_\_\_\_

### 6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to 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, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c) (2) (T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward





learning (98.15(a) (9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry.

The New Jersey Birth to Three Early Learning Standards provides a common framework for understanding and communicating developmentally appropriate expectations for infants and toddlers. These standards are based on research about what children should know and do in different domains of learning and development. The New Jersey Birth to Three Early Learning Standards is divided into five domains that reflect the full range of child development. The Birth-to-Eight Early Learning and Development Standards Committee developed the standards based on a model from another state. Extensive training is provided on the NJ Birth to Three Early Learning Standards by the NJ Infant Toddler Specialists that our regionally contracted by DHS/DFD. An online overview of the NJ Birth to Three Early Learning Standards is currently in development.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

**The New Jersey Preschool Teaching and Learning Standards are aligned with the Early Learning Standards. These standards are grounded in a strong theoretical framework for delivering high quality educational experiences to young children. The Preschool Teaching and Learning Standards:**

- Define supportive learning environments for preschool children;
- Provide guidance on the assessment of young children;
- Articulate optimal relationships between and among families, the community, and preschools;
- Identify expected learning outcomes for preschool children by domain, as well as developmentally appropriate teaching practices that are known to support those outcomes

For each standard, effective preschool teaching practices are listed, and then are followed by the preschool competencies that develop as a result of those practices.

An online training module for the New Jersey Preschool Teaching and Learning Standards is available at [www.GrowNJKids.gov](http://www.GrowNJKids.gov).



c) Check the domain areas included in the state/territory's early learning and developmental guidelines. Check all that apply.

Cognition, including language arts and mathematics

Social development

Emotional development

Physical development

Approaches toward learning

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

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC.

**THE NJCYC adopted the Birth to Three Learning Standards and aligned them with the NJ Preschool Teaching & Learning Standards which were developed by the New Jersey Department of Education. The Inter-Departmental Planning Group (IPG) meets monthly to discuss early care and education topics. The IPG is comprised of state leadership representatives from the Departments of Children and Families, Education, Health, and Human Services.**

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

**The NJCYC began the process of developing Birth to Three Early Learning Standards in 2010. A field review of a draft version of the New Jersey Birth to Three Early Learning Standards was conducted from during May 2012 through August 2012. The review involved the feedback and contributions from many individuals and groups throughout the state.**

**In April 2000, the Department of Education first developed and published Early Childhood Program Expectations: Standards to guide adults working with young children. In July 2004, the State Board of Education adopted a revised version of this work called Preschool Teaching and Learning Expectations: Standards of Quality. In 2007, the Department embarked on revising the latter work and aligning the preschool standards directly with New Jersey's K-12 Core Curriculum Content Standards. In 2009, after extensive review by education experts, stakeholders, and the public, the State Board adopted the Preschool Teaching and Learning Standards, with additional revisions. In 2013, the standards were modified to directly align with the Common Core Standards, and Approaches to Learning was added. There have been no recent updates.**

f) Provide the Web link to the state/territory's early learning and developmental guidelines.



### New Jersey Birth to Three Early Learning Standards

<http://www.state.nj.us/education/ece/guide/standards/birth/standards.pdf>

### New Jersey Preschool Teaching and Learning Standards

<http://www.nj.gov/education/ece/guide/standards.pdf>

- 6.3.2 CCDF funds cannot be used to develop or implement an assessment for children who:
- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF;
  - 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 program effectiveness;
  - Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

**The guidelines developed for the NJ Birth to Three Early Learning Standards and the NJ Preschool Teaching and Learning Standards are based on an educational philosophy for achieving desired educational outcomes through the presentation of an organized scope and sequence of activities with a description and/or inclusion of appropriate instructional materials. The early learning and preschool standards are not a curriculum, but are the learning targets for a curriculum. All early learning/preschool programs must implement a comprehensive, evidence-based curriculum in order to meet the standards. The chosen curriculum must align to the NJ State Standards/Early Learning Guidelines.**

- 6.3.3 If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

**NJCCIS is an integrated data system. It will include all licensed child care programs and registered providers. NJCCIS will also include the NJ Workforce Registry and Grow NJ Kids (QRIS). NJCCIS will be used to track professional development and training in the Birth to Three Standards and the Preschool Teaching and Learning Standards. NJCCIS will also capture rating information and the status of programs and providers in the QRIS. This provides data that can be evaluated on the effectiveness of training and other supports.**

## 7 Support Continuous Quality Improvement



Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G (b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G (d) (1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G (d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce;
- Improving on the development or implementation of early learning and developmental guidelines;
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services;
- Improving the supply and quality of child care programs and services for infants and toddlers;
- Establishing or expanding a statewide system of child care resource and referral services;
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5);
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children;
- Supporting providers in the voluntary pursuit of accreditation;
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development;



- Performing 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, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)).

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G (a) (1); 98.53(a)).

**NJCCIS is the DCF/OOL and DHS/DFD integrated data system related to child care. It will contain information on all licensed child care programs and registered providers. NJCCIS will also include the NJ Workforce Registry and Grow NJ Kids (QRIS). NJCCIS will be used to track professional development and training in the Birth to Three Standards and the Preschool Teaching and Learning Standards. NJCCIS will also capture rating information and the status of programs and providers in the QRIS. This provides data that can be evaluated on the effectiveness of training and other supports. Once fully implemented, regular assessments of NJCCIS data will drive New Jersey's investment in quality activities.**

**NJ-EASEL is New Jersey's Early Childhood Integrated Data System. This initiative brings together data on children served by the DOE, DCF, DOH and DHS. The purpose of NJ EASEL is to better understand the effectiveness of these programs and services in order to promote and enrich initiatives providing positive outcomes for young children.**

**NJ-EASEL is being developed to help state level staff, local program administrators, providers and teachers engage in continuous program improvement and enable program administrators to make informed policy decisions. Once fully implemented, NJ EASEL will be part of the assessment process to determine investments in quality initiatives.**

- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.



In advance of a more detailed assessment, based on general program knowledge and early data, the following activities have been identified as strategies to improve the quality of child care services:

- There is a need to continue to promote and recruit programs for Grow NJ Kids—NJ’s Quality Rating Improvement System;
- There is a need to continue to provide progressive professional development training and technical assistance to programs and providers;
- There is a need to provide specialized technical assistance and training for Infant/Toddler programs and school-aged programs
- There is a need to strengthen coordination efforts with regulatory entities to target technical assistance and training to programs and providers;

## 7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing.

- Supporting the training and professional development of the child care workforce

If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

- CCDF funds

- Other funds

- Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

- CCDF funds

- Other funds

- Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

- CCDF funds

- Other funds

- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.

- CCDF funds

- Other funds



- Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- 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 7.10 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds

**7.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds**



Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

- 7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce.

**As stated in section 6.1.1, as part of their orientation, staff at licensed child care centers, registered and approved homes, and summer youth camps, must complete a DFD procured training module that covers health and safety and other topics as part of their orientation.**

**With a combination of RTT-ELC grant funding and existing quality funds, NJ expanded the technical assistance that is provided to programs enrolled in Grow New Jersey Kids, enhanced the incentives offered to programs, and improved the NJ Workforce Registry to support a comprehensive tracking of professional development. NJ has also developed partnerships with higher education to provide trainings to meet the standards of Grow NJ Kids, Social Emotional Supports and Pyramid Model Training. Trainings are offered free of charge to subsidy providers and those programs/providers enrolled in Grow NJ Kids.**

**Furthermore, the Department of Human Services, Division of Family Development (DHS/DFD) has a scholarship initiative that provides educational opportunities for instructional staff within programs and for Family Child Care providers who serve CCDF families.**

**The scholarship funds are aimed to support teachers, paraprofessionals, and providers interested in furthering their educational goals that will lead to a CDA in two year institutions as well as associate degrees, bachelor's degrees in early childhood education, or preschool-3<sup>rd</sup> grade certifications.**

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe:

**Through a partnership with the Center for Autism and Early Childhood Mental Health at Montclair State University, NJ has been offering a series of provider trainings for early childhood professionals. This free training is called "Keeping Babies and Children in Mind: Professional Training and Support of the Promotion of Infant and Early Childhood Mental Health." The trainings involve evidence-based practices which support the emotional,**





social and neurological foundations for all development and learning. Included in the training series are topics on promoting infant and early childhood mental health (IECMH), understanding and responding to trauma, supporting children and family strengths, and utilizing reflective practices and self-care. The Keeping Babies and Children in Mind trainings promote awareness about the unique social and emotional development of young children and the importance of reflective caregiving and parenting. These initiatives are funded with state or federal dollars.

- Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age 5 for such behaviors. (See also section 2.5.) Describe:

**The Center for Autism and Early Childhood Mental Health at Montclair State University also provides certified trainers on the “Pyramid Model.” The “Pyramid Model for Supporting Social-Emotional Competence in Infants and Young Children” (the Pyramid Model) is a conceptual model of evidence-based practices for increasing the social-emotional competency of infants and young children across New Jersey.**

**Successful implementation of the Pyramid Model in early childhood settings measures the extent to which the model increases social skills and positive behaviors in infants and young children, enhances awareness of the significance of early childhood mental health, and reduces the number of problem behavior incidents in young children. After training, NJ is currently supporting programs that serve as implementation sites and demonstration sites that support our network of providers as they implement the Pyramid Model.**

**These initiatives are funded with State or federal dollars**

- 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:

**Grow NJ Kids will significantly influence professional development. It requires programs to show evidence of how they meet the cultural and linguistic needs of families. Trainings are also provided on how to support dual-language learners. Grow NJ Kids and the trainings are funded with State or federal dollars**

- Implementing developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. Describe:



**Grow NJ Kids requires programs to prove that they are implementing a research-based curriculum that aligns to the States Early Learning Standards. Programs must show evidence that they are embedding the standards into daily lesson planning.**

- Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: \_\_\_\_\_

**Grow NJ Kids has five categories in its self-assessment tool. One category is Family and Community Engagement. This category has numerous standards for programs and providers that require evidence on how they are connecting families to services that meet the needs of the family.**

**Grown NJ Kids is funded with State or federal dollars.**

- Using data to guide program evaluation to ensure continuous improvement. Describe:

**As mentioned above, Grow NJ Kids, NJCCIS, and NJ EASEL all provide or will provide data to guide program evaluation. These initiatives are funded with state or federal dollars.**

- Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe

**DHS/DFD is assessing this area for future policy development.**

- Caring for and supporting the development of children with disabilities and developmental delays. Describe: \_\_\_\_\_

**NJ currently offers a provider training module to help programs and providers learn about the importance and purpose of developmental screenings for young children. The trainings promote hands-on use of the Ages and Stages Questionnaire-3 (ASQ-3). Early childhood educators and care providers discuss the domains and features of this evidenced-based developmental screening tool; practice administering, scoring, and interpreting results of the ASQ-3; and discuss methods of sensitively communicating results and talking with families about community referrals. This training is funded with State or federal dollars.**

- Supporting the positive development of school-age children. Describe: **As mentioned in section 6, DHS/DFD is developing a series of online training modules to support staff of school age programs in the areas of Positive Behavior Management, School-Age Standards, and Afterschool Space. That initiative is funded with State or federal dollars.** \_\_\_\_\_

- Other. Describe: \_\_\_\_\_



b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary 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 post-secondary training, including financial aid and academic counseling;
- Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities;
- Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education;
- Other. Describe: \_\_\_\_\_

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**Grow NJ Kids is New Jersey's statewide QRIS system. It is administered by the State's Child Care Operations unit. The State contracts with the local CCR&Rs to employ quality improvement specialists 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.**

**The numerous rating criteria and the number of rated programs are the measurable indicators of progress. New Jersey measures progress with positive data showing that programs are meeting as many of the criteria as possible and data showing that more programs are reaching higher rating levels.**

**Programs receive technical assistance for up to 18 months prior to receiving an official rating. Family Child Care Providers receive up to 24 months of technical assistance and coaching prior to an official rating.**

**Programs and Providers are re-rated every three years. In between ratings, ongoing technical assistance is provided to support continuous quality improvement.**

**Current Workforce Registry data also serve as measures of progress.**

**In the future measures will also be derived from NJCCIS and NJ EASEL data.**



## 7.4 Quality Rating and Improvement System

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS.

### 7.4.1 Does your state/territory have a quality rating and improvement system?

- Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

**Grow NJ Kids is New Jersey's statewide QRIS system. It is administered by the State's Child Care Operations unit. The State contracts with the local CCR&Rs to employ quality improvement specialists 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. Here is the link to Grow NJ Kids: [www.GrowNJKids.gov](http://www.GrowNJKids.gov)**

- Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.
- If yes, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.
- No, but the state/territory is in the QRIS development phase;
- No, the state/territory has no plans for QRIS development

### 7.4.2 QRIS Participation

#### a) Are providers required to participate in the QRIS?

- Participation is voluntary
- Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level)
- Participation is required for all providers

#### b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/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 programs
- Local district-supported Pre-Kindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Tribally operated programs
- Other. Describe: \_\_\_\_\_

#### 7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.

Does the state/territory's quality improvement standard align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply
  - Programs that meet state/territory Pre-K standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Pre-K programs and the quality improvement system)
  - Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system)

**Head Start Programs can provide evidence of the most recent federal review as part of their enrollment into Grow NJ Kids. The federal review provides the pathway in which programs respond to the standards.**
  - Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards)
  - Accredited programs whose accreditation was awarded within the past three years of the rating request are able to seek an alternative pathway.



- Other. Describe: \_\_\_\_\_
- None

7.4.4 Does the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No**
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS
  - Embeds licensing into the QRIS
  - Licensing and registration standards are the foundation of Grow NJ Kids. Programs and Providers must be licensed or registered for at least one year before enrolling in Grow NJ Kids. Furthermore, programs and providers are able to enroll as long as their license or registration is in good standing.**
  - State/territory license is a "rated" license
  - Other. Describe: \_\_\_\_\_
  - Not linked

7.4.5 Does the state/territory provide 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 that are provided through the QRIS.

- No
- Yes. If yes, check all that apply.
  - One time grants, awards, or bonuses
  - Ongoing or periodic quality stipends
  - Higher subsidy payments
  - Training or technical assistance related to QRIS
  - Coaching/mentoring
  - Scholarships, bonuses, or increased compensation for degrees/certificates
  - Materials and supplies
  - Priority access for other grants or programs
  - Tax credits (providers or parents)
  - Payment of fees (e.g., licensing, accreditation)
  - Other
  - As funds are available, various incentives are provided to support programs in meeting needs in the care environments, curriculum and professional development, as well as scholarships to obtain credentials or degrees related to early childhood. Most recently, the State implemented a tiered reimbursement system for the subsidy based on the programs official rating.



None

- 7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**Grow NJ Kids is a 5 star system with 5 categories and standards in each category that are delineated by level. A program or provider must meet all standards at a level 2 in order to progress to the level 3, 4, and 5 standards. Once programs are working on the higher level standards they are able to accumulate points in any of the level 3, 4 or 5 standards and the number of points required is dependent on the star rating request. Programs also must meet thresholds on the environmental rating scales and also meet a number of curriculum training hours which progresses depending on the star rating requested.**

The numerous rating standards and the number of rated programs are the measurable indicators of progress. The rating levels are based on approximately 110 criteria. The criteria include health and safety criteria, teacher qualifications and others. The ratings factors can found through the following links:

<http://www.GrowNJKids.gov/getattachment/76059975-cbf2-4447-bac4-d2964035d02e/3,-4-and-5-Star-Rating-Point-Requirements.aspx>

<http://www.GrowNJKids.gov/getattachment/3800f879-98bf-4482-8f8d-02c5d36241f4/3,-4-and-5-Star-Rating-Point-Requirements-FCC.aspx>

Positive data showing that programs are meeting as many of the standards as possible and data showing that more programs are reaching higher rating levels is how New Jersey measures progress. Current Workforce Registry data also serve as measures of progress.

In the future measures will also be derived from NJCCIS and NJ EASEL data.

## **7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers**

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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.

Lead Agencies are required to spend 3 % of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care.



7.5.1 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. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe: \_\_\_\_\_
- Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: \_\_\_\_\_
- Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe:

**CCR&Rs administer the First Steps Initiative, the Statewide Parent Advocacy Network (SPAN), and professional development trainings for providers that serve infants and toddlers. The goal of these initiatives is to improve providers' knowledge and expertise in developmentally appropriate practices. A Professional Development training calendar is offered by each of the above 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 coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe:

**First Steps is NJ's infant toddler specialist network. Through this network, there are nine Parent Infant Toddler Care (PITC) trained, Infant Toddler Specialists. These specialists provide onsite technical assistance, coaching and training to providers that care for infants and toddlers. Providers receive a preliminary and subsequent Infant/Toddler Environment Rating Scale (ITERS)/ Family Child Care Environment Rating Scale (FCCERS) conducted by the Infant Toddler Specialist. Then, a quality improvement plan is developed in partnership with the program director to address areas needed to raise the ITERS/FCCERS score. A total of 17 hours of intervention are provided to the program to address the identified 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/territory's QRIS, including classroom inventories and assessments. Describe:

**In 2013 a Program Standards Subcommittee of the New Jersey Council on Young Children developed a separate set of Birth to Age Three early learning guidelines based on the Preschool Learning and Teaching guidelines. The guidelines are aligned with the Department of Education's preschool standards and are embedded in NJ's QRIS system.**

- Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: \_\_\_\_\_

- Developing infant and toddler components within the early learning and developmental guidelines. Describe:

**The New Jersey Birth to Three Early Learning Standards provide families, child care providers, early childhood teachers, institutions of higher learning, community members and policy makers with research-based information to support the best learning and development for infants and toddlers.**

- Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: \_\_\_\_\_

- Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Describe:

- **New Jersey participated in a three-year infant and early childhood mental health (I-ECMH) learning community facilitated by the National Center on Children in Poverty, ZERO TO THREE, and the BUILD Initiative, funded by the Alliance for Early Success.**

- **New Jersey completed the process to bring the Michigan Association for Infant Mental Health Endorsement® system to the state. Since its inception in January 2014, over 60 professionals have received the New Jersey Infant Mental Health Endorsement (IMH-E®).**

- **The Keeping Babies and Children in Mind (KBCM) training was developed by Montclair State University-Center for Autism and Early Childhood Mental Health to help professionals address I-ECMH in their work with infants, children from birth through age eight, and their families. This free training series reached over 1,850 individuals in the 10-county impact area. KBCM also provided 24 hours of reflective supervision to over 100 professionals throughout the 10 counties. KBCM has now become a foundational**



training for early childhood professionals across the State and is continues to be funded. .

- New Jersey supports the Center on the Social and Emotional Foundations for Early Learning Pyramid Model.
- New Jersey implemented Project LAUNCH activities at the State level and in Essex County.
- New Jersey's centralized intake system, developed by the DCF in collaboration with DOH exists in all 21 counties. The system extends beyond home visiting to focus on broader early childhood services. This work at the local level includes an early screening and assessment using the Perinatal Risk Assessment and appropriate referrals as needed. Central intake sites have an information system to support collecting and tracking data. State partners are providing technical support to strengthen local linkages and continuous quality improvement.

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

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The numerous rating criteria in Grow NJ Kids and the number of rated programs are the measurable indicators of progress. Positive data showing that programs are meeting as many of the criteria as possible and data showing that more programs are reaching higher rating levels are how New Jersey measures progress. The rating levels are based on approximately 110 criteria. The criteria include health and safety criteria, teacher qualifications and others. The ratings factors can found through the following links:

<http://www.GrowNJKids.gov/getattachment/76059975-cbf2-4447-bac4-d2964035d02e/3,-4-and-5-Star-Rating-Point-Requirements.aspx>

<http://www.GrowNJKids.gov/getattachment/3800f879-98bf-4482-8f8d-02c5d36241f4/3,-4-and-5-Star-Rating-Point-Requirements-FCC.aspx>

Current Workforce Registry data also serve as measures of progress.

In the future measures will also be derived from additional data from the NJCCIS and NJ EASEL data.



## 7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a) (5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in Section 1.7.

- 7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**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.**

**The rating levels are based on approximately 110 criteria. The criteria include health and safety criteria, teacher qualifications and others. The ratings factors can found through the following links:**

**<http://www.GrowNJKids.gov/getattachment/76059975-cbf2-4447-bac4-d2964035d02e/3,-4-and-5-Star-Rating-Point-Requirements.aspx>**

**<http://www.GrowNJKids.gov/getattachment/3800f879-98bf-4482-8f8d-02c5d36241f4/3,-4-and-5-Star-Rating-Point-Requirements-FCC.aspx>**

**DHS/DFD tracks CCR&R progress through program and fiscal audits. The measures of success are the level compliance by each CCR&R with each of its contracted duties.**

## 7.7 Facilitating Compliance with State Standards

- 7.7.1 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 by funding additional inspectors to conduct annual monitoring of health, safety, and licensing standards. CCDF funds or other child care funds also pay for Child Abuse Record Information (CARI) background checks and Criminal History Record Information checks.**
- **CCDF funds are allocated to pay for the 10 required pre-service health and safety trainings through the CCR&Rs and through third party contracts**



7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

- Licensed CCDF providers;
- Licensed non-CCDF providers;
- License-exempt CCDF providers;
- Other. Describe: \_\_\_\_\_

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**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.**

**Additionally, the number of trainings completed serve as an indication of program improvement.**

**The ratings factors related to training can found through the following links:**

**<http://www.GrowNJKids.gov/getattachment/76059975-cbf2-4447-bac4-d2964035d02e/3,-4-and-5-Star-Rating-Point-Requirements.aspx>**

**<http://www.GrowNJKids.gov/getattachment/3800f879-98bf-4482-8f8d-02c5d36241f4/3,-4-and-5-Star-Rating-Point-Requirements-FCC.aspx>**

## 7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

**Documentation for meeting quality standards comes in the form of a program's self-assessment, and a formal trainer led observation or assessment. These programs complete a self-assessment and are provided with assistance to develop a quality improvement plan. Ratings are determined by the center/school-wide average score on the ERS/CLASS assessments conducted by the NJ Center for Quality.**



An increased star rating is evidence of implementing a selected research-based curriculum and the total number of points a program earns from meeting standards across all five quality categories quality: 1) Safe, Health Learning Environment, 2) Curriculum and Learning Environment, 3) Family and Community Engagement, 4) Workforce/Professional Development, 5) Administration and Management. A center/school acquires points by meeting standards during the onsite review of documentation by the NJ Center for Quality.

The ratings factors can found through the following links:

<http://www.GrowNJKids.gov/getattachment/76059975-cbf2-4447-bac4-d2964035d02e/3,-4-and-5-Star-Rating-Point-Requirements.aspx>

<http://www.GrowNJKids.gov/getattachment/3800f879-98bf-4482-8f8d-02c5d36241f4/3,-4-and-5-Star-Rating-Point-Requirements-FCC.aspx>

- 7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The numerous rating criteria in Grow NJ Kids and the number of rated programs are the measurable indicators of progress. Positive data showing that programs are meeting as many of the criteria as possible and data showing that more programs are reaching higher rating levels are how New Jersey measures progress.

The ratings factors can found through the following links:

<http://www.GrowNJKids.gov/getattachment/76059975-cbf2-4447-bac4-d2964035d02e/3,-4-and-5-Star-Rating-Point-Requirements.aspx>

<http://www.GrowNJKids.gov/getattachment/3800f879-98bf-4482-8f8d-02c5d36241f4/3,-4-and-5-Star-Rating-Point-Requirements-FCC.aspx>

Current Workforce Registry data also serve as measures of progress.

## 7.9 Accreditation Support

- 7.9.1 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 statewide or territory-wide. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation.

**New Jersey is implementing a tiered system of reimbursement payment for quality in order to provide recognition and incentives to child care centers**



that serve infants, toddlers, and preschool children and achieve a Grow NJ Kids rating of 3, 4, or 5. The initial Grow NJ Kids payment incentives are being implemented in 2018. The incentive will range from 4-24 percent of the base rates, weighted towards infant care. We expect higher enrollment as the incentives continue to phase in.

Center-based providers that are accredited by the National School Age Child Care Coalition (SACC) or the American Camp Association (ACA) and serve school-age children will continue to receive the 5% differential payment for new and renewal accreditations.

In addition, Family Child Care (FCC) providers accredited by the National Association for Family Child Care will continue to receive the 5% differential payment for new and renewal accreditations.

- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide. Describe: \_\_\_\_\_
- No, but the state/territory is in the accreditation development phase.
- No, the state/territory has no plans for accreditation development.

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**One measure is the number of accredited programs serving CCDF families.**

The ratings factors related to accreditation can found through the following links:

<http://www.GrowNJKids.gov/getattachment/76059975-cbf2-4447-bac4-d2964035d02e/3,-4-and-5-Star-Rating-Point-Requirements.aspx>

<http://www.GrowNJKids.gov/getattachment/3800f879-98bf-4482-8f8d-02c5d36241f4/3,-4-and-5-Star-Rating-Point-Requirements-FCC.aspx>

## 7.10 Program Standards

7.10.1 How does the state/territory support state/territory or local efforts to develop or adopt high-quality program standards relating to?

- Health. Describe the supports:

Through a contract with Central Jersey Family Health Consortium, DFD is creating a stronger infrastructure to support and sustain the quality of services for CCDF families. DHS/DFD recently introduced a new Health Consultant Quality Initiative. The Health Consultant Quality Initiative is designed to inform and support early childhood and school-age staff and directors in order to ensure health, safety and nutrition in programs.



**Additionally, the Health Consultants will collaborate with other DHS/DFD sponsored programs and initiatives to improve the quality of care and promote the health and safety of children, families and their teachers.**

**Health Consultants will:**

- **Conduct assessments and evaluations;**
- **Develop Assessment Forms;**
- **Provide Health and Safety trainings;**
- **Provide consultation and technical Assistance on health related matters ( on-site and/or by telephone, email or webinar);**
- **Provide Resource and Referral services—community resources and referral for health, mental health and social needs, including accessing medical homes, children’s health insurance programs (e.g., CHIP), and services for special health care needs;**
- **Offer technical assistance to plan quality improvements;**
- **In collaboration with the programs review and help write policies and procedures;**
- **Conduct Health records and individualized health care plan review;**
- **Recommend plans for management of children with behavioral, social and emotional problems and those with special health care needs;**
- **Coordinate services in collaboration with other approved agencies and health care professionals;**
- **Train on safe medication administration practices;**
- **Observe children’s behavior, development and health status and make recommendations if needed for further assessment;**
- **Assist in the development of disaster/emergency medical plans (especially for those children with special health care needs) in collaboration with DFD;**
- **Work with other consultants such as nutritionists, physical activity, oral health consultants, TA, QRIS and other quality specialists;**
- **Assess the need for and provide recommendations to DFD on suggested trainings to child care and school-age programs, including: child health and development, injury prevention, management of illness, medication administration, prevention and control of infectious diseases, oral health, social-emotional development, and environmental health**

- Mental health. Describe the supports: See Health above.**
- Nutrition. Describe the supports:**



NJ has implemented a new set of regularly scheduled United States Department of Agriculture “Farm to Pre-School” Healthy Eating provider trainings. The trainings are a result of a partnership between DHS/DFD, DOH, Office of Nutrition and Fitness, and local community organizations. The Department of Health’s initiative “Shaping New Jersey” allows “Farm to Pre-School” to potentially reach more than 180 organizations across New Jersey working to make healthy eating a part of life for New Jersey residents.

- Physical activity. Describe the supports: \_\_\_\_\_
- Physical development. Describe the supports: \_\_\_\_\_

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The numerous rating standards and the number of rated programs are the measurable indicators of progress. The rating levels are based on approximately 110 criteria. The criteria include health and safety criteria, teacher qualifications and others. The ratings factors can found through the following links:

<http://www.grownjkids.gov/getattachment/76059975-cbf2-4447-bac4-d2964035d02e/3,-4-and-5-Star-Rating-Point-Requirements.aspx>

<http://www.GrowNJKids.gov/getattachment/3800f879-98bf-4482-8f8d-02c5d36241f4/3,-4-and-5-Star-Rating-Point-Requirements-FCC.aspx>

Positive data showing that programs are meeting as many of the standards as possible and data showing that more programs are reaching higher rating levels are how New Jersey measures progress. Current Workforce Registry data also serve as measures of progress.

In the future measures will also be derived from NJCCIS and NJ EASEL data.

## 7.11 Other Quality Improvement Activities

7.11.1 List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures

The activities described in the above sections are an accurate reflection of what is currently in effect in New Jersey. The State is continuously evaluating and modifying efforts to improve quality.





## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud.

### 8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.

- Issue policy manual
- Issue policy change notices
- Staff training. Describe:

**DFD meets regularly with the CCR&Rs to discuss policies and provide ongoing on-site technical assistance to aid in implementation. Regularly scheduled webinars led by DFD staff are also used to train DFD field staff and CCR&R staff on new policies and procedures. Joint in-person trainings occur when policy implementation involves other state agencies outside of DFD. DFD also meets regularly with and distributes policy communications to relevant State departments and vendors to ensure program integrity.**

- Ongoing monitoring and assessment of policy implementation. Describe:

**CCR&R representatives are part of a policy workgroup that provides input for policy development. Once policies are finalized, DFD meets with the CCR&Rs to discuss operational concerns and feedback on new policies. Each CCR&R has a designated policy specialist to ensure that all staff is educated on new policies.**

**DFD staff members also attend county provider meetings where policies are discussed.**

- Other. Describe: \_\_\_\_\_

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices follow generally accepted accounting principles (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds, including the following:



- Verifying and processing billing records to ensure timely payments to providers. Describe:  
**The DHS/DFD Office of Budget and Financial Management as well as the Office of Contracting conduct audits and day to day monitoring over all of these activities**
- Fiscal oversight of grants and contracts. Describe:  
See above
- Tracking systems to ensure reasonable and allowable costs. Describe  
**The Office of Contracting meets regularly with all vendors and monitors spending to ensure that only reasonable and allowable costs are being submitted for reimbursement.**

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

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Activities can include, but are not limited to, the following:

- Conduct a risk assessment of policies and procedures. Describe: \_\_\_\_\_
- Establish checks and balances to ensure program integrity. Describe: **See below.**
- Use supervisory reviews to ensure accuracy in eligibility determination. Describe: **See below**
- Other. Describe:**

**The DHS/DFD Office of Program compliance conducts the payment accuracy audit.**

**DFD contract agreements with the CCR&Rs clearly identify the roles and responsibilities for meeting the CCDF requirements. The contract also lays out conflict of interest and audit requirements to ensure program integrity.**

**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.**

8.1.4 Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include intentional and unintentional client and/or provider violations, as defined by the Lead Agency. Administrative errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, 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)).



The child care Wage Match Process is conducted through DHS/DFD's Income and Eligibility Verification System (IEVS). IEVS is a matching system consisting of a coordinated data exchange comprised of various electronic cross matches that match the applicant/recipient name and Social Security Number (SSN) with various databases. The Wage Match IEVS process is for the ongoing eligibility verification of current recipients of the child care subsidy.

DHS/DFD staff also work, often onsite, with the CCR&Rs to review cases.

- Run system reports that flag errors (include types). \_\_\_\_\_
- Review enrollment documents and attendance or billing records;
- Conduct supervisory staff reviews or quality assurance reviews;
- Audit provider records;
- Train staff on policy and/or audits;
- Other. Describe: \_\_\_\_\_

b) Check which activities the Lead Agency has chosen to conduct to identify administrative errors.

- Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS);
- Run system reports that flag errors (include types). \_\_\_\_\_
- Review enrollment documents and attendance or billing records;
- Conduct supervisory staff reviews or quality assurance reviews;
- Audit provider records;
- Train staff on policy and/or audits;
- Other. Describe: \_\_\_\_\_

**In order to obtain a representative estimate of annual improper payments, NJ uses a 12 month review period based on the Federal fiscal year for its data collection methodology.**

**NJ chose the option of randomly selecting 23 cases for each month of the review period, yielding a total of 276 sampled cases.**

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.

a) Check activities that the Lead Agency uses to investigate and recover improper payments due to intentional program violations or fraud. Activities can include, but are not limited to, the following:



- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe:

**The minimum amount for recovery is based on the overpayment issued.**

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency);
- Recover through repayment plans;

**When there are earning discrepancies identified through the Wage Match process, 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 investigate and 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 for six months, 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, Homestead Rebates, and Lottery winnings. DFD also recoups improper payment from providers through the automated payment system and can be collected as a one-time lump sum payment or a series of payments in subsequent months.**

- Reduce payments in subsequent months;
- Recover through state/territory tax intercepts;
- Recover through other means;
- Establish a unit to investigate and collect improper payments and describe the composition of the unit below:

**The CCR&Rs are responsible for investigating and collecting improper payments. The Office of Child Care monitors collection activities and offers technical assistance. A signed parent/applicant repayment agreement is established in order to collect improper payments.**

- Other. Describe: \_\_\_\_\_

b) Describe the results of the Lead Agency activities regarding the investigation and recovery of fraud or intentional program violations.

**DFD is developing a reporting system for the CCR&Rs to report the outcomes of fraud and intentional program violations.**

c) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Activities can include, but are not limited to, the following:



- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \_\_\_\_\_
- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency);
- 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: \_\_\_\_\_
- Other. Describe: \_\_\_\_\_

**DFD is currently revising its policies governing noncompliance with Child Care Program policies. The scope of the anticipated policies will cover qualifying reasons for reducing, 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.**

d) Check any activities that the Lead Agency will use to investigate and recover improper payments due to administrative errors.

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \_\_\_\_\_
- Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency);
- 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 and describe the composition of the 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 matching system 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.**

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

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?

- Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

**Adverse actions may include, but are not limited to: denial or reduction of child care services, termination of child care services or demand for repayment of child care services rendered.**



If a client wishes to request a hearing before the CCR&R Review Committee, they must contact the CCR&R within 10 calendar days of receipt of the adverse action. If the client is not satisfied with the decision of the CCR&R Review Committee, they have the opportunity to request a review before the Division of Family Development's Bureau of Administrative Review and Appeals (BARA) within 10 calendar days.

- Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

It is the right of every provider who receives a suspension or disqualification notice from DFD to request a review of its case by DFD. A timely request must be made within 10 business days of the date of the adverse notice. For payment violations, if an appeal is requested, the provider may continue to receive child care payments throughout the period of the appeals procedures. If the determination of disqualification is upheld by BARA, the provider will be subject to repayment. The effective date of payment shall be the effective date for disqualification shown in the disqualification notice to the provider.

If DHS/DFD renders a decision in favor of the provider, then the disqualification shall be lifted.

- Prosecute criminally.**  
DFD retains the discretion to report any case to a local or federal law enforcement agency.
- Other. Describe: Serious health and safety violation will result in the immediate suspension of payments and notices of parents of the violations.**