

OMB Control No: 0970-0114

Expiration date: 03/31/2027

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Child Care and Development Fund (CCDF) Plan

for

State/Territory New Jersey

FFY 2025 – 2027

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, 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.

Table of Contents

- FFY 2025 – 20271
- Overview4
- 1 CCDF Program Administration6
 - 1.1 CCDF Leadership6
 - 1.2 CCDF Policy Decision Authority.....7
 - 1.3 Consultation in the Development of the CCDF Plan11
- 2 Child and Family Eligibility and Enrollment and Continuity of Care15
 - 2.1 Reducing Barriers to Family Enrollment and Redetermination15
 - 2.2 Prioritizing Services for Vulnerable Children and Families30
 - 2.3 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities33
 - 2.4 Promoting Continuity of Care36
- 3 Child Care Affordability41
 - 3.1 Family Co-payments41
 - 3.2 Calculation of Co-Payment43
 - 3.3 Waiving Family Co-payment45
- 4 Parental Choice, Equal Access, Payment Rates, and Payment Practices45
 - 4.1 Access to Full Range of Provider Options46
 - 4.2 Assess Market Rates and Analyze the Cost of Child Care47
 - 4.3 Adequate Payment Rates53
 - 4.4 Payment Practices to Providers57
 - 4.5 Supply Building.....61
- 5 Health and Safety of Child Care Settings68
 - 5.1 Licensing Requirements69
 - 5.2 Ratios, Group Size, and Qualifications for CCDF Providers.....72
 - 5.3 Health and Safety Standards for CCDF Providers76
 - 5.4 Pre-Service or Orientation Training on Health and Safety Standards161
 - 5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements163
 - 5.6 Ongoing Health and Safety Training169
 - 5.7 Comprehensive Background Checks170
 - 5.8 Exemptions for Relative Providers.....182
- 6 Support for a Skilled, Qualified, and Compensated Child Care Workforce.....183

6.1	Supporting the Child Care Workforce.....	183
6.2	Professional Development Framework	188
6.3	Ongoing Training and Professional Development	198
6.4	Early Learning and Developmental Guidelines.....	201
7	Quality Improvement Activities	204
7.1	Quality Activities Needs Assessment.....	204
7.2	Use of Quality Set-Aside Funds.....	214
8	Lead Agency Coordination and Partnerships to Support Service Delivery	220
8.1	Coordination with Partners to Expand Accessibility and Continuity of Care.....	220
8.2	Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds.....	229
8.3	Coordination with Child Care Resource and Referral Systems.....	232
8.4	Public-Private Partnerships.....	233
8.5	Disaster Preparedness and Response Plan.....	234
9	Family Outreach and Consumer Education	235
9.1	Parental Complaint Process.....	235
9.2	Consumer Education Website	238
9.3	Increasing Engagement and Access to Information	245
9.4	Providing Information on Developmental Screenings.....	248
10	Program Integrity and Accountability	250
10.1	Effective Internal Controls.....	250
10.2	Fraud Investigation, Payment Recovery, and Sanctions.....	257
10.2.1	Strategies used to identify and prevent program violations	257
	Appendix 1: Lead Agency Implementation Plan.....	267
	Appendix 1: Form.....	268

Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program.

The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could 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.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

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.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: *NJ Department of Human Services, Division of Family Development (DHS/DFD)*
 - ii. Street Address: *P.O. BOX 716*
 - iii. City: *Trenton*
 - iv. State: *New Jersey*
 - v. ZIP Code: *08625-0716*.
 - vi. Web Address for Lead Agency: <http://www.nj.gov/humanservices>.
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: *Sarah*
 - ii. Lead Agency Official Last Name: *Adelman*
 - iii. Title: *Commissioner*
 - iv. Phone Number: *(609) 292-3717*
 - v. Email Address: Sarah.Adelman@dhs.nj.gov

1.1.2 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. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: *Natasha*
 - ii. CCDF Administrator Last Name: *Johnson*
 - iii. Title of the CCDF Administrator: *Assistant Commissioner*
 - iv. Phone Number: *(609) 588-2401*
 - v. Email Address: *natasha.johnson@dhs.nj.gov*
- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name: *Margaret*
 - ii. CCDF Co-Administrator Last Name: *Milliner*
 - iii. Title of the CCDF Co-Administrator: *Assistant Division Director/State Administrator*
 - iv. Phone Number: *(609) 588-7796*.
 - v. Email Address: *margaret.milliner@dhs.nj.gov*
 - vi. Description of the Role of the Co-Administrator: *Collectively responsible for administering the CCDF program*

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 the Lead Agency retains overall responsibility for the administration of the program. 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 Entity establishing CCDF program rules

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.

Check one of the following:

- a. All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. 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).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
 - ii. Sliding-fee scale is set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
 - iii. Payment rates and payment policies are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
 - iv. Licensing standards and processes are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
 - v. Standards and monitoring processes for license-exempt providers are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
 - vi. Quality improvement activities, including QIS, are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)

- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level: [Click or tap here to enter text.](#)

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

- a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R
Who conducts eligibility determinations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who assists parents in locating child care (consumer education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who issues payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors licensed providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors license-exempt providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. Other. List and describe any other State or Territory agencies or partners that implement or perform CCDF services and identify their responsibilities.
- **Issues Payment** - DHS/DFD contracts with a vendor to process and issue payments to providers through an electronic payment process.
 - **Monitors Licensed Centers** – The Department of Children and Families (DCF), Office of Licensing is responsible for conducting inspections for license child care centers.
 - **Monitors License-Exempt Providers** - Child Care Resource and Referral (CCR&R) agencies are contracted to manage and monitor license-exempt Family Child Care and Approved Homes. The Department of Health (DOH) oversees license-exempt youth camps, and is responsible for monitoring them.

1.2.3 Written agreements and oversight for any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for

the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

Yes. If yes, describe: Written agreements are established which include a Statement or Scope of Work (SOW) detailing required components of the Agreement. The SOW clearly identifies the tasks to be performed pursuant to the Agreement, along with regulatory contractual language, responsibilities, and non-negotiable obligations.

No. If no, describe: *Click or tap here to enter text.*

b. Schedule for completing tasks.

Yes. If yes, describe: A schedule or timeline for completing the SOW is a required component of the Agreement and is often part of the SOW itself or enumerated in the contracted agency's roles and responsibilities pursuant to the Agreement, such as prescribed timeframes for delivery of services and/or reports.

No. If no, describe: *Click or tap here to enter text.*

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

Yes. If yes, describe: A Budget Information Form or equivalent budget document is a required component of the Agreement. The Budget form must be completed by the contracted agency and includes separate line items for the categories of Personnel/Fringe, Consultant/Professional Fees, Materials and Supplies, Facility Costs, Other miscellaneous items, General and Administrative Cost Allocation and Equipment.

No. If no, describe: *Click or tap here to enter text.*

d. Indicators or measures to assess performance of those agencies.

Yes. If yes, describe: Contractual oversight is managed by various units, which consists of staff from operations, legal, contracts, fiscal and budget. The units work together to collectively provide oversight, monitor performance, and coordinate efforts to ensure compliance. Various instruments, tools, meetings, and activities are used to assess performance outcomes.

DHS/DFD collective team from the respective units meet contracted vendors to discuss trends, best practices, challenges, and opportunities. Data and information collected from reports are reviewed to assess trends, and determine needs, gaps, and utilization levels, which are discussed with the vendors.

Fiscal and programmatic focused meetings are held to review expenditures and service deliverables to measure and evaluate performance, as a way to monitor and ensure allowable use of funds and effectiveness of services.

No. If no, describe: *Click or tap here to enter text*

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. DHS/DFD tracks the service providers' compliance of its contractual conditions, terms and obligations included in the Standard Language Document (SLD) and program services contracts. Staff reviews service providers' contracts, budgets, written procedures and expenditure reports. There are always at least three levels of internal controls. Contract, Program, Fiscal Supervisors and Managers are responsible for doing an assessment and thorough review of budgets, modifications and expenditure reports.

1.2.4 Information systems availability

Certification of shareable information systems.

Does the Lead Agency certify 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce.

Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: DHS/DFD is the state's Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) lead agency and contracts with the twenty-one (21) county boards of social services to determine eligibility for families receiving TANF benefits, which includes child care and SNAP. DHS/DFD consults with local government regarding the Plan through general discussions with the county boards of social services directors during various regular monthly meetings on a range of issues that directly impact families receiving TANF and SNAP, such as background check implementation, and family friendly policies. Additionally, DFD staff participates in and attends local government operational meetings using these opportunities to share certain sections of the Plan. Local government agencies are provided with information regarding the posting of the Plan and public hearing.
- b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: DHS/DFD is a member of New Jersey's State Advisory Council, (Council for Young Children) and also facilitates the Child Care Advisory Group, which consists of many representatives of the council. Many of the council members also participated in the State Plan workgroup committees, responsible for drafting and providing recommendations for consideration. Through various meetings, representatives of the State Advisory Council are directly involved with providing input and consulting on the State Plan. Additionally, prior to posting the draft State Plan, the council was extended the opportunity to provide additional feedback.
- c. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: N/A
- d. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: DHS/DFD's quality partners include technical assistance regional centers, health and mental health consultants, school age and parent advisory networks, as well as higher education institutions and CCR&Rs. Regular meetings are held to discuss and allow for input and recommendations for the development of the State Plan.

1.3.2 Public hearing process

Lead Agencies must 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.

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.

- a. Date of the public hearing: *June 10, 2024*

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

- b. Date of notice of public hearing: *May 20, 2024*

- c. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

Yes.

No. If no, describe: *Click or tap here to enter text.*

- d. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice. *The State Plan Public Hearing notice was made available on New Jersey's Child Care website at: www.ChildCareNJ.gov. In addition, written notice of the State Plan Public Hearing was provided to the broad child care community, including other state agencies, stakeholders and partners, such as Child Care Resource and Referral Agencies, and Pritzker Leadership Team. A direct email was also sent to licensed/registered child care providers. Parents were provided notice through parent advisory groups including Child Care Aware of New Jersey (CCANJ) and Statewide Parent Advocacy Network (SPAN).*
- e. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: *The State Plan Public Hearing was held virtually using a video meeting platform. This platform readily accommodated all geographical regions of the state to ensure accessibility statewide.*
- f. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): *DHS/DFD made the draft State Plan available for viewing to the public through New Jersey's Child Care website, www.ChildCareNJ.gov. The public hearing notice also included a link to the website containing the draft plan, which was distributed to the broad child care community, CCR&Rs, providers and child care advisory group.*
- g. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: *All information provided by the public during the State Plan Public Hearing was reviewed and considered before the Plan was finalized. Also, in the development of the State Plan, DHS/DFD worked in conjunction with representatives from other state agencies: the Department of Health (DOH), the Department of Children and Families Office of Licensing (DCF/OOL), the Department of Human Services Office of Emergency Management (DHS/OEM), and the Department of Education (DOE); as well as the CCR&Rs through small workgroups, to ensure consideration and inclusion of interested parties' input.*

1.3.3 Public availability of final Plan, amendments, and waivers Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. [The plan and dates for the public hearing will be posted on the www.ChildCareNJ.gov website.](#)
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. Working with advisory committees. Describe: [A DHS/DFD child care advisory group including representatives from various agencies and organizations was established in 2019 to offer a forum for interested parties and stakeholders to share information and updates regarding child care and the child care subsidy program. This group meets on a quarterly basis and they were also engaged in the process of the State Plan development.](#)
 - ii. Working with child care resource and referral agencies. Describe: [Child Care Resource and Referral \(CCR&R\) agencies are located in all 21 counties. They are responsible for administering the child care subsidy program and managing the Family Child Care Registration Program. They also provide training and technical assistance to help raise the quality of child care services. CCR&Rs participate on various workgroups which helped develop the State Plan; and they will proactively notify providers and the general public about the public hearing date and opportunity to comment.](#)
 - iii. Providing translation in other languages. Describe: [Click or tap here to enter text.](#)
 - iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe: [The plan and dates for the public hearing will be posted on the www.ChildCareNJ.gov website, shared on DHS social media and sent via email.](#)
 - v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: [DHS/DFD will utilize its contracted service providers, including CCR&Rs, provider groups, other state agencies, advisory councils, advocacy groups, partners and community-based agencies to disseminate information to the general public. Notice of the hearing will be provided in advance via email, meetings, and postings on websites.](#)
 - vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: [The Statewide Parent Advocacy Network \(SPAN\) is one of DHS/DFD's quality partners and provides support, technical assistance and services to school age providers and parents. Regular meetings are held to discuss and allow for input, feedback, and recommendations; as well as disseminate and communicate information regarding the State Plan.](#)

vii. Direct communication with the child care workforce. Describe: DHS/DFD has direct access to the workforce community registered in New Jersey's Workforce Registry. The Registry is integrated within DHS/DFD provider management system, which allows easy posting of information and communication, such as email blasts to inform of the State Plan posting and public comment hearing.

viii. Other. Describe: [Click or tap here to enter text.](#)

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be 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, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: [Click or tap here to enter text.](#)
 - ii. Leveraging eligibility from other public assistance programs. Describe:

New Jersey Department of Human Services (DHS) Division of Family Development is responsible for oversight of several public assistance and financial supportive programs, such as: Child Care Assistance Program (CCAP), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Child Support. The county board of social services (BSS) agencies located in all 21 counties contracts with DFD to administer these programs, with the exception of CCAP, which is administered by county-level Child Care Resource and Referral (CCR&R) agencies.

DHS/DFD contracts with both BSS and CCR&R agencies to determine eligibility for families participating in these programs. The BSS and CCR&R agencies work closely together, and in some instances CCR&Rs are co-located with the BSS agencies allowing for greater coordination for services to families. If determined eligible for TANF, a family is automatically deemed eligible for CCAP through the referral process. A centralized point of entry to access these programs allows for a streamlined screening and referral process, as well as uniform messaging of program eligibility.

CCR&Rs are responsible for managing all child care services, which includes ensuring access for all families participating in New Jersey's public assistance programs to eligibility determination, consumer education, and referral services available to all families participating in New Jersey's public assistance programs. This cross functional approach ensures uniform messaging about program services and requirements. The process streamlines identification, screening, and referral for families with eligible children.

DHS/DFD's contracts with BSS and CCR&R agencies facilitate data sharing and access to review necessary eligibility systems information. This promotes easier eligibility determination and coordination of service delivery, sharing information about policy and program changes, and collaboration to achieve shared goals. This level of collaboration is critically important to help families navigate available child care programs and resources that may have different program requirements. Providing these services through a unified child care resource and referral delivery system creates a knowledgeable workforce to easily determine eligibility, transition families to other appropriate child care programs, and educate families about other available public assistance programs.

CCR&Rs serve an additional role as sponsoring agencies for the New Jersey Department of Agriculture, Division of Food and Nutrition's Child and Adult Care Food Program (CACFP) and the Department of Children and Families (DCF) Family Child Care Provider Registration. In this role, the CCR&Rs are able to improve access to enrollment and participation in CACFP for the Family Child Care community. Through these dual coordination efforts, the CCR&Rs help to ensure a seamless and streamlined process for eased eligibility for providers and families.

- iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:
In NJ, eligibility determination is coordinated for children in the same household.
- For example, when there is a need to add another child to the case the CCR&R performs a reassessment of the case instead of a full redetermination. This requires the addition of only minimum data such as, relationship and child citizenship/immigration verification.
 - Another example is when two different funding streams (such as CPS and CCAP) are utilized within a resource family household. If the resource family is seeking services for their own child (CCDF), the case would be processed separately from CPS. Although the cases are processed differently, the data is processed through one centralized eligibility system. This facilitates an easy transfer of data from one program to another and streamlines the eligibility process to improve administration, customer service, and services delivery to families.

Self-assessment screening tools for families. Describe: DHS/DFD has a calculate on its consumer education website where families can enter their income to screen for potential eligibility. As of May 2024, DHS/DFD launched a Child Care option on MyNJHelps, New Jersey's online application for TANF and SNAP programs.

Extended office hours (evenings and/or weekends).

Consultation available via phone.

Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations:

The CCR&R must log all applications received and reviewed for completeness within 10 days. Applications that are complete and satisfy all the eligibility criteria must be processed immediately. The CCR&R must make an eligibility determination within 30 days after receipt of a complete application. CCR&Rs are required to sample cases and conduct second-level reviews of program policies to process timeliness of eligibility determination process. DHS/DFD staff also conduct random sample case file reviews to ensure applications are processed timely.

None.

Does the Lead Agency use an online subsidy application?

Yes.

No. If no, describe why an online application is impracticable.

An online application is not impracticable, rather it is a goal that DHS/DFD is actively working to achieve. As of April 2024, DHS/DFD expanded MyNJHelps, an online application system for TANF and SNAP to include child care. Integration across public benefit programs is the first phase of moving towards an online child care application. Adding the child care program option provides an opportunity to streamline enrollment for families who may qualify for multiple services. The next phase is to launch a child care only online application that will

allow families to directly apply for child care, further enhancing accessibility and efficiency in accessing vital support services.

Agency use different policies for families receiving TANF assistance?

If yes describe the policies: Eligible families receiving TANF benefits shall access child care benefits through a referral process managed by the local county boards of social services' case managers or designees. The referral process is coordinated between the CCR&Rs and local county boards of social services. Families are referred to the CCR&Rs and their work activities (which are broader with more options than CCDF) are made available through a shared system between both entities to expedite child care services. Additionally, payment for the cost of transportation of a child to and from a child care center is allowable. Where child care arrangements would otherwise be lost and the subsequent activity is scheduled to begin within that period, a bridge payment can be made. Families who exit off TANF due to income, are eligible for post TANF child care benefits for up to two years. Families receiving TANF benefits are designated as priority services and are not subject to a waiting list. These families receive enhanced technical assistance from the CCR&R in identifying and locating child care providers.

No

Preventing disruption of eligibility activities

Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- Advance notice to parents of pending redetermination.
- Advance notice to providers of pending redetermination.
- Pre-populated subsidy renewal form.
- Online documentation submission.
- Cross-program redeterminations.
- Extended office hours (evenings and/or weekends).
- Consultation available via phone.
- Leveraging eligibility from other public assistance programs.
- Other. Describe: [Click or tap here to enter text.](#)

Does the Lead Agency use different policies for families receiving TANF assistance?

Yes. If yes, describe the policies: Eligible families receiving TANF benefits shall access child care benefits through a referral from the appropriate social service case manager or designee,

rather than completing an application Where child care arrangements would otherwise be lost and the subsequent activity is scheduled to begin within that period, a bridge payment can be made to ensure continued child care services. Families who exit off TANF due to income, are eligible for post TANF child care benefits for up to two years.

No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

Does your Lead Agency serve the full federally allowable age range of children through age 12?

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children. [Click or tap here to enter text.](#)

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

If yes, the upper age is (may not equal or exceed age 19): 18

If yes, provide the Lead Agency definition of physical and/or mental incapacity: [A child who is under the age of 19 and physically or mentally incapable of caring for himself or herself, as verified by the CCR&R or BSS, based on a determination by a physician or a psychologist \(Pursuant to \[N.J.A.C. 10:15-1.2\]\(#\); \[N.J.A.C. 10:15-1.3\\(a\\)\\(2\\)\]\(#\)\).](#)

Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

- No.
- Yes. If yes, and the upper age is (may not equal or exceed age 19): 18

How does the Lead Agency define the following eligibility terms?

“residing with”: Defined as living in permanent or temporary residence of the eligible parent, legal guardian or person standing in loco parentis.

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

Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

Identify which of the following activities are included in your definition of “working” by checking the boxes below:

- An activity for which a wage or salary is paid.
- Being self-employed.
- During a time of emergency or disaster, partnering in essential services.
- Participating in unpaid activities like student teaching, internships, or practicums.
- Time for meals or breaks.
- Time for travel.
- Seeking employment or job search.
- Other. Describe: [Click or tap here to enter text.](#)

Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:

- Vocational/technical job skills training.
- Apprenticeship or internship program or other on-the-job training.
- English as a Second Language training.
- Adult Basic Education preparation.

- Participation in employment service activities.
- Time for meals and breaks.
- Time for travel.
- Hours required for associated activities such as study groups, lab experiences.
- Time for outside class study or completion of homework.
- Other. Describe: [Click or tap here to enter text.](#)

Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:

- Adult High School Diploma or GED.
- Certificate programs (12-18 credit hours).
- One-year diploma (36 credit hours).
- Two-year degree.
- Four-year degree.
- Travel to and from classrooms, labs, or study groups.
- Study time.
- Hours required for associated activities such as study groups, lab experiences.
- Time for outside class study or completion of homework.
- Applicable meal and break times.
- Other. Describe: [Click or tap here to enter text.](#)

Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

- No.
- Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

- Work.** Describe: [At initial eligibility, working is defined as full-time employment, which is employment that totals 30 or more hours per week. At redetermination, working is defined as employment that totals 20 or more hours per week.](#)
- Job training.** Describe: [Job training is defined as 20 or more class hours per week for secondary or remedial education programs, or occupational or vocational training programs and apprenticeships which enhance a person’s specific job or trade.](#)

Education. Describe: Education is defined as being enrolled full-time in and attending a college, university, or other educational facility for a total of 12 credit hours or more per term or the equivalent number of continuing education units (CEU) and nine credit hours or more during the summer term or the equivalent number of CEU's.

Combination of allowable activities. Describe: The applicants work full-time, attend a full-time school or training program directed toward employment, or whose combination of work and school/training equals a full-time work/school/training equivalent. Full-time work means work for 30 or more hours per week. Full time school or job training means either 12 or more credit hours per term at a college or university or nine or more credit hours during summer semester.

Other. Describe: *Click or tap here to enter text.*

b. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

Yes.

No. If no, describe the additional work requirements: *Click or tap here to enter text.*

c. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive protective services?" **Note:** A Lead Agency may elect to provide CCDF-funded child care to children in fostercare when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency's protective services definition.

No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

Children in foster care.

Children in kinship care.

Children who are in families under court supervision.

Children who are in families receiving supports or otherwise engaged with a child welfare agency.

Children participating in a Lead Agency's Early Head Start - Child Care partnerships program.

Children whose family members are deemed essential workers under a governor-declared state of emergency.

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe: [Click or tap here to enter text.](#)

d. 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?

No.

Yes.

e. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No.

Yes.

f. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

No.

Yes.

2.1.2 Eligibility criteria: deciding entity on family income limits
How are income eligibility limits established?

There is a statewide limit with no local variation.

There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits: [Click or tap here to enter text.](#)

Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits: [Click or tap here to enter text.](#)

Other. Describe:

2.1.3 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	\$6,992	36%	\$2,510
2	\$8,255	41 %	\$3,406

3	\$10,212	42 %	\$4,303
4	\$12,959	40 %	\$5,200
5	\$13,784	44 %	\$6,097

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- Not applicable. [The Lead Agency does not allow income eligibility limits above 85% SMI.](#)
- Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.
- No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: [Click or tap here to enter text.](#)

- b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	or tap here to enter	or tap here to enter text.	or tap here to enter text.
2	or tap here to enter	or tap here to enter text.	or tap here to enter text.
3	or tap here to enter	or tap here to enter text.	or tap here to enter text.
4	or tap here to enter text.	or tap here to enter text.	or tap here to enter text.
5	or tap here to enter	or tap here to enter text.	or tap here to enter text.

i. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>or tap here to enter</i>	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>
2	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>
3	<i>or tap here to enter</i>	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>
4	<i>or tap here to enter</i>	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>
5	<i>or tap here to enter</i>	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>

ii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>or tap here to enter</i>	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>
2	<i>or tap here to enter</i>	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>
3	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>
4	<i>or tap here to enter</i>	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>
5	<i>or tap here to enter</i>	<i>or tap here to enter text.</i>	<i>or tap here to enter text.</i>

- iii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- Not applicable. *The Lead Agency does not allow income eligibility limits above 85% SMI.*
 - Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.
 - No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: *Click or tap here to enter text.*

- c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:
- i. Gross wages or salary.
 - ii. Disability or unemployment compensation.
 - iii. Workers’ compensation.
 - iv. Spousal support, child support.
 - v. Survivor and retirement benefits.
 - vi. Rent for room within the family’s residence.
 - vii. Pensions or annuities.
 - viii. Inheritance.
 - ix. Public assistance.
 - x. Other. Describe: Any other source of income required for federal and State tax reporting purposes.
- d. What is the effective date for these income eligibility limits? [03/01/2024](#)
- e. 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, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
- LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: [Click or tap here to enter text.](#)
 - Other. Describe: [Census Bureau Median Income by Family Size, Department of Justice, Cases Filed Between May 15, 2023 and October 31, 2023](#)
<https://www.justice.gov/>
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://www.childcarenj.gov/ChildCareNJ/media/media_library/Income_Eligibility_Schedule.pdf

2.1.4 Income eligibility: irregular fluctuations in earnings Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- i. Average the family's earnings over a period of time (e.g., 12 months). Identify the period of time:
- ii. Request earning statements that are most representative of the family's monthly income.
- iii. Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: Applicants are allowed to submit additional pay stubs, six weeks prior or after an application to help evaluate and determine irregular fluctuations in earnings and reasonably calculate hours. In some circumstances, applicants can submit the Verification of Employment form (CC-188) to verify accurate earnings.

2.1.5 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000? a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
 - Yes.
 - No. If no, describe: Click or tap here to enter text.
- 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, describe the policy or procedure: Click or tap here to enter text.

2.1.6 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. Eligibility determination? If checked, describe: *Click or tap here to enter text.*
- b. Eligibility redetermination? If checked, describe: *Click or tap here to enter text.*

2.1.7 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant identity. Describe how you verify: Identity is verified through US passports, naturalization papers, driver’s licenses, permits or state identification cards, U.S. military cards, non-U.S. passports, or school identification cards. This documentation is required at initial application.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant’s relationship to the child. Describe how you verify: Relationship is verified by one or more of the following: birth certificate, medical and school records, or a court order of custody. This documentation is required at initial application.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: Identity and age verified by birth certificate, U.S. passport or immigration registration card.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Work. Describe how you verify: Work hours are verified by submitting original, electronic (i.e., both paperless paystubs and verifications received via email), or copies of current paystubs documenting at least four weeks of work hours. The four weeks of paystubs can be nonconsecutive paystubs received anywhere in the six weeks prior to the date the application is received or in the six weeks after the application is received. If additional information is required to reasonably calculate hours, the Applicant/Co-Applicant may submit additional current paystubs. In certain circumstances, the applicant may be required to submit a Verification of Employment Form (CC-188).
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Job training or educational program. Describe how you verify: Job training and education is verified through school registration or transcript. In certain circumstances, the New Jersey Verification of School and Training Form (CC-189) must be utilized.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Family income. Describe how you verify: Income is verified through paystubs, employer letters, New Jersey Verification of Employment Form (CC-188), benefits statement, court orders of support as well as income from the child support portal.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Household composition. Describe how you verify: Household composition is verified through self-certification; however, documents such as birth certificates, custody agreements/court decrees, or tax records verifying the number of dependents in the home are also used.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant residence. Describe how you verify: Addresses are verified by utility bills, property tax bill, mortgage documents, homeowner’s insurance documents, residential lease, or driver’s license.
<input type="checkbox"/>	<input type="checkbox"/>	Other. Describe how you verify: Click or tap here to enter text.

2.1.8 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: DHS/DFD
- b. Provide the following definitions established by the TANF agency:
 - i. [“Appropriate child care”](#): The child care provider is required to be open for the hours and days the parent would need child care in order to comply with work requirements. And, the provider is able and willing to provide child care services, including addressing any special needs of the child(ren), and to meet all other regulatory standards.
 - ii. [“Reasonable distance”](#): The provider is located within a distance that is en route from the parent's home and work activity. And, the provider location ensures that the parent can get the child to care and then on to the expected work activity within 90 minutes.
 - iii. [“Unsuitability of informal child care”](#): (1) there must be satisfactory results of a Child Abuse Record Information (CARI) check, (2) there must be a negative background check on all household members 14 years of age and older, (3) there must be a cleared criminal background check for the provider and all household members 18 years of age and older, (4) there must be a satisfactory health and safety inspection of the home using the Self-Arranged Care Inspection and Interview Checklists, (5) there must be compliance with the required CCDBG health and safety trainings, and (6) there must be a standard interview with the provider and family members. Providers that do not meet the above criteria cannot operate as an Approved Home.
 - iv. [“Affordable child care arrangements”](#): The care arrangement for a child care subsidy program participant is affordable as long as the cost does not exceed DHS/DFD’s reimbursement rate.
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - i. In writing
 - ii. Verbally
 - iii. Other. Describe: [The information is provided in the Work First New Jersey \(WFNJ\) Parent Handbook, comprehensive social assessment and communicated through the WFNJ case managers.](#)

2.2 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

2.2.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- a. “Children with special needs.” Defined as 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 board of social services, 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. The child of a teen parent is also considered a special needs child. See [N.J.A.C. 10:15-1.2](#) and DFDI 24-03-02.
- b. “Families with very low incomes.” Defined as a family whose income is at 100% of the Federal Poverty Level (FPL) and below.

2.2.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: Click or tap here to
Families with very low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: Click or tap here to <i>Enter text.</i>
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: Click or tap here to <i>Enter text.</i>
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming pendent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: Click or tap here to enter text.

b. Does the Lead Agency define any other priority groups?

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: [DHS/DFD also identifies teen parents and CPS as priority groups. Services for these populations are prioritized by the CCR&R, providing a priority level of admissions, which allow immediate screening of applications, and treating the applicant as presumptively eligible.](#)

2.2.3 Enrollment and grace period for children experiencing homelessness Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness 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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained:

If an applicant meets the McKinney-Vento definition of homeless, but cannot obtain the required eligibility documents for child care assistance at time of application, the CCR&R approves a grace period for up to six (6) months for the applicant to obtain those documents. The CCR&R sends the applicant the McKinney-Vento Priority Service Approval Notice (CC-218), informing them of the grace period. The CCR&R contacts the applicant ninety (90) days prior to the end of their grace period to determine if the applicant needs additional referrals for supportive services. If the initial grace period was authorized for less than six (6) months, the CCR&R contacts the applicant thirty (30) days prior to the end of their grace period to determine if the applicant needs additional referrals for supportive services. The CCR&R also contacts the applicant sixty (60) days prior to end of the grace period to determine eligibility for continued child care subsidy assistance. This process is the same if the applicant is referred by a service provider. (DFDI 19-05-02).

- b. Describe the grace period for each population below and how it allows them 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.

- i. Provide the policy for a grace period for:

Children experiencing homelessness: Families of homeless children are permitted a 30-day grace period to take any necessary action to comply with immunization requirements. These children are provided CCDF funded child care services during the grace period. CCR&Rs, in coordination with the Department of Health (DOH) and the Office of Licensing (OOL), provide technical assistance to providers servicing homeless children to ensure that their families are aware of New Jersey's immunization policy and to support compliance with that policy. See DFDI 21-11-01.

Children who are in foster care: Families of children in foster care are permitted a 30-day grace period to take any necessary action to comply with immunization requirements. These children are provided CCDF funded child care services during the grace period. CCR&Rs, in coordination with the Department of Health (DOH) and the Office of Licensing (OOL), provide technical assistance to providers servicing children in foster care to ensure that their families are aware of New Jersey's immunization policy and to support compliance with that policy. See DFDI 21-11-01.

- ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

Yes.

No. If no, describe: *Click or tap here to enter text.*

- c. 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: [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.](#)

2.3 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.3.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.
 - iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.
 - vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe: [Click or tap here to enter text.](#)
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
 - i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.
 - v. Partnerships with State and local programs and associations focused on disability-related topics and issues.

- vi. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
- vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
- viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
- ix. Other. Describe: [American Sign Language \(ASL\) consultants are provided to assist children in classroom settings.](#)

2.3.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. Lead Agency accepts applications at local community-based locations.
 - ii. Partnerships with community-based organizations.
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. Other. Describe: [DHS/DFD has consulted with the New Jersey State Coordinator of Education for Homeless Children & Youth Programs to ensure that DHS/DFD has information on the full range of child care services. DFD also posts child care information on its website and distributes information to partners and stakeholders.](#)
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness.

[Coordination and partnerships with local service providers that work with children experiencing homelessness is a required standard through DHS/DFD's contract with service providers. McKinney-Vento liaisons provide awareness and sensitivity training to CCR&Rs to support providers working with families experiencing homelessness.](#)

[Additionally, DHS/DFD is in the process of building a repository of targeted training resources for providers, which will include interactive modules and technical assistance from several key sources:](#)

- [The National Center on Parent, Family, and Community Engagement: "Supporting Children and Families Experiencing Homelessness in Early Childhood Programs",](#)

- The National Center on Early Childhood Health and Wellness: "Caring for the Health and Wellness of Children Experiencing Homelessness", and
- School House Connection's Early Care and Education Advocacy Training.

Once trained, DHS/DFD contracted service agencies will also be responsible for delivering targeted technical assistance to support child care providers in identifying homeless families and referring them to child care services.

- ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness.

DHS/DFD will provide technical assistance and training to CCR&Rs on how to develop an outreach plan to establish partnerships that will help identify and refer families experiencing homelessness to the CCDF program. DHS/DFD required elements of the CCR&Rs outreach plan 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;
- Establishing partnerships with their counties' designated McKinney-Vento liaison(s). County-based McKinney-Vento liaisons would provide technical assistance in: Identifying children and youth experiencing homelessness; and ensuring that children experiencing homelessness can enroll immediately and participate fully in school and child care.

DHS/DFD partners with CCR&Rs to identify and prioritize homeless children and families. CCR&Rs work closely with homeless shelters to ensure families in need of child care are identified and receive support services. Technical assistance is provided by the CCR&Rs to homeless shelters to ensure their understanding of the federal definition of homelessness and improve access to child care for families participating in services for the homeless population. Some CCR&Rs are members of their County Continuum of Care (CoC) to end homelessness and have MOUs with the local McKinney-Vento liaisons and participate in annual training.

Technical assistance and training are provided through DHS/DFD’s various quality service provider contracts to ensure child care providers receive the support needed to best meet the needs of families and children experiencing homelessness, as well as the array of supports that families may need (e.g., early childhood mental health consultation or other services related to supporting children).

2.4 Promoting Continuity of Care

Lead Agencies must consider children’s development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.4.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development.

DHS/DFD has policies that support continuity of care by eliminating certain changes in family circumstances from impacting the eligibility of child care. For instance, child care is authorized for a period of no less than twelve (12) months before redetermination—even in instances of medical leave or cessation of employment, training, or school. DFD also has a higher income eligibility threshold (250% of FPL) after initial eligibility (200% FPL) under which families may continue to receive assistance at redetermination if all other eligibility requirements are met. Additionally, DFD has a graduated phase-out policy which allows for a higher maximum exit-level income threshold (85% of SMI) for one additional year. These policies increase the presence of consistent, nurturing caregivers which support positive growth, development and learning outcomes for children. Furthermore, to ensure a family’s continuation of child care services, DHS/DFD policies allow a seamless case transfer from one county to another county within the state. The originating county must transfer case information to the CCR&R in the county where the family has moved sixty (60) days prior to the family’s 12-month service end date, to allow for timely redetermination.

2.4.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
 - Regardless of temporary changes in participation in work, training, or educational activities.
- a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
- Yes.
- No. If no, describe: [Click or tap here to enter text.](#)
- b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?
1. 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.

2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.
 - Yes.
 - No. If no, describe: [Click or tap here to enter text.](#)

c. Are the policies different for redetermination?

- No.
- Yes. If yes, provide the additional/varying policies for redetermination: [Click or tap here to enter text.](#)

2.4.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

- i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: [Only TANF families and applicants who self-identify as being homeless or who are referred by a service provider and meet the McKinney-Vento definition for homelessness may use job search as an eligible activity at initial eligibility.](#)
- ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: [Only TANF families and applicants who self-identify as being homeless or who are referred by a service provider and meet the McKinney-Vento definition for homelessness may use job search as an eligible activity at redetermination.](#)
- iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

Yes. The Lead Agency continues assistance.

No, the Lead Agency discontinues assistance.

- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: [Click or tap here to enter text.](#)
- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: [Click or tap here to enter text.](#)
- iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? [Click or tap here to enter text.](#)

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

- i. Not applicable.
- ii. 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.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: [A pattern of excessive, unexcused absences is defined as any child who has not been in attendance in a child care setting due to unexplained reasons for more than 10 consecutive days.](#)

- iii. A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: [Applicants shall report to the CCR&R within 10 working days.](#)

- iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: [Failure to provide, or provision of false or misleading or deliberate misrepresentation of, required information in connection with a new application or current child care subsidy case.](#)

2.4.4 Reporting changes during the minimum 12-month eligibility period Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

- 2.4.5 Policies and procedures for graduated phase-out of assistance at redetermination Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: [Click or tap here to enter text.](#)
 - i. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: [Click or tap here to enter text.](#)
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: [Click or tap here to enter text.](#)
- c. The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: [\\$5,379/month and 62% SMI.](#)
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: [The second-tier eligibility level is at 250% FPL, and allows a family with increased income over time to receive continued subsidized child care. The graduated phaseout eligibility level \(over 250% FPL, but under 85% of SMI\) allows a family whose income exceeds the second tier to receive an additional year of subsidized child care.](#)
 - iii. Describe how the second eligibility threshold 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 income threshold amounts is approximately \\$12,910 for a family of three. The difference between the second and third eligibility income threshold amounts equates to approximately a 25% income increase from initial to second tier before families enter graduate phaseout which allows for another year of child care.](#)
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: [A family does not have to report when their income exceeds 250% FPL during their 12-month eligibility period as long as income does not exceed 85% of SMI. Income is reevaluated during the redetermination process.](#)
 - v. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: [Co-pay is assessed during the annual redetermination process. In the event the family income exceeds 250% FPL, the second eligibility threshold, then the family will enter the graduated phase-out period, which allows an additional year of child care before exiting. The co-pay is assessed at application based on income and family size. DHS/DFD will adjust a co-pay in the middle of an eligibility period \(including the graduated phase-out](#)

period) only at the request of the family who request to lower their copayment because of income reduction.

- vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children’s development.

CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase- out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family’s lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family’s co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family’s lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family’s gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family’s gross income any family could be charged as a co-payment? **5%**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?
 - Yes.
 - No. If no, describe: [Click or tap here to enter text.](#)

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?
 Yes.
 No. If no, describe how the sliding fee scale is set: *Click or tap here to enter text.*
- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	A	B	C	D	E	F
Family Size	Lowest income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	\$1,255	\$25.10	2%	\$2,510	\$75.30	3%
2	\$1,703	\$34.06	2%	\$3,407	\$102.21	3%
3	\$2,152	\$43.04	2%	\$4,303	\$129.09	3%
4	\$2,600	\$52.00	2%	\$5,200	\$156.00	3%
5	\$3,048	\$60.96	2%	\$6,097	\$182.91	3%

- c. What is the effective date of the sliding-fee scale(s)? **July 1, 2024**
- d. Provide the link(s) to the sliding-fee scale(s):
https://www.childcarenj.gov/ChildCareNJ/media/media_library/Copayment_Schedule.pdf
- e. 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?
 No.
 Yes

If yes:

- i. 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 does not provide a barrier and promotes affordability and access for families:

This approach allows families to choose from a broader range of providers since those that charge more than the child care assistance rates may not otherwise accept CCAP participants. Having this approach gives families more choices and NJ’s high child care assistance rates help promote affordability even where a provider might charge a higher rate.

- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: Provider rate data is collected through three different methods and at various times. CCR&Rs annually collect provider rates as part of maintaining current provider demographics information in the resource and referral system. In addition, when child care agreements between parent and provider are established, providers submit their rates. And, lastly provider rates are collected through the market rate survey. These three data sources and collection methods provide needed information on provider rates, but it is important to note that multiple data sources and manual tracking/analysis pose data quality and consistency challenges.

Narrow cost analysis (NCA) findings indicate that provider rates have significantly increased post-COVID19 due to overall higher costs for personnel, facility, and material and supplies. NCA shows that rates have increased across the board, from 10% (school-age) to 21% (infant care). These findings from the NCA align with NJ provider reports gathered through DHS/DFD data collection; however, DHS/DFD does not have statistically reliable or valid data to indicate if the full amount above the state rate is charged to families.

Based on available data (as identified above), NJ families may be responsible for paying an average of \$190 per month to those CCDF providers whose rates exceed the state amount and require families to pay the difference.

3.2 Calculation of Co-Payment

Lead agencies must calculate a family’s contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family’s contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. The fee is a dollar amount and (check all that apply):
 - 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 a 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: [Click or tap here to enter text.](#)
 - Other. Describe: [Click or tap here to enter text.](#)
- ii. The fee is a percent of income and (check all that apply):
- 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 a 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: [Click or tap here to enter text.](#)
 - Other. Describe: [Click or tap here to enter text.](#)
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- No.
 - Yes.
- If yes, check and describe those additional factors below:
- i. Number of hours the child is in care. Describe: [The copayment amount differs based on the number of hours \(full time versus part time\) care is needed.](#)
 - ii. Quality of care (as defined by the Lead Agency). Describe: [Click or tap here to enter text.](#)
 - iii. Other. Describe: [Click or tap here to enter text.](#)
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
 - ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
 - iii. Other. Describe: [Click or tap here to enter text.](#)

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

- No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)
- Yes. If yes, identify and describe which family contributions/co-payments waived.
 - i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
 - ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
 - iii. Families experiencing homelessness.
 - iv. Families with children with disabilities.
 - v. Families enrolled in Head Start or Early Head Start.
 - vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: [Children under court supervision for child protective services through the Department of Children and Families \(DCF\) Division of Child Protection and Permanency \(DCPP\) are authorized to receive a child care referral. Resource families' income is not counted and no copay is assessed because the child is the beneficiary of services.](#)
 - vii. Families meeting other criteria established by the Lead Agency. Describe the policy: [Click or tap here to enter text.](#)

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment

practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency:

The Market Rate Survey (MRS) found that nearly 79% of center providers, 84% of Family Child Care (FCC) providers, and 47% of summer youth camp providers were serving children who were participating in the state Child Care Assistance Program (CCAP) in 2023.

The MRS asked providers not participating in the CCAP to share their reasons. The majority of those providers (55.5% of centers, 42.2% of FCCs, and 19.2% of summer youth camps) answered simply that no families receiving assistance had applied to their programs.

Of those currently not participating in the CCAP, 12.6% of center providers, 10.2% of FCC providers, and 2.6% of summer youth camp providers stated that the reimbursement rate is less than the tuition they charge. And, 6.8% of centers, 2.4% of FCCs, and 2.9% of summer youth camps indicated that the assistance payments are not received in a timely manner.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?

Yes.

No.

- c. Does the Lead Agency offer child care assistance through grants or contracts?

Yes.

No.

- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers:

The Parent/Applicant/Provider Agreement (PAPA) is not linked to a specific provider, so parents can choose any provider. The PAPA also provides information about the choice of

providers. DHS/DFD also provides consumer education materials such as the Parent Handbook, Provider and Parent Role and Responsibilities, and information on DHS/DFD's website (www.childcarenj.gov/Parents/CCAP).

Child Care Resource & Referral Agencies verbally communicate to parents that they can choose whichever provider best suits their needs as long as that provider participates in the Child Care Assistance Program (CCAP).

- e. Describe what information is included on the child care certificate: The Child Care Certificate is known as the Parent/Applicant/ Provider Agreement (PAPA), and includes the parent and child information, the name and location of the provider, days of week and hours that child care will be provided, payment rate that the provider will receive, and a certification page where parent and provider read and attest that they understand the rules and responsibilities of the assistance program. Once the PAPA is signed by both parties, it is submitted to the CCR&R agency.

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (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, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a

limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? [September-October 2023](#)
- b. ACF pre-approved alternative methodology.
- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed? [Click or tap here to enter text.](#)

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios. [Click or tap here to enter text.](#)

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology). [Click or tap here to enter text.](#)

- c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- i. State Advisory Council or similar coordinating body: [DHS/DFD is represented on the State Advisory Council and presented the MRS to the council in August 2023 for input and recommendations, which were incorporated into the final survey](#)

instrument.

- ii. Local child care program administrators: The draft MRS instruments were distributed to a group of program directors for feedback and recommendations in August 2023. These were incorporated into the final survey instrument.
 - iii. Local child care resource and referral agencies: The draft MRS instruments were presented to the CCR&Rs for input and recommendations in August 2023, which were incorporated into the final survey instrument.
 - iv. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: The draft MRS instruments were distributed to a group of providers for feedback and recommendations in August 2023, which were incorporated into the final survey instrument.
 - v. Other. Describe: *Click or tap here to enter text.*
- d. An MRS must be statistically valid and reliable.
- An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:
- i. When was the market rate survey completed? The MRS instrument was finalized in August 2023 and distribution began shortly thereafter.
 - ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? The MRS was distributed to licensed child care centers and Family Child Care providers from September-October 2023.
 - iii. Describe how it represented the child care market, including what types of providers were included in the survey: The survey data was fully representative of the State's child care market. The MRS was distributed to the entire universe of fee-charging child care providers in the state, including licensed centers, registered family child care providers, and youth summer camp providers
 - iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? Data sources for the MRS include the CCR&Rs, the DCF Office of Licensing (OOL), the NJ Department of Education (DOE) and the NJ Department of Health (DOH) databases.

To obtain the list of entire providers in the state, licensing data were used as a sampling frame for the survey. The survey data were also merged with other administrative and public data for detailed analyses. For example, administrative data on Grow NJ Kids (GNJK) programs, public pre-K programs, and Head Start/Early Head Start programs were merged with MRS data. Zip code level population data from the U.S. Census Bureau were also merged with the MRS data.
 - v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? Online surveys were used to maximize the providers' participation. Regular follow-ups with nonrespondents were done to increase survey participation while not burdening those who already

responded. The survey instruments were prefaced with detailed instructions and state staff followed up with any inquiries from participants. The data collection period was lengthy enough to reduce providers' burdens while maximizing participation.

- vi. What is the percent of licensed or regulated child care centers responding to the survey? The statewide MRS response rate was 65.38% for center providers (2,599 respondents out of 3,975 providers).
 - vii. What is the percent of licensed or regulated family child care homes responding to the survey? The statewide MRS response rate was 67.61% for family providers (837 respondents out of 1,238 providers).
 - viii. Describe if the survey conducted in any languages other than English: Family Child Care Providers received the survey in both English and Spanish.
 - ix. Describe if data were analyzed in a manner to determine price of care per child: Yes, analysis included weighing the price (rate) data with providers' capacity in generating the market rate. The estimation process ensures that the resulting price (rate) is per child.
 - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: As stated above, our survey data were from more than 65% of entire providers, and we used weighting procedures to estimate the representative market rate (e.g., 75th percentile rates).
- e. Price variations reflected.
- The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.
- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. The Market Rate Survey instrument was designed in a way that covered providers' geographic locations (city, county, and zip code). Therefore, variations in child care prices are reflected by each of these geographic criteria.
 - ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). A separate MRS instrument was used for licensed child care centers and Family Child Care providers.
 - iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): The MRS instrument captured variations in child care prices by each age group: Infants, Toddlers, Preschool-aged, School-aged.
 - iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: The Market Rate Survey instrument also captured variations in child care prices by provider size (licensed capacity), frequency with which they charge their prices (weekly or monthly), hours

of care offered (regular and/or non-traditional hours), whether or not the provider cares for children participating in the CCAP, accreditation status and participation in New Jersey's Quality Improvement System, Grow NJ Kids.

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? *DHS/DFD conducted a narrow cost analysis survey, separate from the market rate survey, using a sample of providers. to determine providers' costs of delivering child care services to families. The narrow cost analysis survey instruments were developed based on the Provider Cost of Quality Calculator (PCQC), a tool made available by the U.S. Office of Child Care, to collect providers' cost and revenue information comprehensively. The instruments were designed to allow us to estimate narrow cost rates and examine how the rates vary by geographic location, provider category (center vs. family providers), and child age group.*
The narrow cost analysis survey was distributed to a sample of center providers (N=1,080) and a sample of family providers (N=507) during December 2023. Of those invited, 23% of center providers (n=249) and 17.55% of family providers (n=89) participated in the surveys.
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? *Yes, the analyses suggested that the narrow cost rates varied by category of providers and age of child. The rates also differed by quality indicators and program sizes. In general, narrow cost rates were higher for center providers, smaller programs, and programs of higher quality.*
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? *Assumptions and data for estimating the costs of the base level quality are made by: (1) including only licensed and registered providers in the analyses, and (2) closely following all the cost items specified in the Provider Cost of Quality Calculator (PCQC), made available by the U.S. Office of Child Care.*
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? *A Lead Agency can*

use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). As the quality indicator of the narrow cost analysis, we used providers' star ratings in New Jersey's Quality Improvement System, Grow NJ Kids (GNJK). We examined how the estimated narrow cost rates varied by providers' ratings or participation status in the GNJK program.

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? DHS/DFD estimated the 75th percentile monthly child care rates based on the narrow costs obtained by dividing the total annual costs by the number of enrolled children (referred to as narrow cost rates). To convert the annual prices to monthly prices, the amounts were further divided by either 10 or 12 depending on the number of months per year providers operated.

DHS/DFD then compared the monthly narrow cost rates to our payment rates as well as the market rates we obtained to observe the gaps between (1) narrow cost rates and market rates and (2) narrow cost rates and our payment rates. Our analysis found that narrow cost rates are similar to market rates and both are higher than our payment rates.

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report 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 or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- i. Provide the date the report was completed: *May 24, 2024*.
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): *June 24, 2024*.
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: [Reports and Statistics - Child Care In New Jersey \(childcare.nj.gov\)](#)
- i. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: *DHS/DFD is represented on the State Advisory Council and presented the MRS to*

the council in August 2023 for input and recommendations, which were incorporated into the final survey instrument. In addition, the draft MRS instruments was distributed to program directors, CCR&Rs and providers for feedback and recommendations in August 2023. The feedback and recommendations were incorporated into the final survey instrument.

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates 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. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?
 - Yes.
 - i. If yes, check if the Lead Agency:
 - Sets the same payment rates for the entire State or Territory.
 - Sets different payment rates for different regions in the State or Territory.
 - No.
 - ii. If no, identify how many jurisdictions set their own payment rates: [Click or tap here to enter text.](#)
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). [Current payment rates became effective 3/1/2023.](#)
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? [N/A](#)

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	\$1,549/mo	100%	\$358	50 th	\$1,549/mo	\$1,625/mo	\$1,750/mo	N/A	N/A
Family Child Care for Infants (6 months)	\$1,188/mo	100%	\$274	55 th	\$1,120/mo	\$1,200/mo	\$1,250/mo	N/A	N/A
Center Care for Toddlers (18 months)	\$1,372/mo	100%	\$317	45 th	\$1,400/mo	\$1,500/mo	\$1,625/mo	N/A	N/A

Family Child Care for Toddlers (18 months)	\$1,188/mo	100%	\$274	65 th	\$1,080/mo	\$1,100/mo	\$1,200/mo	N/A	N/A
Center Care for Preschoolers (4 years)	\$1,226/mo	100%	\$283	46 th	\$1,250/mo	\$1,325/mo	\$1,462/mo	N/A	N/A
Family Child Care for Preschoolers (4 years)	\$1,041/mo	100%	\$240	65 th	\$1,000/mo	\$1,000/mo	\$1,140/mo	N/A	N/A
Center Care for School-Age (6 years)	\$1,167/mo	100%	\$270	68 th	\$900/mo	\$1,000/mo	\$1,213/mo	N/A	N/A
Family Child Care for School-Age (6 years)	\$1,041/mo	100%	\$240	70 th	\$900/mo	\$1,000/mo	\$1,080/mo	N/A	N/A

- b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?
- Yes.
- No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe: [Click or tap here to enter text.](#)

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

- a. Does the Lead Agency provide any rate add-ons above the base rate?
- Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: [Click or tap here to enter text.](#)
- No.
- b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?
- Yes.
- No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

- i. Differential rate for non-traditional hours. Describe: *Click or tap here to enter text.*
 - ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe: *Higher rates are paid to providers (Centers and FCCs) caring for children with special needs. These rates are also tiered based on the child's age.*
 - iii. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe: *Click or tap here to enter text.*
 - iv. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe: *Click or tap here to enter text.*
 - v. Differential rate for higher quality, as defined by the Lead Agency. Describe: *Providers (licensed centers and FCC) that have achieved a rating in New Jersey's Quality Improvement System, Grow NJ Kids (GNJK), are paid higher rates than providers that do not participate in GNJK. GNJK payment rates are tiered based on the provider's star rating (3, 4 or 5-stars) with 5-star rated providers receiving the highest payment rate. GNJK serves infant, toddler, and preschool programs.*
 - vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: *Click or tap here to enter text.*
 - vii. If applicable, describe any additional add-on rates that you have besides those identified above. *Click or tap here to enter text.*
- c. Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?
- Yes. If yes, describe: *Click or tap here to enter text.*
 - No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? *DHS/DFD sets payment rates in accordance with the results of the most recent market rate survey, which is the methodology DHS/DFD used to capture and analyze provider rates. Along with the MRS, the narrow cost analysis (NCA) and additional provider rate data are taken into consideration when developing and setting payment rates. The MRS provides a percentile placement table to display rates from 50th to 95th percentile to help DHS/DFD measure our progress in moving rates towards the 75th percentile benchmark.*

- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? A key objective of the MRS and NCA studies is to assess the adequacy of DHS/DFD rates for providers to meet health, safety, quality, and staffing requirements under CCDF. Specifically, the estimated narrow cost analysis examined how much it costs for child care providers to offer services to families. It is important to acknowledge that the number of providers that responded to the NCA survey and provided information about major revenue items was too small to generate reliable statistics.

The NCA suggests that providers' revenue sources are mainly from tuition fees (40%), state assistance (37%), grants (8%), and others (11%) which are directed at covering operational expenses. It was reported that more than 83% of the center providers who raised their tuition identified inflated supply costs as one of the reasons for the increase. Additionally, in a 2022 analysis, center providers reported that enrollment size and staff size were major factors impacting their budgets. To help offset providers increased expenses, DHS/DFD raised rates annually, waived co-payments, offered hiring and retention grants, covered the cost of criminal background checks, and offered health and safety trainings at no cost to providers, to cover the expenses related to health, safety, quality and staffing requirements under CCDF. Additionally, in March 2024, rates were increased across the board and will be reevaluated based on current market rate study.

- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? As part of the MRS study, a narrow cost analysis was conducted, which examined how much it costs for child care providers to offer services to families so that the cost-based estimates can be considered in setting state assistance rates. The NCA rates were also compared to the 75th percentile market rates as well as the state assistance rates. The narrow cost analysis findings yielded similar percentile ranking results as the market rate survey and state assistance rates falling below the 75th percentile benchmark.

The NCA suggested center providers that served infants had larger enrollment and rated higher on the GNJK standards. They also incurred higher program and building costs, compared to their counterparts. From 2018-2024, DHS/DFD annually increased rates, resulting in a 94% to 117% rate increase across all age groups. Infant care received the largest percentage rate increase of 117%, followed by pre-school at 112%, school-age 104% and toddlers 94% over the past six years. Additionally, providers rated in Grow NJ Kids and special needs care rates also steadily increased. DHS/DFD plans to use this valuable information from the narrow cost analysis to help evaluate and structure base, and higher rates equitably, which promotes the stabilization of child care providers.

- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? DHS/DFD accounts for the cost of providing higher quality care by setting tiered payment rates for providers who participate in NJ's quality improvement rating system, Grow NJ Kids (GNJK), and who have achieved a GNJK rating of 3, 4 or 5 stars.
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. N/A

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

Yes. If yes, describe: [Click or tap here to enter text.](#)

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: [Providers are not paid prospectively. DHS/DFD utilizes an automated time and attendance system which calculates attendance utilization and issues ACH payments to providers bi-weekly.](#)

Does the Lead Agency pay based on authorized enrollment for all provider types?

Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: [Click or tap here to enter text.](#)

No, it is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

Yes.

No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis: [Click or tap here to enter text.](#)

b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

Yes. If yes, identify the fees the Lead Agency pays for: [New Jersey also pays a transportation fee to providers on behalf of WFNJ/TANF participants. Additionally, an annual registration fee is provided to Family Child Care providers.](#)

[New Jersey also significantly increased provider reimbursement rates for its child care assistance program by implementing differential payments of \\$300 per child/per month during the COVID-19 pandemic. These differential payments have continued using state budget funds helping to offset the cost and expense of any parental tuition and fees.](#)

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: [Click or tap here to enter text.](#)

c. Describe how 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:

[All providers are required to sign a Parent/Applicant Provider Agreement \(PAPA\) which reflects the maximum daily rate, daily co-payment \(if any\), and the daily rate. The Agreement clearly authorizes payments only for the period of service indicated. 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.

- d. Describe how 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 that the Lead Agency becomes aware that such a change will occur: 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.
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: If the provider has a payment issue, the provider can request a case review by the contracted agency and/or DHS/DFD. The contracted agency must inform providers of their right to request case reviews. A timely request must be made within 10 days of the date of the disqualification notice. If the provider is not satisfied with a contracted agency's review, the provider can request a review by DHS/DFD. Additionally, providers are granted 60 days to identify payment discrepancies.

CCR&R agencies advise providers to review their E-Child Care payment portal for children's start and end dates to avoid discrepancies. Providers are reminded of their responsibility to contact the CCR&R agency to report children no longer in attendance so they can be removed from the E-Child Care payment portal in order to avoid discrepancies and recoupments.
- f. Other. Describe any other payment practices established by the Lead Agency: N/A

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? DHS/DFD's electronic payment system is designed to issue timely payments to providers. Payments are issued bi-weekly through an ACH process to avoid overburdening providers with paper invoices. DHS/DFD pays providers for twenty-two (22) closure days; and allows for full payment when children are out sick. Collectively, these payment practices and policies provide stable funding and encourage more child care providers to participate in the CCAP.

To help support the fixed operational costs, DHS/DFD offers either full-time or part-time rates, instead of hourly rates. Since 2018, DHS/DFD has annually increased rates and has a quality tiered structure for centers and family child care providers. In addition to rate increases and payment policies, providers receive support for ongoing professional development trainings, health and business consultants (at no cost) as well as scholarships for staff. Ongoing grants launched by DHS/DFD and partners have been made available for providers, as a criterion for participating in the Child Care Assistance Program. These policies, services and initiatives promote financial stability to providers and ensure equal access to consistent and adequate resources that incentivize providers to accept families receiving child care assistance.

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: [Click or tap here to enter text.](#)

Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

DHS/DFD funds the Parent Linking Program (PLP), which embraces a two-generational approach that provides child care services and comprehensive wraparound services to teen parents in middle and high schools. Programs are located in six counties, managed by community-based organizations who provide intensive case management to the teens, and work closely with the schools, CCR&R, and child care providers. The PLP is contracted for approximately eighty (80) infant slots and to provide high-quality child-care services and comprehensive services for the teen parents to be successful in graduating high school.

In addition, DHS/DFD has child care community voucher (CCVC) slots managed by the county CCR&Rs and Human Service Advisory Councils (HSAC). They work together to implement a Child Care Capacity and Need Roster for the county. Based on the county's child care needs, slots are dedicated to providers who are required to sign an agreement to serve lower income families and not impose fees above the State's assistance payment rate. Thirteen (13) out of 21 counties in New Jersey have dedicated CCVC slots.

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: [Click or tap here to enter text.](#)

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

Children with disabilities. Number of slots allocated through grants or contracts: [Click or tap here to enter text.](#)

Infants and toddlers. Number of slots allocated through grants or contracts: DHS/DFD offers a statewide Thriving by Three Infant and Toddler Child Care grant to licensed centers and Family Child Care providers. This grant supports the development and creation of infant and toddler slots statewide to encourage

providers to expand child care slots over a three-year period (2023-2025). Grant funds were awarded to providers in 20 out of 21 counties in New Jersey. The grants help to build supply and increase families' access to high quality providers who have committed to increasing infant and toddler slots. A total of 383 licensed centers and 229 FCC providers were awarded Thriving by Three grants to fund a total of 4,354 new infant/toddler slots statewide.

As noted above, DHS/DFD funds the Parent Linking Program (PLP) in six urban underserved counties. PLP provides eighty (80) infant slots for high-quality child-care services and includes comprehensive case management services that support the success of teen parents in completing their high school education.

In addition, DHS/DFD has Child Care Community Voucher (CCVC) slots managed by the county CCR&Rs and Human Service Advisory Councils (HSAC). They work together to implement a Child Care Capacity and Need Roster for the county. Based on the county's child care needs, slots are dedicated to providers who are required to sign an agreement to serve lower income families and not impose fees above the State's assistance payment rate. New Jersey has awarded 3,803 dedicated CCVC slots in 13 out of 21 counties.

Children in underserved geographic areas. Number of slots allocated through grants or contracts: The three programs referenced above specifically target families and children in underserved areas of the state.

1. Thriving by Three grants operate in communities identified as child care deserts with few or no options for high-quality child care for infants and toddlers. A total of 383 licensed centers and 229 FCC providers were awarded funds that will create a total of 4,354 new infant/toddler slots in underserved communities across the state.
2. CCVC slots are awarded in underserved areas with demonstrated community needs as determined by the county CCR&Rs and HSAC. NJ has 3,803 CCVC slots in 13 out of 21 counties.
3. PLP serves teen parents in urban underserved middle and high schools in six counties. PLP sites provide eighty (80) infant slots for the teen parents enrolled in the program.

Children needing non-traditional hour care. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

School-age children. Number of slots allocated through grants or contracts: CCVC slots that are awarded in 13 out of 21 counties in New Jersey are used for school-age care determined by the county CCR&Rs and HSAC. CCVC funds support 775 CCVC school-age slots in 13 out of 21 counties in New Jersey.

Children experiencing homelessness. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Children in urban areas. Percent of CCDF children served in an average month: CCVC slots are awarded in 13 out of 21 counties and some of the contracted centers are located in urban areas.

Children in rural areas. Percent of CCDF children served in an average

month: [Click or tap here to enter text.](#)

Other populations. If checked, describe: In awarding Thriving by Three grants (4,354 new infant/toddler slots), preference was given to programs that operate in communities identified with few or no options for high-quality child care for infants and toddlers.

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? Providers that are awarded contracted slots sign an agreement to use those slots to serve families enrolled in the Child Care Assistance Program and accept the State's reimbursement rates in full and not charge families any additional fees.

4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

Yes.

No.

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

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: [Click or tap here to enter text.](#)
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe: [Click or tap here to enter text.](#)
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: [Click or tap here to enter text.](#)
- iv. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: [Click or tap here to enter text.](#)
- v. Restricted to care for children with special needs or a medical condition. Describe: [Click or tap here to enter text.](#)
- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: [Click or tap here to enter text.](#)
- vii. Other. Describe: [Click or tap here to enter text.](#)

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

a. In infant and toddler programs:

i. **Data sources used to identify shortages:** DHS/DFD collects data in a number of ways to identify trends of the child care industry in the state. Data sources include Grow NJ Kids (QRIS), local CCR&Rs, MRS data, and ongoing data collection through various reports and contracts that support the implementation of the CCAP. Information gathered from grantee contract reports also provide capacity and enrollment data to help identify supply needs and utilization. New Jersey is in the process of conducting multiple landscape studies that will also help DHS/DFD identify shortages, inform policy, and target available resources.

ii. **Method of tracking progress:** DHS/DFD utilizes several key strategies to track progress—the QRIS system, the MRS (inclusive of supply shortage studies), state and county level surveys, and special reports to identify gaps in care and slot shortages to ensure access to high quality programs. [Note: the MRS uses a 3:1 child to slot ratio as the benchmark for identifying a supply gap.]

DHS/DFD continues to expand partnerships and increase data sharing agreements with key partners to collect and gather data, such as Early Head Start (EHS) and preschool early care and education expansions, as a method to track progress and improve gaps in services.

iii. **What is the plan to address the child care shortages using family child care homes:**

To address shortages, DHS/DFD launched a statewide Thriving by Three Infant and Toddler Child Care Initiative that included Family Child Care providers. These grants support the development and creation of infant and toddler slots over a three-year period (2023-2025). Preference was given to providers: (1) located in communities identified as child care deserts with few or no options for high-quality for infants and toddlers; (2) located in communities with high percentages of low-income families; and (3) that can align their infant and toddler child care programs, support collaborations for shared services, and build upon existing early childhood education services. Grant funds were issued directly to providers in 20 out of 21 NJ counties to build supply and increase families' access to high quality care.

In addition, DHS/DFD launched two recent marketing campaigns to build supply and recruit new FCC providers: (1) Spring 2023, a campaign directed at informal care providers to become registered family child care providers, and (2) Spring 2024, an advertising campaign to reach persons most likely to be interested in and benefit from becoming an FCC provider, such as young parents, unemployed persons, persons already employed in child care, etc.

DHS/DFD recruitment/supply-building strategies also include a program that offers a \$1,000 FCC Provider Referral award to existing FCC providers who refer someone who successfully completes the FCC registration process.

iv. What is the plan to address the child care shortages using child care centers?

To address shortages, DHS/DFD launched a statewide Thriving by Three Infant and Toddler Child Care Initiative for child care centers. The Thriving by Three Initiative provided three-year grants (2023-2025) to help support the development and creation of infant and toddler slots within the expansion of child care slots. Preference was given to providers in communities with documented needs, i.e. child care deserts with few or no options for high-quality infant-toddler care; and high percentages of low-income families. Awardees encompass 20 out of 21 counties and must align their infant and toddler child care programs, support collaborations for shared services, and build upon existing early childhood education services. The grants were provided directly to providers to build supply and increase families' access to high quality providers. Families can use the online search feature to easily identify Thriving by Three provider grantee who have committed to increase quality infant and toddler slots

b. In different regions of the State or Territory: N/A

i. Data sources used to identify shortages: *Click or tap here to enter text.*

ii. Method of tracking progress: *Click or tap here to enter text.*

iii. What is the plan to address the child care shortages using family child care homes? *Click or tap here to enter text.*

iv. What is the plan to address the child care shortages using child care centers? *Click or tap here to enter text.*

c. In care for special populations:

i. Data sources used to identify shortages: DHS/DFD collects data in a number of ways to identify trends of the child care industry in the state. This includes Grow NJ Kids (QRIS), local CCRR data, as well as MRS data. In addition, DHS/DFD contracts with both Statewide Parent Advocacy Network (SPAN) and The Center for Autism and Early Childhood Mental Health at Montclair State University. They work collaboratively to support the provider community, as well as parents of children with disabilities. Through these partnerships, DHS/DFD is able to collect information on the needs and gaps in services and determine appropriate strategies to support the provider community in serving children with disabilities.

ii. Method of tracking progress: DHS/DFD uses the New Jersey Child Care Information System (NJCCIS) to collect and track data as well as state and county level surveys. Furthermore, DHS/DFD receives quarterly reports from contracted agencies and reviews data for trends and areas of improvement. Lastly, DHS/DFD solicits direct feedback from parents through focus groups, parent cafes, and other family engagement activities on their identified needs at the local level.

iii. What is the plan to address the child care shortages using family child care homes? DHS/DFD supports a robust training and technical assistance system that offers Family Child Care providers the knowledge, skills and coaching for implementation of developmentally appropriate practices. In addition, DHS/DFD supports higher education through scholarships which increase the skill set for the workforce to appropriately serve children with disabilities. DHS/DFD through its partnership with The Center for Autism and Early Childhood Mental Health at Montclair State University implements a statewide Infant and Toddler Mental Health Consultation

Program. Lastly, SPAN provides support via trainings, technical assistance, information and resources to enhance their understanding of the needs of children with special needs and how to include them in early learning settings.

iv. **What is the plan to address the child care shortages using child care centers?**

DHS/DFD's training and technical assistance system provides Child Care Centers with knowledge, skills, and coaching for implementation of developmentally appropriate practices. In addition, higher education is supported through scholarships to improve the knowledge and skills needed to appropriately serve children with disabilities. The DHS/DFD partnership with The Center for Autism and Early Childhood Mental Health at Montclair State University provides additional training and support through the Infant and Toddler Mental Health Consultation Program. Lastly, SPAN provides support via trainings, technical assistance, and information and resources to enhance understanding of the needs of children with special needs and how to include them in early learning settings.

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. **Underserved geographic areas. Describe:** DHS/DFD offers a Thriving by Three Infant and Toddler Child Care grant to licensed centers and Family Child Care providers. The purpose of the grant is to incentivize the expansion of capacity for infants and toddlers, provide technical assistance to child care providers for the expansion of child care spaces for infants and toddlers, address shortages in infant and toddler care capacity that is available for working families, and support the developmental needs of young children.

In awarding Thriving by Three grants, preference is given to providers and programs that: (1) are located in communities identified as child care deserts with few or no options for high-quality child care for infants and toddlers; (2) are located in communities with high percentages of low-income families; and (3) can align their infant and toddler child care programs, support collaborations for shared services, and build upon existing early childhood education services.

Program and Classroom Quality Enhancement grants are also offered as an incentive of Grow NJ Kids, NJ's Quality Rating and Improvement System (QRIS). These grants improve the quality of programs beyond basic health and safety requirements and standards. They offer programs and providers additional resources in selecting age-appropriate materials and supplies that align with the Environment Rating Scales, (ECERS 3, ITERS 3, FCCERS R), or other evidence-based improvement assessments which they otherwise would have to budget on their own. Programs that are eligible for the incentives are those that are supporting children receiving child care assistance.

- b. **Infants and toddlers. Describe:** In addition to the supports described above, DHS/DFD supports a robust technical assistance system. From supporting Infant-Toddler Specialists that

focus on improving practices of the infant-toddler workforce, to supporting a multi-layer approach of technical assistance for programs and providers enrolled in GNJK. Furthermore, DHS/DFD also continues to support infant and early childhood mental health consultation and social-emotional/relational health trainings and supports; as well as, regional health consultants to support the implementation of health and safety best practice standards.

Moreover, with support of the Preschool Development Block Grant, Birth-5 Years, NJ has been researching and developing a framework for an Early Childhood Education (ECE) Apprenticeship Program. Through that work, NJ is reviewing the current wages of the ECE workforce and including wages as a discussion within the framework of the pilot. This program will build supply in the ECE workforce and seeks to improve quality of the workforce by supporting compensated credentialed staff. The pilot is due to launch in 2024 and seeks to enroll a diverse set of employer sites that include private centers, infant-toddler programs, and Head Start/Early Head Start sites.

- c. **Children with disabilities. Describe:** DHS/DFD contracts with the Statewide Parent Advocacy Network (SPAN) to help support families as advocates and partners in improving education, health, and mental health outcomes for infants, toddlers, children, and youth to thrive and fully participate as members of their communities. SPAN's foremost commitment is to children with the greatest need due to disability; poverty; discrimination based on race, sex, language, or immigrant status; involvement in the child welfare or juvenile justice system; geographic location; or other special circumstances. SPAN's NJ Inclusive Child Care Project's mission is to promote and educate consumers of childcare (center and family child care) and early care and education providers by:

- Educating and encouraging child care providers to offer inclusive child care;
- Educating Parents, Families, Providers, and Other Key Stakeholders about the services available for children with special needs;
- Promoting collaboration among the child care provider community and special needs services to improve the delivery of services to children with disabilities.

SPAN provides support via trainings, technical assistance, information, and resources to enhance their understanding of the needs of children with special needs and how to include them in early learning settings.

In addition, The Center for Autism and Early Childhood Mental Health at Montclair State University provides specialized technical assistance in the classroom, professional development, and education to improve social-emotional development and inclusion in child care for providers participating in the state's CCAP or enrolled in Grow NJ Kids.

- d. **Children who receive care during non-traditional hours. Describe:** To build the supply of Family Child Care, DHS/DFD intends to launch a marketing campaign to recruit new FCC providers. The campaign will utilize targeted advertising to persons most likely to be interested in and benefit from becoming an FCC provider, such as young parents, unemployed persons, persons already employed in the child care field, etc.

DHS/DFD recruitment/supply building strategies also include a program that offers a \$1,000 FCC Provider Referral award to existing FCC providers who refer someone who successfully completes the FCC registration process.

- e. **Other. Specify what population is being focused on to increase supply or improve quality. Describe:**
Click or tap here to enter text.

- 4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment 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.

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 access to high-quality programs.

DHS/DFD uses census data, DOE's former Abbott Districts which receive additional State educational funding, health index data, and statistics obtained from the NJ Department of Labor to identify counties and/or municipalities with significant concentrations of poverty and unemployment.

The Thriving by Three Infant and Toddler Child Care grants gave preference to providers and programs that: (1) are located in communities identified as child care deserts with few or no options for high-quality child care for infants and toddlers; (2) are located in communities with high percentages of low-income families; and (3) can align their infant and toddler child care programs with high-quality preschool programs, support collaborations for shared services, and build upon existing early childhood education services.

Furthermore, DHS/DFD's robust system of technical assistance and quality improvement includes all providers, with a special focus on those providers that serve children receiving child care assistance.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some

cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license- exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

a. Identify the center-based provider types subject to child care licensing:

New Jersey's center-based providers subject to licensing are any home or facility maintained for the care, development, or supervision of six (6) or more children under 13 years of age who attend for less than 24 hours a day. These center-based provider types include, but are not 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; 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.

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: *Click or tap here to enter text.*

No.

b. Identify the family child care providers subject to licensing: *N/A*

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: *Click or tap here to enter text.*

No.

c. Identify the in-home providers subject to licensing: *N/A*

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: [Click or tap here to enter text.](#)

No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements.

The following categories of CCDF-eligible providers who are exempt from licensing requirements are:

1. Kindergartens, pre-kindergarten programs, or child care centers that are operated by the board of education of a local public school
2. Centers or special classes operated primarily for religious instruction
3. Privately operated infant and preschool programs that are approved by DOE to provide services exclusively to local school districts for children with disabilities.

Youth camps are not considered center-based child care centers, and are defined as a program that offers supervised recreational and athletic activities for kids generally during the summer. Youth camps are exempt from licensure, and required to comply with the Youth Camp Safety Act of New Jersey pursuant to N.J.S.A. 26:12-1 et seq. To qualify for exemption, youth camps must have a Certificate of Approval issued by the Department of Health (DOH).

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

- Kindergartens, pre-kindergarten programs, or child care centers that are operated by the board of education of a local public school providing elementary education in grades kindergarten through sixth.
- Kindergartens children before and after their regular school session; and pre-kindergarten before and after their regular school session, to attend no more than 3 ½ hours.
- Privately operated infant and preschool programs that are approved by DOE to provide services exclusively to local school districts for children with disabilities.
- Centers or special classes operated primarily for religious instruction that are:
(1) An integral part of a bona fide church or religion; (2) Serve only children who are two years of age or older; (3) Provide a program that is composed primarily of religious instruction in which the curriculum is related to religious themes, stories, or teachings; and (4) For children under six years of age, operate and provide religious instruction for not more than two hours per day.

- Youth camps qualify for an exemption if they have a Certificate of Approval directed toward the safe operations of youth camps issued by the DOH to accommodate five or more children under 18 years of age for a period of, or portions of, 2 or more days, and include a site that is operated as a day camp.
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. The above programs that are exempt from New Jersey’s licensure are required to complete all CCDBG health and safety requirements, and a center-based program must become licensed to qualify as a CCDF eligible provider. Additionally, each category of care/provider type is governed by their respective authorized agencies and required to comply with state and local health and safety standards.
- b. License-exempt family child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. CCDF eligible family child care providers exempt from licensing are providers who are required to satisfy CCDF health and safety standards and voluntarily register pursuant to the requirements set forth in the Chapter 54 Manual of Requirements issued by the Department of Children and Families (DCF) authority.
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. A Registered Family Child Care provider shall care for no more than five children at any one time, except as specified in (b) below.

(b) 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: (1) 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 (2) 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. N.J.A.C. 3A:54-6.1
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Although, Family Child Care providers are exempt from New Jersey’s licensure, they are required to be registered under the authority of the Department of Children and Families, Office of Licensing (OOL) and must satisfy all CCDF health and safety requirements, along with the requirements as set forth in Chapter 54 Manual of Requirements.
- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. An in-home child care provider is an individual who is not registered pursuant to the Manual of Requirements for Family Day Care Registration (N.J.A.C. 10:126), not

licensed pursuant to the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), and whose home has been evaluated and authorized for payment through the DHS/DFD's child care service program and is using the Self-Arranged Care-Home Inspection and Interview Checklist.

- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. An In-home child care provider is an individual who provides child care services in the child's own home for fewer than 24 hours per day. This Provider Type can serve no more than two unrelated children for fewer than 24 hours of care per day, in the child's home. Children must be 13 years old or younger, unless there is a verified disability that qualifies a child to receive care up to the age of 19.
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Approved CCDF eligible in-home providers must meet all CCDBG health and safety requirements, including preservice and ongoing health and safety trainings; and are subject to annual home inspections.

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff: child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: Birth to 18 months.
- b. Toddler. Describe: 18 months to 2.5 years.
- c. Preschool. Describe: 2.5 years to 4 years.
- d. School-Age. Describe: 5 to 13 years.

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:
 - i. Infant.
 - Ratio: 1:4
 - Group size: 12

- ii. Toddler.
 - Ratio: 1:6
 - Group size: 20
- iii. Preschool.
 - Ratio: 1:10 for 3 year old, 1:12 for 4 year old
 - Group size: 20
- iv. School-Age.
 - Ratio: 1:15
 - Group size: 30
- v. Mixed-Age Groups (if applicable).
 - Ratio: N/A
 - Group size: N/A

b. If different, provide the ratios and group size requirements for the license-exempt center- based providers who receive CCDF funds under the following age groups:

- i. Not applicable. There are no differences in ratios and group size requirements.
- ii. Infant: *Click or tap here to enter text.*
- iii. Toddler: *Click or tap here to enter text.*
- iv. Preschool: *Click or tap here to enter text.*
- v. School-Age: *Click or tap here to enter text.*
- vi. Mixed-Age Groups: *Click or tap here to enter text.*

c. Licensed CCDF family child care home providers:

- i. Infant (if applicable)
 - Ratio: N/A
 - Group size: N/A
- ii. Toddler (if applicable)
 - Ratio: N/A
 - Group size: N/A
- iii. Preschool (if applicable)
 - Ratio: N/A
 - Group size: N/A
- iv. School-Age (if applicable)

Ratio: N/A

Group size: N/A

v. Mixed-Age Groups

Ratio: N/A

Group size: N/A

d. Are any of the responses above different for license-exempt family child care homes?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. [Click or tap here to enter text.](#)

● Infant

Ratio: 1:3

Group size: 5

● Toddler

Ratio: 1:4

Group size: 5

● Preschool

Ratio: 1:5

Group size: 5

● School-Age

Ratio: 1:5

Group size: 5

Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: N/A

Group size: N/A

ii. Toddler (if applicable)

Ratio: N/A

Group size: N/A

- iii. Preschool (if applicable)
 - Ratio: N/A
 - Group size: N/A
- iv. School-Age (if applicable)
 - Ratio: N/A
 - Group size: N/A
- v. Mixed-Age Groups (if applicable)
 - Ratio: N/A
 - Group size: N/A

f. Are any of the responses above different for license-exempt in-home care?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. [An Approved In-home child care provider can serve no more than two unrelated children for fewer than 24 hours of care per day, in the child's home.](#)

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care
Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: [N.J.A.C. 3A:52-4.3 is DHS/DFD's standard for CCDF-center-based care teacher qualifications which differ based on the center's licensed capacity, level of education, type of degree, age of children, and years of experience. There are seven different options, \(combination of education and experience\) for meeting the Head Teacher requirements. At minimum, the Head Teacher must have a teaching certificate from the Department of Education, along with six \(6\) college credits and three years of experience or nine \(9\) college credits and three years of experience. For a Group Teacher the minimum requirement is a Child Development Association \(CDA\)](#)
- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: [For early childhood programs licensed to serve more than 30 children, the director shall meet the qualification requirements specified for education and experience—either a Master's Degree in any field related to children or business, or a Bachelor's Degree with one year of managerial or supervisory experience.](#)

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: N/A

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative). Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: N/A

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. N/A

b. License-exempt home-based child care. Family child care providers who are registered pursuant to the Family Day Care Provider Registration Act of 1987, N.J.S.A. 30:5B16 et seq. (P.L. 1987, Chapter 27) under the N.J.S.A. 30:5B16 et seq., the Department of Children and Families authority, must meet qualification requirements as indicated in the Chapter 54 Manual of Requirements which includes, but is not limited to:

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:545.1 and 5.2

c. License-exempt in-home care (care in the child's own home). Approved In-Home child care providers qualifications are as follows:

- Provider must be 18 years or older and a resident of New Jersey.
- Must provide care only in the home that has been approved by DHS/DFD and its designees.
- Must demonstrate and meet all DHS/DFD requirements, including CCDBG Health and Safety Requirements, including but not limited to Comprehensive Criminal Background checks, medication examinations, and, also comply with all required health and safety trainings both pre-service and annual.

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only

exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard:

For licensed centers: N.J.A.C. 3A:52-7.1

“(a) A center that seeks to serve any children who have any of the illnesses, symptoms of illness, or diseases specified in (c) and (d) below shall meet all applicable provisions of this subchapter and all provisions of N.J.A.C. 3A:52-8.

(b) Under no circumstances shall any center serve or admit any child who has any illness, symptom of illness or disease that a health care provider has determined requires the child to be:

- Confined to home under a health care provider's immediate care; or
- Admitted to a hospital for medical care and treatment.

(c) The following provisions relate to illness or symptoms of illness: A center serving well children shall not permit a child who has any of the illnesses or symptoms of illness specified in (c)1i through xiii below to be admitted to the center on a given day unless medical diagnosis from a health care provider, which has been communicated to the center in writing, or verbally with a written follow-up, indicates that the child poses no serious health risk to himself or herself or to other children. Such illnesses or symptoms of illness shall include, but not be limited to, any of the following:

- i. Severe pain or discomfort;
- ii. Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change to a looser consistency within a period of 24 hours, or bloody diarrhea;
- iii. Two or more episodes of acute vomiting within a period of 24 hours;
- iv. Elevated oral temperature of 101.5 degrees Fahrenheit or over or axillary temperature of 100.5 degrees Fahrenheit or over in conjunction with behavior changes;
- v. Lethargy that is more than expected tiredness;
- vi. Yellow eyes or jaundiced skin;
- vii. Red eyes with discharge;
- viii. Infected, untreated skin patches;
- ix. Difficult rapid breathing or severe coughing;
- x. Skin rashes in conjunction with fever or behavior changes;

- xi. Weeping or bleeding skin lesions that have not been treated by a health care provider;
- xii. Mouth sores with drooling; or
- xiii. Stiff neck.

Once the child is symptom-free, or a health care provider indicates that the child poses no serious health risk to himself or herself or to other children, the child may return to the center.

If a child who has already been admitted to the center manifests any of the illnesses or symptoms of illness specified in (c)1 above, the center shall remove the child from the group of well children to a separate room or area, as specified in N.J.A.C. 3A:52-5.3(q)4, until:

- i. He or she can be taken from the center; or
- ii. The director or his or her designee has communicated verbally with a health care provider, who indicates that the child poses no serious health risk to himself or herself or to other children, at which time the child may return to the group.

The center may exclude a child whose illness prevents the child from participating comfortably in activities or results in a greater need for care than the staff can provide without compromising the health and safety of other children at the center.

(d) The following provisions relate to excludable communicable diseases: The center shall not permit a child or staff member with an excludable communicable disease, as set forth in the Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, revised July 2011, and available at http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf, incorporated herein by reference, as amended, and supplemented to be admitted to or remain at the center, until:

- i. A note from the child's or staff member's health care provider states that the child or staff member, respectively, has been diagnosed and presents no risk to himself, herself, or to others;
- ii. The center has contacted the Communicable Disease Program in the State Department of Health and Senior Services, or the local health department pediatric health consultant, and is told the child or staff member poses no health risk to others; or

If the child or staff member has chicken pox, the center obtains a note from the parent or staff member stating that all sores have dried and crusted.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: *N/A*
- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard for family child care providers:
 - [N.J.A.C. 3A:54-6.9](#)
 - “(a) The provider shall inform the sponsoring organization and the parents of enrolled children regarding the circumstances under which:
 1. Sick children will be admitted to or excluded from the home; and
 2. Medication will or will not be administered to children.
 - (b) The provider shall follow policies and procedures recommended by the sponsoring organization if the provider chooses to:
 1. Care for sick children in the home; or
 2. Administer medication to children.
 - (c) The provider shall inform the parents of all enrolled children when any person in the home has a communicable disease as indicated by the New Jersey Department of Health as requiring such notification (a list of the communicable diseases and the reporting requirements can be found on New Jersey Department of Health website at www.state.nj.us/health). The sponsoring organization shall make such information available to the providers.”

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: For approved in-homes care:
 - Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)
 - “45. Prohibit supervision by persons with communicable disease, impairment, or drug/alcohol-induced condition.
 - Inform all parents when anyone in home has a communicable disease that requires notification as indicated by the New Jersey Department of Health.”

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: For summer youth camps: [N.J.A.C 8:25-5.1](#)
 - “(d) The health director shall develop a written outline of daily procedures for health surveillance of campers and staff.
 1. The health director shall isolate any camper or staff member suspected of having a communicable disease, until medical assistance is obtained.
 2. The health director shall document all obvious and unusual observations made during the daily health surveillance, as determined by the camp's established procedures in (d) above.”

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: For licensed centers: [N.J.A.C 3A:52-7.3\(a\)\(2\)](#)
 - “For each child not enrolled in a public or private school, upon admission, the 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.”

See also N.J.A.C 8:57-4.2 (“A principal, director or other person in charge of a school, preschool, or child care facility shall not knowingly admit or retain any child whose parent or guardian has not submitted acceptable evidence of the child's immunization, according to the schedules specified in this subchapter.”), which applies to child care centers.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: [N/A](#)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: [N/A](#)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
For family child care providers: [N.J.A.C. 3A:54-6.8\(c\)](#)

“(c) A record of the health examination shall be provided by the child's parent to the provider upon or within one month following admission to the home. The record shall include:

 1. The name and address of the health care provider;
 2. A statement by the health care provider indicating, when applicable:
 - i. Information on any condition or handicap affecting the child; and
 - ii. Any recommendations for needed medical treatment or special requirements as to diet, rest, allergies, avoidance of certain activities and other care;
 3. An up-to-date immunization record in accordance with the recommended immunization schedule established by the Advisory Committee on Immunization Practice of the Center for Disease Control and Prevention, as provided by the New Jersey Department of Health at N.J.A.C. 8:57-4. The immunization record shall be appropriate to the child's age or shall document that the child is under a prescribed medical program to obtain immunizations and a timetable for doing so”

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: For approved homes: [Self-Arranged Care Inspection and Interview Checklist \(DFDI No. 23-05-01\)](#)

Providers are required to “maintain an up-to-date immunization record in accordance with the recommended immunization schedule appropriate to the child’s age.”

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:
For summer youth camps: [N.J.A.C. 8:25-5.5\(d\)](#)

“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 set forth at Immunization of Pupils in School, N.J.A.C. 8:57-4; or provide a statement from a physician that immunization is in progress.”

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard:

For licensed centers: N.J.A.C. 3A:52-6.4

(a) For early childhood programs, the center shall provide opportunities for daily rest and sleep as follows:

1. For children 12 months of age and younger, the center shall ensure that each child is initially placed in a face-up sleeping position unless a different position is indicated in writing by the child's health care provider.
2. For children from 13 to 18 months of age, the center shall provide daily rest and sleep according to the child's physical needs and ensure that blankets or pillows do not cover the child's face.
3. Swaddling of children during rest and sleep is prohibited.
4. For children over the age of 18 months and under the age of four years, the center shall provide:

- i. Daily rest or sleep for each child who attends the center for four or more consecutive hours;
- ii. Daily rest or sleep for each child who attends the center for fewer than four consecutive hours, but whose individual physical needs call for a rest period while the child is at the center; and
- iii. An alternative quiet activity for each child who has rested or slept for 30 minutes and does not appear to need additional rest or sleep.

(b) The center shall provide sleeping equipment for each child as follows:

1. For children 12 months of age and younger, the center shall provide for each child a crib, that complies with the Consumer Product Safety Commission's (CPSC) Federal Safety Standards for Full-Size and Non-Full-Size Baby Cribs; 16 CFR 1219 and 1220, which is incorporated herein by reference, and can be obtained through the CPSC's website at <http://www.cpsc.gov/businfo/frnotices/fr11/cribfinal.pdf>, playpen, or other Office of Licensing-approved sleeping equipment that meets the following requirements:
 - i. Each crib or playpen shall be equipped with:
 - (1) A firm, waterproof, snugly fitting mattress;
 - (2) A clean, snugly fitting sheet;
 - (3) Top rails that are at least 19 inches above the mattress; and
 - (4) Slats that are not more than 2 3/8 inches apart.
 - ii. Sleeping equipment shall be free of pillows and soft bedding, including, but not limited to, bumper pads, when occupied by a sleeping child.
 - iii. Stackable cribs shall be prohibited.
2. For children over the age of 12 months and under the age of five years, the center

shall provide for each child a crib that complies with the Consumer Product Safety Commission's (CPSC), Federal Safety Standards for Full-Size and Non-Full-Size Baby Cribs; 16 CFR 1219 and 1220, which is incorporated herein by reference, and can be obtained through the CPSC's website at <http://www.cpsc.gov/businfo/frnotices/fr11/cribfinal.pdf>, playpen, cot, mat, or other Office of Licensing-approved sleeping equipment that meets the following requirements:

- i. Each cot used for children between 13 and 18 months of age shall not exceed 14 inches above the floor level.
 - ii. Each cot or mat used for rest and sleep shall be covered with a sheet, blanket or other covering. An additional covering shall be provided for use as a covering for each child.
 - iii. Each mat used for rest and sleep shall be:
 - (1) Placed on a surface that is warm, dry, clean and draft-free;
 - (2) Water-repellent;
 - (3) At least one inch thick; and
 - (4) Stored so that there is no contact with the sleeping surface of another mat, or disinfected after each use, as specified in N.J.A.C. 3A:52-7.7(a)1.
 - iv. Stackable cribs shall be prohibited.
- (c) Centers that operate after 7:00 P.M. shall comply with the following requirements for rest and sleep:
1. For children who attend the center for more than three hours after 7:00 P.M., the center shall:
 - i. Establish bedtime schedules for each child in consultation with parent(s);
 - ii. Ensure that any Office of Licensing-approved sleeping equipment, other than a bed or mat, has been fitted with a minimum one-inch-thick water-repellent mat or mattress; and
 - iii. Ensure that each child is changed into sleeping garments.
- (d) All sleeping equipment shall meet the standards of a recognized safety organization (such as the Juvenile Products Manufacturers Association, the American Society for Testing and Materials, or the United States Consumer Product Safety Commission).
- (e) Sheets, blankets and other coverings shall be:
1. Changed when wet, soiled, or damaged; and
 2. Changed before use by another child.
- (f) When cribs, playpens, cots, mats or other Office of Licensing-approved sleeping equipment are stored with sheets, blankets, or other coverings as single units, at least one item of each unit shall be labeled with child-identifying information.
- (g) When sheets, blankets and other coverings are not stored with sleeping equipment, each of these items shall be:
1. Labeled for each child; and
 2. Stored separately for each child.
- (h) During rest and sleep periods, only one child shall occupy a crib, playpen, cot, mat, or other Office of Licensing-approved sleeping equipment at one time.
- (i) Children shall not use pacifiers with straps or other types of attachment devices.”
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: N/A
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: N/A
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
N.J.A.C. 3A:54-6.13 “Providers shall comply with the rest and sleep requirements set forth at N.J.A.C. 3A:52-6.4, including provisions related to safety standards for cribs and sleeping surfaces.”
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: For approved homes:
Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)
“Provide daily rest/sleep according to the child’s individual needs.

Provide for children under 18 months: cots/1” mats/beds with rails/playpens/cribs with slats < 2 3/8” apart.

Ensure each child has their own crib, playpen, bed, cot, or mat.

Ensure cribs used for care are in good condition, sturdy, and have tight fitting mattresses.

Prohibit stuffed toys, bumper pads and other soft products (i.e. pillows) in infant cribs, playpens or port-cribs.

Ensure that all beds, cots, cribs, and mattresses have firm surfaces; meet the standards established by the Consumer Product Safety Commission.

Prohibit enrolled children under seven years of age from using an upper bunk in bunk bed.

Ensure guardrails are equipped on both sides of upper bunk; upper edge of guardrails no less than five inches above top surface of mattress; ladder used for entering or leaving the upper bunk.

Provide individual sheets/blankets; replace if wet/soiled/damaged/used by another child; launder weekly.

Ensure each child below one year of age is placed on their back in a face-up sleeping position.”
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:
For summer youth camps:
None, but the CCDF-eligible summer youth camp program is limited to school-age children. DFDI No.: 13-05-02

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard:

For licensed centers:

N.J.A.C. 3A:52-7.5

“(a) The center shall inform each child's parent upon enrollment of its policy on administering medication and health care procedures to children, including the provisions specified in (b) to (d) below. The policy shall indicate:

1. Whether the center will administer non-prescription medication or a non-prescribed health care procedure to a child;
2. Whether the center will administer prescription medication or a prescribed health care procedure to a child with a short-term illness; and
3. That the center will 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.

(b) The center shall develop and follow a policy on the administration of medication and health care procedures to children, which shall include the following provisions:

1. Medication and health care procedures shall be administered only after receipt of written approval from the child's parent(s).
2. The center shall:
 - i. Designate those staff members who are trained as specified in N.J.A.C. 3A:52-4.8(a)8 and authorized to administer medication or health care procedures to, or to supervise self-administration of medication or health care procedures by, those children whose parents authorize it; and
 - ii. Ensure that each staff member designated to administer medication and health care procedures is informed of each child's medication and health care needs.
3. All medication and health care equipment shall be kept either in a locked cabinet or in an area that is inaccessible to the children.
 - i. All medication shall be kept in its original container.
 - ii. Medication shall be refrigerated if so indicated on the label.
 - iii. Unused or expired medication and health care equipment shall be returned to the child's parent or disposed of safely in a child-resistant waste receptacle when no longer being administered.
4. All prescription medication for a child shall be:
 - i. Prescribed in the name of and specifically for the child; and
 - ii. Stored in its prescription container, which has been labeled with the child's name, the name and expiration date of the medication, the date it was

prescribed or updated and directions for its administration.

5. The center shall limit the dispensing of non-prescription over-the-counter medication to the following types of medicines, which shall be dispensed in accordance with the recommended dosage for the age and weight of the child, as indicated on the label:

- i. Antihistamines;
- ii. Cough suppressants;
- iii. Decongestants;
- iv. Non-aspirin fever reducers and pain relievers; and
- v. Topical preparations, such as sunscreen and diaper rash preparations.

6. The center may permit the dispensing of non-prescription medication other than those listed in (b)5 above, or according to instructions other than those indicated on the label, if the child's health care provider authorizes it in writing.

7. The center shall maintain on file a record of the following:

- i. The child's name and parental authorization for the center to administer medication or health care procedures;
- ii. The name of the medication or health care procedure;
- iii. The condition for which the medication or health care procedure is being used;
- iv. The instructions for administration, including the dosage and frequency;
- v. The date and time medication or a health care procedure was administered to a child and the name or initials of the staff member who administered it; and
- vi. Any adverse effect the medication can have or has had on the child.

8. If a child has a chronic health condition requiring the administration of prescription or non-prescription medication or health care procedures on a long-term basis, the center shall obtain from the child's parent a written statement from a health care provider, indicating:

- i. The name of the child;
- ii. The name of the medication or procedure;
- iii. The condition or indications for administration of the medication or procedure;
- iv. The instructions for administration of the medication or procedure; and
- v. The name and telephone number of the health care provider.

9. Before administering a health care procedure associated with a child's health condition, such as the use of a blood glucose monitor, nebulizer, or epinephrine pen, the center shall ensure that all staff members who administer the procedure are taught to do so by the child's parent or another appropriately

trained person. There shall be at least two staff members present at the center who are trained in such health care procedures.

10. The center shall store prescribed epinephrine pens in their original boxes with the child's name and prescription. A special care plan or other documentation from a health care provider shall accompany the epinephrine pen. If two epinephrine pens are required, both shall be available. Each center under the jurisdiction of N.J.S.A. 18A:40-12.5 shall store back-up epinephrine pens on site consistent with the requirements stated at N.J.S.A. 18A:40-12.5.e(1).

11. The center shall inform the child's parent immediately if a child exhibits any adverse effect of a medication or health care procedure.

(c) For early childhood programs, the following shall apply:

1. The center shall ensure that all medication and health care procedures are administered by designated staff.

(d) For school-age child care programs, the following shall apply:

1. Before the center administers or permits a child to self-administer medication or health care procedures, the center shall:

i. Obtain written authorization for self-administration from the child's parent, if applicable; and

ii. Ensure that the medication or health care procedure is administered by or under the supervision of authorized staff.”

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *N/A*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *Click or tap here to enter text.*

Not applicable.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

For family child care providers:

[N.J.A.C. 3A:54-4.8\(c\)](#)

“The sponsoring organization shall make the following information available to providers:

1. A list of physical symptoms or conditions that indicate a child may have a communicable disease;

2. Guidelines for administration of medication, if applicable, which shall include that:

- i. All medication shall be kept in its original container;
- ii. 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 or health care procedures; and
- iii. The provider shall maintain, at the home, documentation of the date and time medication or a health care procedure was administered to a child and the name of the person who administered it;"

N.J.A.C. 3A:54-6.8(c)

"A record of the health examination shall be provided by the child's parent to the provider upon or within one month following admission to the home. The record shall include:

1. The name and address of the health care provider;
2. A statement by the health care provider indicating, when applicable:
 - i. Information on any condition or handicap affecting the child; and
 - ii. Any recommendations for needed medical treatment or special requirements as to diet, rest, allergies, avoidance of certain activities and other care;"

N.J.A.C. 3A:54-6.9

"(a) The provider shall inform the sponsoring organization and the parents of enrolled children regarding the circumstances under which:

1. Sick children will be admitted to or excluded from the home; and
2. Medication will or will not be administered to children.

(b) The provider shall follow policies and procedures recommended by the sponsoring organization if the provider chooses to:

1. Care for sick children in the home; or
2. Administer medication to children.

(c) The provider shall inform the parents of all enrolled children when any person in the home has a communicable disease as indicated by the New Jersey Department of Health as requiring such notification (a list of the communicable diseases and the reporting requirements can be found on New Jersey

Department of Health website at www.state.nj.us/health). The sponsoring organization shall make such information available to the providers.”

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:

For approved homes:

[Self-Arranged Care Inspection and Interview Checklist \(DFDI No. 23-05-01\)](#)

“82. Maintain an individual record for each child in care including: name/birth date; parent's name/home address/phone number, work number; emergency contacts, child’s allergies to food, medication and/or drugs, and administration procedures according to parental consent, if applicable; child's health care provider medical insurance; parent’s authorization for emergency medical treatment; date of child’s enrollment/withdrawal and information pertaining to individual authorized to pick up child(ren).”

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

For summer youth camps:

[N.J.A.C. 8:25-5.3](#)

“(a) 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.

1. Each camper shall be identified prior to medication administration.

(b) The health director shall establish written medical policies and procedures on the treatment of illness and injury and the administration of nonprescription drugs.

(c) The health director shall ensure that all medications:

1. Are labeled and stored in the original container or prescription container, as applicable, and in accordance with manufacturer instructions;

2. Are stored in a secure area that is inaccessible to the campers;

3. That require refrigeration are kept in a separate, locked box in the refrigerator, in a locked refrigerator, or in a refrigerator in a locked medication room.

i. The refrigerator shall have a thermometer to indicate temperature in conformance with United States Pharmacopoeia requirements set forth in the 38th Revision of the United States Pharmacopoeia (USP XXXVIII), and the 33rd Revision of the National Formulary (NF XXXIII);

4. For external use are kept separate from drugs for internal use; and
5. Dispensed for one camper shall not be administered to another camper.

(d) The health director shall insure that staff members are informed as to the medication needs of each camper under their direct supervision and any limitations commonly associated with the medication.

(e) The health director shall maintain the following information on file in the camper's medical record when any medications are administered:

1. The camper's name and parental authorization;
2. The name of the medication administered;
3. The condition for which the medication is being used and any cautionary information specific to the medication;
4. The instructions for administration, including the dosage and frequency of administration;
5. The date, time, and name of the person administering the medication to the camper;
6. Any medication error;
7. Any adverse drug reaction; and
8. Whether any contact was made with the prescribing physician pursuant to (f) below.

(f) The health director shall inform the prescribing physician of any medication error or adverse drug reaction.

(g) The health director shall return any unused medication to the camper's parent or guardian within three working days after the camper's last day.

1. The health director shall destroy any medication he or she is unable to return.

(h) The camp director or health director shall inform the parent or guardian prior to the time of enrollment if their youth camp does not administer medications.”

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard:

For licensed centers:

[N.J.A.C. 3A:52-7.5](#)

“(a) The center shall inform each child's parent upon enrollment of its policy on administering medication and health care procedures to children, including the provisions specified in (b) to (d) below. The policy shall indicate:

1. Whether the center will administer non-prescription medication or a non-

prescribed health care procedure to a child;

2. Whether the center will administer prescription medication or a prescribed health care procedure to a child with a short-term illness; and

3. That the center will 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.

(b) The center shall develop and follow a policy on the administration of medication and health care procedures to children, which shall include the following provisions:

1. Medication and health care procedures shall be administered only after receipt of written approval from the child's parent(s).

2. The center shall:

i. Designate those staff members who are trained as specified in N.J.A.C. 3A:52-4.8(a)8 and authorized to administer medication or health care procedures to, or to supervise self-administration of medication or health care procedures by, those children whose parents authorize it; and

ii. Ensure that each staff member designated to administer medication and health care procedures is informed of each child's medication and health care needs.

4. All medication and health care equipment shall be kept either in a locked cabinet or in an area that is inaccessible to the children.

i. All medication shall be kept in its original container.

ii. Medication shall be refrigerated if so indicated on the label.

iii. Unused or expired medication and health care equipment shall be returned to the child's parent or disposed of safely in a child-resistant waste receptacle when no longer being administered.

4. All prescription medication for a child shall be:

i. Prescribed in the name of and specifically for the child; and

ii. Stored in its prescription container, which has been labeled with the child's name, the name and expiration date of the medication, the date it was prescribed or updated and directions for its administration.

5. The center shall limit the dispensing of non-prescription over-the-counter medication to the following types of medicines, which shall be dispensed in accordance with the recommended dosage for the age and weight of the child, as indicated on the label:

i. Antihistamines;

ii. Cough suppressants;

iii. Decongestants;

iv. Non-aspirin fever reducers and pain relievers; and

- v. Topical preparations, such as sunscreen and diaper rash preparations.
6. The center may permit the dispensing of non-prescription medication other than those listed in (b)5 above, or according to instructions other than those indicated on the label, if the child's health care provider authorizes it in writing.
7. The center shall maintain on file a record of the following:
- i. The child's name and parental authorization for the center to administer medication or health care procedures;
 - ii. The name of the medication or health care procedure;
 - iii. The condition for which the medication or health care procedure is being used;
 - iv. The instructions for administration, including the dosage and frequency;
 - v. The date and time medication or a health care procedure was administered to a child and the name or initials of the staff member who administered it; and
 - vi. Any adverse effect the medication can have or has had on the child.
8. If a child has a chronic health condition requiring the administration of prescription or non-prescription medication or health care procedures on a long-term basis, the center shall obtain from the child's parent a written statement from a health care provider, indicating:
- i. The name of the child;
 - ii. The name of the medication or procedure;
 - iii. The condition or indications for administration of the medication or procedure;
 - iv. The instructions for administration of the medication or procedure; and
 - v. The name and telephone number of the health care provider.
9. Before administering a health care procedure associated with a child's health condition, such as the use of a blood glucose monitor, nebulizer, or epinephrine pen, the center shall ensure that all staff members who administer the procedure are taught to do so by the child's parent or another appropriately trained person. There shall be at least two staff members present at the center who are trained in such health care procedures.
10. The center shall store prescribed epinephrine pens in their original boxes with the child's name and prescription. A special care plan or other documentation from a health care provider shall accompany the epinephrine pen. If two epinephrine pens are required, both shall be available. Each center under the jurisdiction of N.J.S.A. 18A:40-12.5 shall store back-up epinephrine pens on site consistent with the requirements stated at N.J.S.A. 18A:40-12.5.e(1).
11. The center shall inform the child's parent immediately if a child exhibits any adverse effect of a medication or health care procedure.

(c) For early childhood programs, the following shall apply:

1. The center shall ensure that all medication and health care procedures are administered by designated staff.

(d) For school-age child care programs, the following shall apply:

1. Before the center administers or permits a child to self-administer medication or health care procedures, the center shall:

i. Obtain written authorization for self-administration from the child's parent, if applicable; and

ii. Ensure that the medication or health care procedure is administered by or under the supervision of authorized staff.”

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: *N/A*
- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

For family child care providers:

[N.J.A.C. 3A:54-4.8\(c\)](#)

“The sponsoring organization shall make the following information available to providers:

1. A list of physical symptoms or conditions that indicate a child may have a communicable disease;

2. Guidelines for administration of medication, if applicable, which shall include that:

i. All medication shall be kept in its original container;

ii. 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 or health care procedures; and

iii. The provider shall maintain, at the home, documentation of the date and time medication or a health care procedure was administered to a child and the name of the person who administered it;”

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:

For approved homes:

Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)

“82. Maintain an individual record for each child in care including: name/birth date; parent's name/home address/phone number, work number; emergency contacts, child's allergies to food, medication and/or drugs, and administration procedures according to parental consent, if applicable; child's health care provider medical insurance; parent's authorization for emergency medical treatment; date of child's enrollment/withdrawal and information pertaining to individual authorized to pick up child(ren).”

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

For summer youth camps:

N.J.A.C. 8:25-5.3

“(a) 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.

1. Each camper shall be identified prior to medication administration.

(b) The health director shall establish written medical policies and procedures on the treatment of illness and injury and the administration of nonprescription drugs.

(c) The health director shall ensure that all medications:

1. Are labeled and stored in the original container or prescription container, as applicable, and in accordance with manufacturer instructions;
2. Are stored in a secure area that is inaccessible to the campers;
3. That require refrigeration are kept in a separate, locked box in the refrigerator, in a locked refrigerator, or in a refrigerator in a locked medication room.
 - i. The refrigerator shall have a thermometer to indicate temperature in conformance with United States Pharmacopoeia requirements set forth in the 38th Revision of the United States Pharmacopoeia (USP XXXVIII), and the 33rd Revision of the National Formulary (NF XXXIII);
4. For external use are kept separate from drugs for internal use; and

5. Dispensed for one camper shall not be administered to another camper.

(d) The health director shall insure that staff members are informed as to the medication needs of each camper under their direct supervision and any limitations commonly associated with the medication.

(e) The health director shall maintain the following information on file in the camper's medical record when any medications are administered:

1. The camper's name and parental authorization;
2. The name of the medication administered;
3. The condition for which the medication is being used and any cautionary information specific to the medication;
4. The instructions for administration, including the dosage and frequency of administration;
5. The date, time, and name of the person administering the medication to the camper;
6. Any medication error;
7. Any adverse drug reaction; and
8. Whether any contact was made with the prescribing physician pursuant to (f) below.

(f) The health director shall inform the prescribing physician of any medication error or adverse drug reaction.

(g) The health director shall return any unused medication to the camper's parent or guardian within three working days after the camper's last day.

1. The health director shall destroy any medication he or she is unable to return.

(h) The camp director or health director shall inform the parent or guardian prior to the time of enrollment if their youth camp does not administer medications.”

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard:

DFDI No.: 21-11-01

“Providers ensure that staff are prepared to prevent, recognize, and respond to emergencies due to food and other allergic reactions through the following procedures:

1. Providers ensure that staff receive training, such as the Health & Safety Basics: Requirements for Certification module, that covers:
 - a) Preventing exposure to food and other allergens;
 - b) Recognizing the symptoms of allergic reactions; and
 - c) Treating allergic reactions.
2. For each child with an allergy, providers maintain a written care plan that includes:
 - a) The food or other allergen to which the child is allergic;
 - b) Measures to be taken to avoid exposing the child to that allergen;
 - c) Specific symptoms that would indicate an allergic reaction; and
 - d) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The treatment plan should include any specific symptoms that would indicate the need to administer one or more medications.
3. Providers immediately notify parents/guardians of any suspected allergic reactions, as well as the ingestion of, or contact with, the food or other allergen even if a reaction does not occur.
4. Providers immediately contact the emergency medical services system whenever epinephrine has been administered.
5. Providers post each child’s food allergies prominently in the classroom and/or wherever food is served, but only with the permission of the parent/guardian.”

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **N/A**
- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

DFDI No.: 21-11-01

“Providers ensure that staff are prepared to prevent, recognize, and respond to emergencies due to food and other allergic reactions through the following procedures:

1. Providers ensure that staff receive training, such as the Health & Safety Basics: Requirements for Certification module, that covers:
 - a) Preventing exposure to food and other allergens;
 - b) Recognizing the symptoms of allergic reactions; and
 - c) Treating allergic reactions.
2. For each child with an allergy, providers maintain a written care plan that includes:
 - a) The food or other allergen to which the child is allergic;
 - b) Measures to be taken to avoid exposing the child to that allergen;
 - c) Specific symptoms that would indicate an allergic reaction; and
 - d) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The treatment plan should include any specific symptoms that would indicate the need to administer one or more medications.
3. Providers immediately notify parents/guardians of any suspected allergic reactions, as well as the ingestion of, or contact with, the food or other allergen even if a reaction does not occur.
4. Providers immediately contact the emergency medical services system whenever epinephrine has been administered.
5. Providers post each child's food allergies prominently in the classroom and/or wherever food is served, but only with the permission of the parent/guardian."

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [DFDI No.: 21-11-01](#)

"Providers ensure that staff are prepared to prevent, recognize, and respond to emergencies due to food and other allergic reactions through the following procedures:

1. Providers ensure that staff receive training, such as the Health & Safety Basics: Requirements for Certification module, that covers:
 - a) Preventing exposure to food and other allergens;
 - b) Recognizing the symptoms of allergic reactions; and
 - c) Treating allergic reactions.
2. For each child with an allergy, providers maintain a written care plan that includes:
 - a) The food or other allergen to which the child is allergic;
 - b) Measures to be taken to avoid exposing the child to that allergen;

- c) Specific symptoms that would indicate an allergic reaction; and
- d) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The treatment plan should include any specific symptoms that would indicate the need to administer one or more medications.

3. Providers immediately notify parents/guardians of any suspected allergic reactions, as well as the ingestion of, or contact with, the food or other allergen even if a reaction does not occur.

4. Providers immediately contact the emergency medical services system whenever epinephrine has been administered.

5. Providers post each child's food allergies prominently in the classroom and/or wherever food is served, but only with the permission of the parent/guardian."

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

DFDI No.: 21-11-01

"Providers ensure that staff are prepared to prevent, recognize, and respond to emergencies due to food and other allergic reactions through the following procedures:

1. Providers ensure that staff receive training, such as the Health & Safety Basics: Requirements for Certification module, that covers:

- a) Preventing exposure to food and other allergens;
- b) Recognizing the symptoms of allergic reactions; and
- c) Treating allergic reactions.

2. For each child with an allergy, providers maintain a written care plan that includes:

- a) The food or other allergen to which the child is allergic;
- b) Measures to be taken to avoid exposing the child to that allergen;
- c) Specific symptoms that would indicate an allergic reaction; and
- d) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The treatment plan should include any specific symptoms that would indicate the need to administer one or more medications.

3. Providers immediately notify parents/guardians of any suspected allergic reactions, as well as the ingestion of, or contact with, the food or other allergen even if a reaction does not occur.

4. Providers immediately contact the emergency medical services system whenever epinephrine has been administered.

5. Providers post each child’s food allergies prominently in the classroom and/or wherever food is served, but only with the permission of the parent/guardian.”

5.3.5 Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: [Click or tap here to](#)

DFDI No.: 21-11-01

“Providers ensure that staff are prepared to prevent, recognize, and respond to emergencies due to food and other allergic reactions through the following procedures:

1. Providers ensure that staff receive training, such as the Health & Safety Basics: Requirements for Certification module, that covers:

- a) Preventing exposure to food and other allergens;
- b) Recognizing the symptoms of allergic reactions; and
- c) Treating allergic reactions.

2. For each child with an allergy, providers maintain a written care plan that includes:

- a) The food or other allergen to which the child is allergic;
- b) Measures to be taken to avoid exposing the child to that allergen;
- c) Specific symptoms that would indicate an allergic reaction; and
- d) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The treatment plan should include any specific symptoms that would indicate the need to administer one or more medications.

3. Providers immediately notify parents/guardians of any suspected allergic reactions, as well as the ingestion of, or contact with, the food or other allergen even if a reaction does not occur.

4. Providers immediately contact the emergency medical services system whenever epinephrine has been administered.

5. Providers post each child’s food allergies prominently in the classroom and/or wherever food is served, but only with the permission of the parent/guardian.”

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: N/A
- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: N/A
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
[DFDI No.: 21-11-01](#)

“Providers ensure that staff are prepared to prevent, recognize, and respond to emergencies due to food and other allergic reactions through the following procedures:

 1. Providers ensure that staff receive training, such as the Health & Safety Basics: Requirements for Certification module, that covers:
 - a) Preventing exposure to food and other allergens;
 - b) Recognizing the symptoms of allergic reactions; and
 - c) Treating allergic reactions.
 2. For each child with an allergy, providers maintain a written care plan that includes:
 - a) The food or other allergen to which the child is allergic;
 - b) Measures to be taken to avoid exposing the child to that allergen;
 - c) Specific symptoms that would indicate an allergic reaction; and
 - d) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The treatment plan should include any specific symptoms that would indicate the need to administer one or more medications.
 3. Providers immediately notify parents/guardians of any suspected allergic reactions, as well as the ingestion of, or contact with, the food or other allergen even if a reaction does not occur.
 4. Providers immediately contact the emergency medical services system whenever epinephrine has been administered.
 5. Providers post each child’s food allergies prominently in the classroom and/or wherever food is served, but only with the permission of the parent/guardian.”
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:
[DFDI No.: 21-11-01](#)

“Providers ensure that staff are prepared to prevent, recognize, and respond to emergencies due to food and other allergic reactions through the following procedures:

1. Providers ensure that staff receive training, such as the Health & Safety Basics: Requirements for Certification module, that covers:

- a) Preventing exposure to food and other allergens;
- b) Recognizing the symptoms of allergic reactions; and
- c) Treating allergic reactions.

2. For each child with an allergy, providers maintain a written care plan that includes:

- a) The food or other allergen to which the child is allergic;
- b) Measures to be taken to avoid exposing the child to that allergen;
- c) Specific symptoms that would indicate an allergic reaction; and
- d) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The treatment plan should include any specific symptoms that would indicate the need to administer one or more medications.

3. Providers immediately notify parents/guardians of any suspected allergic reactions, as well as the ingestion of, or contact with, the food or other allergen even if a reaction does not occur.

4. Providers immediately contact the emergency medical services system whenever epinephrine has been administered.

5. Providers post each child’s food allergies prominently in the classroom and/or wherever food is served, but only with the permission of the parent/guardian.”

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

DFDI No.: 21-11-01

“Providers ensure that staff are prepared to prevent, recognize, and respond to emergencies due to food and other allergic reactions through the following procedures:

1. Providers ensure that staff receive training, such as the Health & Safety Basics: Requirements for Certification module, that covers:

- a) Preventing exposure to food and other allergens;
- b) Recognizing the symptoms of allergic reactions; and
- c) Treating allergic reactions.

2. For each child with an allergy, providers maintain a written care plan

that includes:

- a) The food or other allergen to which the child is allergic;
- b) Measures to be taken to avoid exposing the child to that allergen;
- c) Specific symptoms that would indicate an allergic reaction; and
- d) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The treatment plan should include any specific symptoms that would indicate the need to administer one or more medications.

3. Providers immediately notify parents/guardians of any suspected allergic reactions, as well as the ingestion of, or contact with, the food or other allergen even if a reaction does not occur.

4. Providers immediately contact the emergency medical services system whenever epinephrine has been administered.

5. Providers post each child's food allergies prominently in the classroom and/or wherever food is served, but only with the permission of the parent/guardian."

5.3.6 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard:

For licensed centers:

[N.J.A.C. 3A:52-5.2](#)

"(a) A person seeking a license or a Certificate of Life/Safety Approval to operate a center shall comply with all applicable provisions of the New Jersey Uniform Construction Code, as specified in N.J.A.C. 5:23 (hereinafter referred to as the "NJUCC").

1. For newly constructed buildings, for existing buildings whose construction code group classification would change from that which it had been, or for existing buildings that require major alteration or renovation, the center shall obtain a Certificate of Occupancy (CO) issued by the municipality in which it is located, reflecting the center's compliance with the provisions of the NJUCC, and submit a copy of the CO to the Office of Licensing, for one of the following group classifications:

i. E (Educational) for buildings accommodating children 2 1/2 years of age and older and having a total occupancy of six or more children;

ii. I-4 (Institutional) for buildings accommodating one or more children less than 2 1/2 years of age; or

iii. A-3 (Assembly) or one of the use group classifications specified in (a)1i or ii above for buildings accommodating school-age child care programs only.

2. Plan reviews for centers to be located in newly-constructed buildings shall be submitted as follows:

i. In addition to submitting preliminary and final architectural drawings to the local construction official, a sponsor or sponsor representative that plans to construct a new or renovate an existing building for use as a center shall submit preliminary or final architectural drawings to the Office of Licensing for review and approval prior to beginning construction.

ii. The sponsor or sponsor representative shall submit to the Office of Licensing revised final architectural drawings containing all Office of Licensing-required items listed in the plan review, if any, and secure final approval from the Office of Licensing prior to beginning construction.

3. For buildings constructed after the adoption of the NJUCC (1977), whose construction code group classification is already E, I-2, I-4, A-3, or A-4, and that have not had major alterations or renovations since receipt of the CO, the center shall obtain the CO issued by the municipality in which it is located at the time the building was originally constructed or approved for use in the NJUCC's E, I-2, I-4, A-3, or A-4 group classification. The center shall submit a copy of the building's CO to the Office of Licensing.

4. For existing buildings whose use prior to the adoption of the NJUCC (before 1977) was and continues to be for a center and that have not had major alterations or renovations, the center shall obtain a Certificate of Continued Occupancy (CCO) issued by the municipality in which it is located, reflecting the building's compliance with provisions of the municipality's construction code requirements that were in effect at the time it was originally constructed or converted for use as a center. The center shall submit a copy of the building's CCO and the center's current fire safety inspection certificate to the Office of Licensing.

5. The center shall be permitted to obtain a valid fire safety inspection certificate issued by the municipality in which it is located, based on a fire inspection conducted within the preceding 12 months, and submit a copy of the certificate to the Office of Licensing in lieu of a CO or CCO, if the center serves only children 2 1/2 years of age or older and is located in a public school building that is used as a public school.

6. The center shall obtain a new CO issued by the local municipality in which the center is located, and submit a copy to the Office of Licensing, reflecting the building's compliance with provisions of the applicable NJUCC group classification, whenever the center:

i. Changes the building's use group classification to one other than the one prescribed on its original CO;

ii. Makes a major alteration or renovation, as defined by the NJUCC, of the building or premises in which the center is located;

iii. Increases the floor area or the number of stories to the building or premises in which the center is located; or

iv. Relocates to another site.

7. Whenever a municipality grants to a center a written variation(s) from any of the requirements of the NJUCC, the Office of Licensing may accept such variation(s) as meeting the applicable requirement(s) of this chapter.

i. If the Office of Licensing does not accept the variation, the non-acceptance shall be based on the best interests of the children in the center, and shall include consideration for their health and safety. The non-acceptance shall be based on the requirements of this chapter only, and shall not preclude the municipality from continuing to grant the variation.

ii. If the center disagrees with the Office of Licensing, the center may seek a hearing in accordance with N.J.A.C. 3A:52-2.5(a) and the provisions of the Administrative Procedure Act, N.J.S.A. 52:14B-1, as implemented by the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

8. The center shall obtain a Life Hazard Use Registration certificate applicable to the center's licensed capacity and ages served pursuant to the Uniform Fire Safety Act, N.J.S.A. 52:27D-192 et seq. The center shall post this document in a prominent location within the center.

(b) An applicant seeking a license or a Certificate of Life/Safety Approval to operate a center shall comply with all applicable provisions of the New Jersey Uniform Fire Code, as specified in N.J.A.C. 5:70 and hereinafter referred to as the NJUFC. The center shall obtain the building's fire safety inspection certificate issued by the municipality in which it is located, based on a fire inspection conducted within the preceding 12 months, reflecting the center's compliance with all applicable provisions of the NJUFC. The center shall maintain on file the building's fire safety inspection certificate.

(c) If the center prepares meals, the center shall obtain a satisfactory Sanitary Inspection Certificate, as specified in N.J.A.C. 8:24, indicating that the kitchen is in compliance with the applicable requirements of the State Sanitary Code. The center shall maintain on file the Sanitary Inspection Certificate.

(d) An applicant seeking the renewal of a license or of a Certificate of Life/Safety Approval to continue operating a center shall obtain and maintain on file a fire safety inspection certificate for the building based on a fire inspection conducted within the preceding 12 months. If the center prepares meals, the applicant seeking renewal shall obtain and maintain on file a satisfactory Sanitary Inspection Certificate, as specified in N.J.A.C. 8:24, indicating that the kitchen is in compliance with the applicable requirements of the State Sanitary Code, based on a sanitary inspection conducted within the preceding 12 months.

(e) A center that plans to locate or is already located in a hospital or other health care facility, as defined in the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., shall obtain a letter from the Department of Health indicating that Department's approval. The center shall submit a copy of the approval letter to the Office of Licensing.”

N.J.A.C. 3A:52-5.3

“(a) Indoor maintenance and sanitation requirements are as follows:

1. The center shall be free of moisture resulting from water leaks or seepage.
2. Floors, carpeting, walls, window coverings, ceilings, and other surfaces shall be kept clean and in good repair.
3. Stairways shall be free of tripping hazards, such as toys, boxes, loose steps, uneven treads, torn carpeting, raised strips, or uneven risers.
4. Carpeting shall be securely fastened to the floor.
5. Garbage receptacles shall be:
 - i. Made of durable, leak-proof and nonabsorbent materials;
 - ii. Covered in a secure manner;
 - iii. Emptied to the outdoor garbage receptacle when filled; and
 - iv. Maintained in a sanitary manner.
6. Food waste receptacles shall be lined and maintained in clean and sanitary condition.
7. The center shall be free of rodent or insect infestation and shall take immediate action to remove any infestation that may occur. The center shall maintain on file a record documenting the use of extermination services.
8. Pesticides for indoor and outdoor use shall be used in accordance with the manufacturer's directions and in keeping with the applicable provisions specified in N.J.A.C. 7:30-10, Pesticide Control Code.
 - i. No pesticides shall be applied in or around a child care center during operating hours.
 - ii. Before applying pesticides, all toys and non-permanent play equipment shall be removed from outdoor and indoor play areas.
9. Toilets, wash basins, kitchen sinks, and other plumbing shall be maintained in good operating and sanitary condition.
10. All corrosive agents, insecticides, bleaches, detergents, polishes, any products under pressure in an aerosol spray can, and any toxic substance shall be stored in a locked cabinet or in an enclosure located in an area not accessible to the children.
11. All windows and other glass surfaces that are not made of safety glass and that are located within 36 inches above the floor shall have protective guards.
12. Install window guards, with approval of the local fire official, or provide an alternative method to ensure that children cannot fall out of windows.
13. The center shall ensure that window blind cords and other cords and ropes that present risk of harm are inaccessible to children.
14. All balconies, rooftops, verandas, and all floor levels used by children that are above the first floor and subject the children to an open drop or atrium shall be protected by barriers consisting of safety glass, Plexiglas, or any other materials approved by the Office of Licensing. Such barriers shall extend at least five feet above the floor level.
15. Ventilation outlets shall be clean and free from obstructions, and filters shall be replaced when saturated.
16. Walls shall be painted or otherwise covered whenever there is evidence of:

- i. Excessive peeling or chipped paint; or
- ii. Heavily soiled conditions.

17. All televisions and computers shall be secured on a stable surface and shelving shall be secured and not be overloaded.

18. Ensure that microwave ovens, toaster ovens, and other portable devices used to heat or prepare food are out of children's reach, secured on a stable surface, and not in use when children are in the area in order to ensure the safety of children.

19. The center shall test for the presence of radon gas in each classroom on the lowest floor level used by children at least once every five years and shall post the test results in a prominent location in all buildings at the center, as specified in N.J.S.A. 30:5B-5.2.

20. The center shall comply with the provisions specified in P.L. 1999, c. 362 (N.J.S.A. 30:5B-5.5) requiring reports of drinking water tests to be posted in all buildings at the center when received from a water supply company or prepared by the center, for private wells and other non-public water sources.

21. The center shall ensure all guardrails accessible to children are no more than four inches apart or are otherwise protected to prevent head entrapment.

(b) Outdoor maintenance and sanitation requirements are as follows:

1. The building, land, walkways, and outdoor play area shall be free from hazards to the health, safety or well-being of the children.

2. The outdoor play area shall be graded or provided with drains to dispose of surface water.

3. The building structure shall be maintained to prevent:

- i. Water from entering;
- ii. Excessive drafts or heat loss; and
- iii. Infestation from rodents and insects.

4. The railings of balconies, landings, porches, or steps shall be maintained in safe condition.

5. Garbage receptacles shall be:

- i. Made of durable, leakproof and nonabsorbent materials;
- ii. Covered in a secure manner and located in an outdoor area; and
- iii. Maintained in a sanitary manner.

6. Centers that provide outdoor space shall maintain all fencing in proper condition.

7. The center shall comply with the Playground Safety Subcode of the New Jersey Uniform Construction Code, as specified in N.J.A.C. 5:23-11.

- i. Centers that take children to a community playground shall ensure that the playground surfacing and all other elements comply with the Playground Safety Subcode before being used by the children.

(c) Lighting requirements are as follows:

1. All fluorescent tubes and incandescent light bulbs shall have protective covers or

shields.

2. During program activities, at least 20 foot-candles of natural or artificial light shall be provided in all rooms used by the children. This illumination shall be measured three feet above the floor at the farthest point from the light source.

3. Parking areas, pedestrian walkways, or other exterior portions of the premises subject to use by center occupants at night shall be illuminated to provide safe entrance to and egress from the center.

(d) Heating requirements are as follows:

1. A minimum temperature of 68 degrees Fahrenheit shall be maintained in all areas used by the children including, but not limited to, classrooms and bathrooms.

2. Steam and hot water pipes and radiators shall be protected by screens, guards, insulation, or any other suitable, non-combustible protective device.

3. The center shall not use portable liquid fuel-burning or wood-burning heating appliances or electric space heaters.

(e) All fans that are accessible to the children shall have a grille, screen, mesh, or other protective covering.

(f) Toilet facility requirements are as follows:

1. A supply of soap, toilet paper, and individual hand towels or disposable paper towels shall be provided.

2. Mirrors, dispensers, and other equipment shall be fastened securely.

3. Platforms shall be available as appropriate for use by the children when adult size toilets, sinks, or urinals are used by the children.

(g) A center utilizing a kitchen facility or food preparation area shall ensure that the cooking equipment and kitchen facility are kept in clean and sanitary condition and are operated in compliance with applicable provisions of the State Sanitary Code, as specified in N.J.A.C. 8:24.

(h) Lead paint precautions are as follows:

1. The center shall be free from lead paint hazards.

2. The center shall comply with the lead paint inspection requirements specified in (h)3 below, unless the center:

i. Is located in a building constructed after 1978; or

ii. Submits documentation to the Office of Licensing of a previous lead paint inspection conducted by a Lead Inspector/Risk Assessor, who is certified and employed as specified in (h)3 below, indicating the center is free of lead-based paint hazards; or

iii. Submits documentation to the Office of Licensing and the local department of health of:

(1) A lead paint inspection and risk assessment conducted by a Lead Inspector/Risk Assessor, who is certified and employed as specified in (h)3

- below, within the previous 12 months indicating the presence of lead; and
- (2) A lead paint risk management plan currently in progress at the center.
3. The center shall ensure that a lead paint inspection of all painted surfaces of the center is conducted by a Lead Inspector/Risk Assessor, who is certified by the New Jersey Department of Community Affairs (DCA) and employed by either a public health agency or a lead evaluation contractor certified by DCA, as specified in N.J.A.C. 5:17.
- i. If the lead paint inspection indicates the center is free of lead-based paint hazards, the center shall submit documentation of the inspection results to the Office of Licensing and the local department of health.
 - ii. If the lead paint inspection indicates the presence of lead, the center shall ensure that a lead paint risk assessment of the center is conducted by a Lead Inspector/Risk Assessor, who is certified and employed as specified in (h)3 above.
 - iii. The center shall submit documentation of the risk assessment results to the Office of Licensing and the local department of health.
4. If a lead paint risk assessment indicates the presence of a lead hazard, the center shall:
- i. Ensure that all lead hazards are abated pursuant to N.J.A.C. 5:17 and 5:23 by a Lead Abatement Contractor who is certified and employed as specified in (h)3 above;
 - ii. Submit to the Office of Licensing and the local department of health a certificate of lead abatement issued by the local construction official, or other documentation as appropriate, reflecting that appropriate remedial action to abate the lead hazard has been completed; and
 - iii. Inform the parents of all enrolled children that a lead paint hazard has been found at the center and will be or has been abated, as applicable.
5. If any area of the center is renovated or damaged after a lead paint risk assessment has been conducted, the center shall:
- i. Ensure that an additional risk assessment is conducted by a Lead Inspector/Risk Assessor who is certified and employed as specified in (h)3 above; and
 - ii. Submit the results of the additional risk assessment to the Office of Licensing and the local department of health.
6. The center shall follow the recommendations of the local department of health for enclosure, removal or other appropriate action to abate lead hazards, and shall permit the local department of health to conduct follow-up inspections to ensure compliance with State statutes governing lead paint hazards.
7. If a previous lead paint inspection indicates the presence of lead, or a lead paint risk management plan is in progress at the center, the center shall:
- i. Ensure that a lead paint risk assessment is conducted by a Lead Inspector/Risk Assessor who is certified and employed as specified in (h)3 above, upon renewal

of the center's license; and

ii. Submit the results of the risk assessment to the Office of Licensing and the local department of health.

(i) Environmental condition precautions are as follows:

1. At the time of the initial application, any renewal application, relocation of an existing licensed center and, in the discretion of the Office of Licensing, any other time, the applicant or facility operator shall submit a written certification to the Office of Licensing indicating whether the building has ever housed a use that was classified under the Uniform Construction Code, N.J.A.C. 5:23, as any of the following:

- i. Group F - factory/industrial;
- ii. Group H - high hazard;
- iii. Group S - storage;
- iv. Group B - dry cleaners or nail salons;
- v. Group M - gas stations; or
- vi. Group A - funeral home.

2. For those buildings that predate the Uniform Construction Code, the facility operator shall at minimum, conduct a Preliminary Assessment in accordance with the Department of Environmental Protection's Technical Requirements for Site Remediation (N.J.A.C. 7:26E) to determine whether the building ever housed a use that would have been classified as any of those uses had the Uniform Construction Code been in effect.

3. In the event that the building housed a use that was or would have been classified as any of those uses listed in (i)¹ above, the facility operator shall certify in writing to the Office of Licensing that:

- i. The site of the center complies with the Madden legislation (P.L. 2007 c. 1), the Site Remediation Reform Act (N.J.S.A. 58:10C-1 et seq.), the Technical Requirements for Site Remediation (N.J.A.C. 7:26E), and the Department of Environmental Protection's Guidance Document for Environmental Guidance for All Child Care Facilities and Education Institutions, incorporated by reference, as amended and supplemented, which can be found at <http://nj.gov/dep/srp/guidance>;
- ii. The facility operator has contacted the Department of Environmental Protection (DEP) to determine what further steps, if any, are necessary to address the risks posed by the prior historical use, and the facility operator has complied with all recommended corrective actions;
- iii. He or she has conducted an Indoor Environmental Health Assessment (IEHA) that has been performed by a Licensed Indoor Environmental Consultant in accordance with the Department of Health rules (N.J.A.C. 8:50); and
- iv. He or she has submitted the IEHA to the Department of Health for review and evaluation of the indoor environmental conditions in the building where the center is located.

4. Paragraphs (i)1 through 3 above shall not apply to any centers covered by N.J.A.C. 3A:52-2.3(e).

5. At the time of the initial application, any renewal application, relocation of an existing licensed center and, in the discretion of the Office of Licensing, any other time, the applicant or facility operator shall certify in writing that the center provides a potable water supply provided by a public community water system.

i. If the facility is supplied by a public community water system, the applicant or facility operator shall provide documentation of water testing conducted by a laboratory certified by the Department of Environmental Protection for water testing for lead and copper from all faucets and other sources used for drinking water or food preparation and at least 50 percent of all indoor water faucets utilized by the center.

ii. If the results reveal elevated levels of lead or copper as defined by the New Jersey Department of Environmental Protection, Bureau of Safe Drinking Water, which pose risk of harm to children, the center shall:

- (1) Immediately discontinue use of all drinking water sources in the building;
- (2) Provide bottled water for drinking;
- (3) Provide bottled water for food preparation with approval from the local health official; and
- (4) Notify parents of the children in attendance at the center.

If the facility or site is not provided a potable water supply by a public community water system, the applicant shall provide potable water sampling results demonstrating compliance with maximum contaminant levels for all contaminants required to be tested pursuant to N.J.A.C. 7:10-5 for public non-transient, non-community (NTNC) water systems, including radiological contaminants, regardless of whether they meet the definition of NTNC systems as defined at N.J.A.C. 7:10-1.3. This sampling shall have been conducted within three years of the date of application submission, except nitrates and coliform, for which the sampling shall have been conducted within 90 days of submitting the application.

6. At the time of the initial application, any renewal application, relocation of an existing licensed center and, in the discretion of the Office of Licensing, any other time, the applicant or facility operator shall certify in writing that the center complies with all existing Department of Children and Families regulatory requirements for child care centers with respect to radon, asbestos, and lead listed in (a)19 and (h) above and (j) below.

7. At the time of the initial application, any renewal application, relocation of an existing licensed center and, in the discretion of the Office of Licensing, any other time, the facility operator shall submit to the Office of Licensing a No Further Action letter, Child Care Facility Approval letter, Response Action Outcome letter, or other approval, which indicates that no further remediation is needed for the site from the Department of Environmental Protection, which indicates that no further remediation is needed for the site on which the center is located.

8. At the time of the initial application, any renewal application, relocation of an existing licensed center, and, as determined by the Office of Licensing, on a case-by-case basis, the facility operator shall submit to the Office of Licensing a Safe Building Interior Certification or other approval issued by the Department of Health that indicates that no further remediation is needed for the interior of the building in which the center is located.

9. The Office of Licensing shall not issue licenses or renewals to child care centers that are co-located in a building or other structure that contains a dry cleaner or nail salon unless the applicant obtains indoor air sampling that demonstrates that there is no impact to the child care center.

(j) Asbestos precautions are as follows:

1. The building shall comply with the applicable provisions of the Asbestos Hazard Abatement Subcode of the NJUCC, as specified in N.J.A.C. 5:23-8, as well as the NJDEP, as specified in N.J.A.C. 7:27-17.2.

2. An inspection for asbestos containing materials shall be conducted as part of the Indoor Environmental Health Assessment. If the New Jersey Department of Health determines that corrective action must be taken to minimize exposure potential, the sponsor or sponsor representative shall follow the recommendation of that department for enclosure, removal, or other appropriate action to remove the threat or risk of asbestos contamination, as specified in N.J.A.C. 5:23-8.

(k) Swimming pool requirements are as follows:

1. Pools that are at least 24 inches in depth shall be defined as swimming pools and subject to the requirements specified in (k)2 below.

2. The center shall ensure that any swimming pool or natural bathing place used by the children complies with applicable provisions of the Public Recreational Bathing Rules, as specified in N.J.A.C. 8:26, and with applicable provisions of the Building Subcode and Barrier-free Subcode of the NJUCC, as specified in N.J.A.C. 5:23.

3. The center shall ensure that the children using swimming pools or natural bathing facilities are supervised in accordance with applicable provisions of the New Jersey Youth Camp Safety Act rules, as specified in N.J.A.C. 8:25.

4. If a child defecates in the swimming pool, all solid wastes shall be removed and the pool shall be super-chlorinated and not used until the chlorine level returns to levels identified as acceptable in the Public Recreational Bathing Rules, N.J.A.C. 8:26.

5. Wading pools that are 24 inches or less, are filled as needed, are portable, and do not have a filtration system are prohibited.

(q) Space and room requirements are as follows:

1. All space and rooms within the center to be used by children shall be inspected and approved by the Office of Licensing prior to their use. In making its determination, the Office of Licensing shall consider whether the space is too far removed, remote, or isolated from other areas of the center to be used by children.

i. For those rooms or areas that are too far removed, remote, or isolated from other centrally located rooms or areas of the center, the Office of Licensing may

require the use of additional staff members, above those required for staff/child ratios, before granting approval.

ii. Rooms or areas of the center that are not Office of Licensing-approved for use by children shall be made inaccessible to children.

2. At no time shall a center:

i. Allow more children in attendance than the licensed capacity as specified on the license or the Certificate of Life/Safety Approval;

ii. Allow more children in attendance than the licensed room capacity; or

iii. Operate in violation of the written conditions on its license or Certificate of Life/Safety Approval including, but not limited to, capacity or age restrictions for specific classrooms.

3. Indoor space requirements for play rooms and sleep rooms are as follows:

i. There shall be a minimum of 30 square feet of usable activity indoor floor space for each child in centers that:

(1) Began operating prior to July 1, 1989; or

(2) Began operating on or after July 1, 1989 and serve fewer than 16 children.

i. There shall be a minimum of 35 square feet of usable activity indoor floor space for each child in centers that began operating on or after July 1, 1989 and serve 16 or more children.

ii. The minimum square footage of usable activity indoor floor space shall be determined by excluding the space used in or by hallways, toilet facilities, offices, storage rooms, staff rooms, furnace rooms, kitchen areas, lockers, closets, and other stationary equipment or areas that children do not use for sleep or play.

iii. Centers serving sick children shall comply with the variation provisions on determining net indoor floor space per child, as specified in N.J.A.C. 3A:52-8.4(a).

iv. The center shall identify all rooms of the center that have been approved by the Office of Licensing. This identification shall consist of numbers, letters, names, or any other means of identification and shall be located either inside or directly outside each room.

4. Separate room or area requirements for children who become ill are as follows:

i. There shall be a room, section of a room, or a separate area in the center to which children who are exhibiting those illnesses, symptoms of illness, and diseases specified in N.J.A.C. 3A:52-7.1(c) shall be taken and where they shall be cared for until they can return home, be suitably cared for elsewhere, or be diagnosed as posing no health risk to themselves or others.

ii. The separate room, section or area shall be furnished with sleeping equipment and sheets, blankets or other coverings.

iii. Centers serving only sick children shall comply with the variation provision for separating ill children, as specified in N.J.A.C. 3A:52-8.4(b) and (c).

(r) The center shall take any steps required by the Office of Licensing to correct

conditions in the building or center that may endanger the health, safety, and well-being of the children served.”

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: [N/A](#)
- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: [N/A](#)
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

For family child care providers:

[N.J.A.C. 3A:54-6.3](#)

“(a) The provider shall ensure that:

1. Adequate floor space is available for the children's activities.
 - i. The provider shall arrange the play space and the furniture within the family child care home in order to allow adequate room for active and quiet play and for individual and group activities.
 - ii. Program space shall not include the food preparation areas within the kitchen, bathrooms, hallways, stairways, closets, laundry rooms or areas, furnace rooms and storage spaces;
2. The temperature of rooms used by children is maintained at a minimum of 65 degrees Fahrenheit;
3. Floors, walls, ceilings, furniture, equipment and other surfaces are kept clean and in good repair;
4. Adequate ventilation is provided by means of open windows, fans, air conditioning or other mechanical ventilation systems;
5. Warm and cold running water are available;
6. Working indoor toilets are easily accessible to children;
7. 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.
 - i. Furniture, appliances, or equipment with tipping hazards, such as chests, bookshelves, and televisions are secured;
 - ii. Any hazardous equipment is made inaccessible to children or removed until rendered safe or replaced; and
 - iii. Bathtubs, buckets, and other containers of water are emptied immediately after use;
8. Electricity is in service in the home;
9. The home contains sufficient furniture and equipment to accommodate the needs

of the children in care;

10. A telephone shall be in service in the home at all times when children are in care; and

11. Pesticides for indoor and outdoor use shall be used according to the manufacturer's directions and in keeping with the applicable provisions specified in N.J.A.C. 7:30-10, Pesticide Control Code.

i. No pesticides shall be applied while children are present.

ii. Before applying pesticides, all toys and play equipment shall be removed from the area.

iii. Children shall be removed from the area until the pesticide has dried or as long as recommended on the label.”

N.J.A.C. 3A:54-6.5

“(a) The provider shall ensure that:

1. The home and its furnishings present no hazard to the health and safety of the children in care;

2. All items that may be hazardous to children, including medicines, poisonous plants, toxic substances, tobacco products, matches and sharp objects, are stored out of the reach of children;

3. Safety barriers are installed to prevent children from falling from stairs, ramps, balconies, porches (when used for child care activities), elevated play areas, and any areas that subject children to falls.

i. Gates shall be provided at the top and bottom of each stairway, as appropriate, in areas of the home where infants and toddlers are in care.

ii. Gates at the top of the stairs shall be hardware mounted to the wall for stability;

4. All electrical outlets that are accessible to the children are covered with safety caps, ground fault interrupters or have safety outlets installed;

5. A working flashlight is available for emergency lighting;

6. All firearms, other weapons (such as bb guns, paintball guns, hunting knives, bows, swords, and martial arts weapons), and ammunition are stored in locked areas out of the reach of children;

7. The home shall be free of exposed lead-based paint surfaces, which are flaking, peeling or chipped;

8. Unfinished areas of the home including, but not limited to, attics, basements, and additions shall not be used for the care of children;

9. Portable fans shall be kept out of reach of children; and

10. The use of trampolines by enrolled children is prohibited, and shall be inaccessible to the children during operating hours.”

vi. All CCDF-eligible license-exempt in-home care. Provide the standard:

For Approved Homes:

Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)

“1. Provide adequate floor space for all children’s activities; arranged to allow for active/quiet and individual/group activities.

2. The temperature of rooms used by the children is maintained at a minimum of 65 degrees F.

3. Ensure floors, walls, ceilings, furniture, equipment, and other surfaces are kept clean, in good repair, and do not present any hazardous health and safety issues.

4. Ensure adequate ventilation is provided by means of an open window, fans, air conditioning or other mechanical ventilation systems. Ensure screens are present on open windows.

5. Ensure warm and cold running water is available.

6. Ensure working indoor toilets are easily accessible to children.

7. Ensure play equipment, materials and furniture for indoor and outdoor use are sturdy and safely constructed, non-toxic, easy to clean and free of hazards that may be injurious to children.

8. Ensure the home contains sufficient furniture and equipment to accommodate the needs of the children.

9. Ensure a telephone is in service in the home at all times when children are in care.

10. Ensure electricity is in service in the home.

11. Ensure pesticides for indoor and outdoor use are used in accordance to the manufacturer’s and/or exterminator’s directions and are kept out of reach of children in care.

12. Ensure children are removed from the area until the pesticide has dried or as long as recommended on the label or by exterminator.”

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

For summer youth camps:

N.J.A.C. 8:25-4.1

“(a) The youth camp operator shall ensure that the location of the youth camp does not present a fire, health, or safety hazard.

1. Any youth camp constructed after June, 1974, shall not be divided by a public highway or railroad.

(b) The youth camp operator shall ensure that the youth camp is located on land that provides good natural drainage or is properly drained through engineered means, so that there is no standing water.

(c) The youth camp operator or camp director shall protect campers from hazardous areas, such as roadways, cliffs, sinkholes, pits and abandoned excavations.

1. The youth camp operator or camp director shall ensure that all hazardous areas are guarded or fenced off and warning signs posted to eliminate the possibility of accidents.”

N.J.A.C. 8:25-4.2

“(a) The youth camp operator shall ensure that youth camp structures and facilities are in compliance with local building, zoning, and health codes.

1. The youth camp operator or camp director at new camps and renovated facilities shall make available for review by the Department or local health authority, upon request, letters of approval or a Certificate of Occupancy, as the case may be, issued by the appropriate local authority.

(b) The youth camp operator shall ensure that, in new construction of a resident youth camp, the enclosed structure containing sleeping quarters is separated in accordance with N.J.A.C. 5:23, the Uniform Construction Code per the structure's construction type and occupancy.

(c) The camp director in a resident youth camp shall ensure that each camper is provided with his or her own bed and not less than 300 cubic feet of air space in his or her sleeping quarters, with at least two feet of space between the sides of each bed.

1. If tents are used as permanent sleeping quarters, the camp director shall ensure that at least 30 square feet of floor space is provided for each camper.

(d) The camp director in a resident youth camp shall ensure that the total window or skylight area, as measured between stops, for every habitable room is 10 percent of the floor area of such room.

1. Campers or staff shall be able to open any windows and/or skylights at least 40 percent.

(e) The camp director shall ensure that during fly season, every door, window, or other opening to the outside, which is used for ventilation is outfitted with a screen of at least 16 mesh.

1. Each screen door shall swing outward and have an operable self-closing device.

(f) The camp director shall ensure that a health center is established and maintained on the campsite for the temporary isolation and treatment of sick or injured members of the camp community, in accordance with the following:

1. The health center may be a room, tent, or building;
2. Hot water shall be available at the health center;
3. If hot water is not readily available, hand sanitizing facilities, such as waterless hand sanitizers shall be maintained on-site at the health center;
4. The health center shall:
 - i. Be protected from flies, vermin and insects where possible;
 - ii. Be located so as to ensure privacy and quiet;
 - iii. Be situated away from the kitchen or food preparation areas; and
 - iv. Include medical equipment and supplies deemed necessary by the directing physician or the health director for the welfare of the campers; and
5. The health center shall be furnished with clean mattresses and sheets.
 - i. Air mattresses or exercise pads may be used as a reasonable alternative providing that they are made of a cleanable material that can be easily disinfected.
 - ii. More than one mattress may be necessary depending on the type and size of the camp, with no less than one mattress for the first 50 campers and one additional mattress for each additional 200 campers.”

N.J.A.C. 8:25-4.3

“(a) The youth camp operator shall ensure that heating equipment conforms to the requirements of the New Jersey Uniform Construction Code at N.J.A.C. 5:23.

(b) The camp director shall maintain the heating equipment at a minimum inside ambient temperature of 68 degrees Fahrenheit when the outside temperature less than 55 degrees Fahrenheit.

(c) The camp director shall prohibit the use of portable heating devices in the youth camp.

(d) The camp director shall ensure that all fireplaces and hot water and steam radiators and pipes are shielded to prevent burns.”

N.J.A.C. 8:25-4.4

“(a) The camp director shall ensure that all equipment used in the youth camp's programs are of good quality and do not present undue risk of injury to campers or staff.

(b) The camp director shall prohibit power equipment from being stored or left unattended in camp areas.”

N.J.A.C. 8:25-13.1

“The youth camp operator shall ensure that the youth camp's electrical systems, equipment, and grounding conforms to the requirements of the New Jersey Uniform Construction Code, N.J.A.C. 5:23.”

N.J.A.C. 8:25-13.2

(a) The youth camp operator shall ensure that the youth camp's buildings are in compliance with the requirements of the New Jersey Uniform Construction Code, N.J.A.C. 5:23 and the New Jersey Uniform Fire Code, N.J.A.C. 5:70, as applicable.

(b) The youth camp operator shall ensure that the youth camp's buildings used in the preparation of food and drink are constructed and operated pursuant to the requirements of Sanitation in Retail Food Establishments and Food and Beverage Vending Machines, N.J.A.C. 8:24.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: *Click or tap here to enter text.*

For licensed centers:

N.J.A.C. 3A:52-5.3

“(b) Outdoor maintenance and sanitation requirements are as follows:

1. The building, land, walkways, and outdoor play area shall be free from hazards to the health, safety or well-being of the children.

(k) Swimming pool requirements are as follows:

1. Pools that are at least 24 inches in depth shall be defined as swimming pools and subject to the requirements specified in (k)2 below.

2. The center shall ensure that any swimming pool or natural bathing place used by the children complies with applicable provisions of the Public Recreational Bathing Rules, as specified in N.J.A.C. 8:26, and with applicable provisions of the Building Subcode and Barrier-free Subcode of the NJUCC, as specified in N.J.A.C. 5:23.

3. The center shall ensure that the children using swimming pools or natural bathing facilities are supervised in accordance with applicable provisions of the New Jersey Youth Camp Safety Act rules, as specified in N.J.A.C. 8:25.

4. If a child defecates in the swimming pool, all solid wastes shall be removed and the pool shall be super-chlorinated and not used until the chlorine level returns to levels identified as acceptable in the Public Recreational Bathing Rules, N.J.A.C. 8:26.

5. Wading pools that are 24 inches or less, are filled as needed, are portable, and do not have a filtration system are prohibited.”

N.J.A.C. 3A:52-5.4

(a) For early childhood programs, the following shall apply:

“7. Outdoor space requirements for children over the age of 10 months are as follows:

i. For children in attendance for three or more consecutive hours, existing center(s) shall provide a minimum of 150 square feet of net outdoor space. When more than five children are using such a space at one time, there shall be 30 square feet of net outdoor space for each additional child in addition to the required minimum of 150 square feet. New and relocating centers licensed on or after September 1, 2013, shall provide a minimum of 350 square feet of net outdoor space. When more than 10 children are using such a space at one time, there shall be an additional 35 square feet of net outdoor space for each additional child in addition to the required minimum of 350 square feet.

ii. The outdoor area for new and relocating centers licensed on or after September 1, 2013, shall be in close proximity and safe walking route of the center and available for use by the children.

iii. Outdoor areas located near or adjacent to hazardous areas determined by the Office of Licensing to be unsafe (including, but not limited to, streets, roads, driveways, parking lots, railroad tracks, swimming pools, rivers, streams, steep grades, cliffs, open pits, high voltage boosters, or propane gas tanks) shall be fenced or otherwise protected by a natural or man-made barrier or enclosure.

iv. The center shall not be required to meet the outdoor space requirement in (a)7i above, if the center can establish, to the satisfaction of the Office of Licensing, that:

(1) Compliance with the requirement is impossible at the proposed center site or an alternative site, expected to serve the same geographic location;

(2) There is a compelling need, as determined by the OOL on a case-by-case basis, for additional child care services in the local area; and

(3) There is a designated indoor active play area not used toward the center's licensed capacity that provides 35 square feet per child for at least 25 percent of the licensed capacity of the facility with a minimum of 350 square feet;

v. Centers serving only sick children shall comply with the variation provisions for outdoor space, as specified in N.J.A.C. 3A:52-8.4(f)1.”

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **N/A**

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

For family child care providers:

N.J.A.C. 3A:54-6.6

“(a) The provider shall ensure that an adequate, safe outdoor play area is available either adjacent to or within walking distance of the home.

(b) Swimming pools, and other containers and natural bodies of water at the family child care home shall be physically inaccessible to children, except when they are supervised as specified in (d) below and all local ordinances that apply to a swimming pool or natural bathing area must be adhered to.

(c) Spa pools, hot tubs, and wading pools shall be inaccessible to children and their use shall be prohibited.

(d) The following supervision requirements shall apply whenever enrolled children use a pool or other container or body of water at the family child care home or any other location:

1. For pools and other bodies of water that are 24 inches or more in depth:

i. One person at least 18 years old shall directly supervise up to two children;

ii. Two people, one of which is at least 18 years old shall directly supervise three or more children; and

iii. The provider shall maintain a ring buoy with a rope, extension pole, or other device that can be used to rescue a swimmer in distress;

2. For pools and other containers or bodies of water that are less than 24 inches in depth, one person at least 18 years old shall directly supervise all the children. When the number of children using the pool requires a second caregiver to be present, as specified in N.J.A.C. 3A:54-6.1(b)2 or 6.2(b), both caregivers shall directly supervise the children; and

3. At least one person providing supervision shall be certified in cardiopulmonary resuscitation (CPR).

(e) The provider shall obtain written consent from the parent(s) of each enrolled child before the child uses a pool or other body of water as specified in (d) above.”

vi. All CCDF-eligible license-exempt in-home care. Provide the standard:

For approved homes:

Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)

“33. Ensure swimming pools, wading pools, hot tubs, whirlpools, ponds, and natural bodies of water are physically inaccessible to children, except when children are supervised and parent has given authorized permission for use. 34. Maintain devices that can be used for water rescue.”

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

For summer youth camps:

N.J.A.C. 8:25-9.1

“(a) The youth camp operator or camp director shall ensure that the youth camp

uses swimming pools and bathing beaches, which conform to all applicable municipal ordinances, State statutes, and the Public Recreational Bathing rules, N.J.A.C. 8:26, except as otherwise specified in this subchapter.

(b) The camp director shall ensure that the youth camp designates sections in its permanent swimming areas, if any, for non-swimmers, beginners, and swimmers.

1. The lifeguard supervisor shall designate these sections in accordance with the guidelines of his or her certification agency, as set forth at N.J.A.C. 8:25-9.2(a)."

N.J.A.C. 8:25-9.2

“(a) All lifeguards and lifeguard supervisors in the youth camp, or any place where youth camp activities are conducted, who supervise wading, swimming, or watercraft programs shall be certified as lifeguards by a certification agency approved by the Department as listed in "Recognized Certifications (CPR-First Aid-Lifeguarding-Trained Pool Operator)," available at chapter Appendix D.

1. Each lifeguard and lifeguard supervisor's certification shall be appropriate to the level of training and supervision necessary for his or her position.

2. A lifeguard shall be at least 16 years of age, and a lifeguard supervisor shall be at least 18 years of age.

(b) A lifeguard supervisor shall attend and supervise each non-instructional swimming program.

1. The lifeguard supervisor shall ensure that watercraft activities are conducted pursuant to the provisions of N.J.A.C. 8:25-9.4.

(c) A lifeguard supervisor and one lifeguard shall be on duty, during non-instructional swimming, when there are 30 or fewer campers in the water.

1. One additional lifeguard shall be on duty for every additional 30 campers or fraction thereof that are in the water.

(d) One lifeguard and two adults or one adult lifeguard and two counselors shall be on duty, during instructional swimming, when there are 30 or fewer campers in the water.

1. One additional lifeguard shall be on duty for every additional 30 campers or fraction thereof that are in the water.

(e) One lifeguard with the assistance of two adults, for each 20 or fewer campers who are in the water, shall supervise swimming pools having a maximum depth of 36 inches and having a maximum swimming area of 500 square feet.

1. One additional lifeguard and one additional adult shall be on duty for every additional 20 campers or fraction thereof that are in the water.

(f) The camp director shall ensure that the youth camp conducts off-site swimming activities only at public recreational bathing facilities having waterfront staffing in compliance with the Public Recreational Bathing rules, N.J.A.C. 8:26, and provides prior notification of arrival to the operator of the public recreational bathing facility.

1. Upon arrival at the public recreational bathing facility, the youth camp group leader shall notify the waterfront supervisor(s) of the public recreational bathing

facility as to the size of the youth camp group, age range of the group, and any campers with disabilities, if accommodations are needed.

2. An adult, who is assisted by a counselor, shall be responsible for:

- i. The care and supervision of every 20 campers at off-site swimming activities; and
- ii. Maintaining the supervision ratios established at N.J.A.C. 8:25-3.2(i), (j) and (k).

(g) The camp director shall ensure that the youth camp maintains written policies and procedures on-site delineating the youth camp's responsibilities for off-site swimming.

1. The camp director shall develop and implement a method to keep track of the location and safety of all campers during off-site swimming activities.”

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard:

For licensed centers:

[N.J.A.C. 3A:52-5.3](#)

“(b) Outdoor maintenance and sanitation requirements are as follows:

1. The building, land, walkways, and outdoor play area shall be free from hazards to the health, safety or well-being of the children.”

[N.J.A.C. 3A:52-5.4](#)

(a) For early childhood programs, the following shall apply:

“7. Outdoor space requirements for children over the age of 10 months are as follows:

i. For children in attendance for three or more consecutive hours, existing center(s) shall provide a minimum of 150 square feet of net outdoor space. When more than five children are using such a space at one time, there shall be 30 square feet of net outdoor space for each additional child in addition to the required minimum of 150 square feet. New and relocating centers licensed on or after September 1, 2013, shall provide a minimum of 350 square feet of net outdoor space. When more than 10 children are using such a space at one time, there shall be an additional 35 square feet of net outdoor space for each additional child in addition to the required minimum of 350 square feet.

ii. The outdoor area for new and relocating centers licensed on or after September 1, 2013, shall be in close proximity and safe walking route of the center and available for use by the children.

iii. Outdoor areas located near or adjacent to hazardous areas determined by the Office of Licensing to be unsafe (including, but not

limited to, streets, roads, driveways, parking lots, railroad tracks, swimming pools, rivers, streams, steep grades, cliffs, open pits, high voltage boosters, or propane gas tanks) shall be fenced or otherwise protected by a natural or man-made barrier or enclosure.

iv. The center shall not be required to meet the outdoor space requirement in (a)7i above, if the center can establish, to the satisfaction of the Office of Licensing, that:

(1) Compliance with the requirement is impossible at the proposed center site or an alternative site, expected to serve the same geographic location;

(2) There is a compelling need, as determined by the OOL on a case-by-case basis, for additional child care services in the local area; and

(3) There is a designated indoor active play area not used toward the center's licensed capacity that provides 35 square feet per child for at least 25 percent of the licensed capacity of the facility with a minimum of 350 square feet;

v. Centers serving only sick children shall comply with the variation provisions for outdoor space, as specified in N.J.A.C. 3A:52-8.4(f)1.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *N/A*

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

[N.J.A.C. 3A:54-6.6](#)

“(a) The provider shall ensure that an adequate, safe outdoor play area is available either adjacent to or within walking distance of the home.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: For approved homes:

[Self-Arranged Care Inspection and Interview Checklist \(DFDI No. 23-05-01\)](#)

“Ensure that vehicular traffic hazards are identified and protected against.”

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Click or tap here to enter text.*

For summer youth camps:

[N.J.A.C. 8:25-4.1](#)

“(c) The youth camp operator or camp director shall protect campers from hazardous areas, such as roadways, cliffs, sinkholes, pits and abandoned excavations.

1. The youth camp operator or camp director shall ensure that all hazardous

areas are guarded or fenced off and warning signs posted to eliminate the possibility of accidents.”

5.3.7 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard:

In New Jersey, the staff of all providers are also required to be trained in the prevention of shaken baby syndrome, abusive trauma, and child maltreatment. [DFDI No.: 23-05-05](#).

For licensed child care centers: [N.J.A.C. 3A:52-6.7](#)

“(a) Staff members shall not use hitting, shaking or any other form of corporal punishment of children.

(b) Staff members shall not use abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children.

(c) Staff members shall not engage in or inflict any form of child abuse or neglect.

(d) Staff members shall not withhold from children food, emotional responses, stimulation, or the opportunities for rest or sleep.

(e) Staff members shall not require a child to remain silent or inactive for an inappropriately long period of time for the child's age.

(f) Centers shall not prohibit staff members from or discipline staff members for:

1. Making good faith reports of suspected child abuse or neglect to the Division of Child Protection and Permanency or law enforcement; or
2. Taking photographs of children for the purpose of documenting injuries in support of a good-faith report of suspected child abuse or neglect to the Division of Child Protection and Permanency or law enforcement.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: [N/A](#)

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: [N/A](#)

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

For family child care providers:

[N.J.A.C. 3A:54-6.20](#)

“(a) The method of guidance and discipline used by the provider shall:

1. Be positive;

2. Be consistent with the age and needs of the child; and

3. Help the child maintain self control.

(b) The provider shall not subject a child to:

1. Humiliating or frightening treatment;

2. Loud, profane or abusive language;

3. Derogatory remarks about the child or the child's family;

4. Spanking, hitting, kicking, biting, shaking or inflicting physical pain in any manner;

5. Deprivation of food, sleep, or toilet access;

6. Force feeding;

7. The withholding of emotional responses or attention;

8. Long periods of enforced silence;

9. Physical or chemical restraints; or

10. Isolation in any area that cannot be seen and supervised by the provider.

(c) Napping, toilet training or eating shall not be associated with punishment.

(d) The provider and the child's parent(s) shall discuss and agree upon positive methods of discipline, in accordance with the provisions of (a), (b), and (c) above."

vi. All CCDF-eligible license-exempt in-home care. Provide the standard:

For approved homes:

[Self-Arranged Care Inspection and Interview Checklist \(DFDI No. 23-05-01\)](#)

"Use positive methods of guidance and discipline consistent with children's age and developmental needs; help the child maintain self-control; prohibit humiliating or frightening treatment, loud profane, or abusive language, derogatory remarks about the child or the child's family, spanking, hitting, kicking, biting, shaking or inflicting physical pain, trauma, or harm in any manner; deprivation of food, sleep or toilet access; force feeding; withholding of emotional responses or attention; long periods of enforced silence; physical or chemical restraints; isolation in any area that cannot be seen or supervised by the provider; punishment that is associated with napping, toilet training or eating."

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

For summer youth camps:

[N.J.A.C. 8:25-3.1](#)

"(a) The camp director shall state in writing the youth camp's policies and practices for the discipline of its campers and provide a copy to all camp staff.

1. Youth camp staff and campers shall be prohibited from taking the following actions against any camper: deprivation of food, isolation, subjecting to corporal punishment or abusive physical exercise, as a means of punishment.

(b) The camp director shall maintain reasonable groupings of campers, according to the age and the capabilities of each camper in all activities.

(c) Any camp owner, operator, director, counselor, or other employee who has reason to believe that a camper has been or is being subjected to any form of hitting, corporal punishment, abusive language or ridicule, or harsh, humiliating or frightening treatment, or any kind of child abuse or neglect by any person shall immediately report such allegations to the Department of Children and Families, child abuse hotline at 1-877-NJAbuse (652-2873) or TTY or TDD 1-800-835-5510.”

Note: There are no summer camp standards specific to shaken baby syndrome because the CCDF-eligible summer youth camp program is limited to school-age children. [DFDI No.: 13-05-02](#)

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard:

In New Jersey, the staff of all providers are also required to be trained in the prevention of shaken baby syndrome, abusive trauma, and child maltreatment. [DFDI No.: 23-05-05](#).

For licensed child care centers: [N.J.A.C. 3A:52-6.7](#)

“(a) Staff members shall not use hitting, shaking or any other form of corporal punishment of children.

(b) Staff members shall not use abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children.

(c) Staff members shall not engage in or inflict any form of child abuse or neglect.

(d) Staff members shall not withhold from children food, emotional responses, stimulation, or the opportunities for rest or sleep.

(e) Staff members shall not require a child to remain silent or inactive for an inappropriately long period of time for the child's age.

(f) Centers shall not prohibit staff members from or discipline staff members for:

1. Making good faith reports of suspected child abuse or neglect to the Division of Child Protection and Permanency or law enforcement; or

2. Taking photographs of children for the purpose of documenting injuries in support of a good-faith report of suspected child abuse or neglect to the Division of Child Protection and Permanency or law enforcement.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: N/A

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: N/A

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

For family child care providers:

[N.J.A.C. 3A:54-6.20](#)

“(a) The method of guidance and discipline used by the provider shall:

1. Be positive;
2. Be consistent with the age and needs of the child; and
3. Help the child maintain self control.

(b) The provider shall not subject a child to:

1. Humiliating or frightening treatment;
2. Loud, profane or abusive language;
3. Derogatory remarks about the child or the child's family;
4. Spanking, hitting, kicking, biting, shaking or inflicting physical pain in any manner;
5. Deprivation of food, sleep, or toilet access;
6. Force feeding;
7. The withholding of emotional responses or attention;
8. Long periods of enforced silence;
9. Physical or chemical restraints; or
10. Isolation in any area that cannot be seen and supervised by the provider.

(c) Napping, toilet training or eating shall not be associated with punishment.

(d) The provider and the child's parent(s) shall discuss and agree upon positive methods of discipline, in accordance with the provisions of (a), (b), and (c) above.”

vi. All CCDF-eligible license-exempt in-home care. Provide the standard:

For approved homes:

[Self-Arranged Care Inspection and Interview Checklist \(DFDI No. 23-05-01\)](#)

“Use positive methods of guidance and discipline consistent with children’s age and developmental needs; help the child maintain self-control; prohibit humiliating or frightening treatment, loud profane, or abusive language, derogatory remarks about the child or the child’s family, spanking, hitting, kicking, biting, shaking or inflicting physical pain, trauma, or harm in any

manner; deprivation of food, sleep or toilet access; force feeding; withholding of emotional responses or attention; long periods of enforced silence; physical or chemical restraints; isolation in any area that cannot be seen or supervised by the provider; punishment that is associated with napping, toilet training or eating.”

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

For summer youth camps:

[N.J.A.C. 8:25-3.1](#)

“(a) The camp director shall state in writing the youth camp's policies and practices for the discipline of its campers and provide a copy to all camp staff.

1. Youth camp staff and campers shall be prohibited from taking the following actions against any camper: deprivation of food, isolation, subjecting to corporal punishment or abusive physical exercise, as a means of punishment.

(b) The camp director shall maintain reasonable groupings of campers, according to the age and the capabilities of each camper in all activities.

(c) Any camp owner, operator, director, counselor, or other employee who has reason to believe that a camper has been or is being subjected to any form of hitting, corporal punishment, abusive language or ridicule, or harsh, humiliating or frightening treatment, or any kind of child abuse or neglect by any person shall immediately report such allegations to the Department of Children and Families, child abuse hotline at 1-877-NJAbuse (652-2873) or TTY or TDD 1-800-835-5510.”

5.3.8 Emergency preparedness and response planning standard Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families

- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions

5.3.9 Handling and storage of hazardous materials and the appropriate disposal of bio contaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard:

For licensed child care centers:

[N.J.A.C. 3A:52-5.3](#)

“(a) Indoor maintenance and sanitation requirements are as follows:

1. The center shall be free of moisture resulting from water leaks or seepage.
2. Floors, carpeting, walls, window coverings, ceilings, and other surfaces shall be kept clean and in good repair.
3. Stairways shall be free of tripping hazards, such as toys, boxes, loose steps, uneven treads, torn carpeting, raised strips, or uneven risers.
4. Carpeting shall be securely fastened to the floor.
5. Garbage receptacles shall be:
 - i. Made of durable, leak-proof and nonabsorbent materials;
 - ii. Covered in a secure manner;
 - iii. Emptied to the outdoor garbage receptacle when filled; and
 - iv. Maintained in a sanitary manner.
6. Food waste receptacles shall be lined and maintained in clean and sanitary condition.
7. The center shall be free of rodent or insect infestation and shall take immediate action to remove any infestation that may occur. The center shall maintain on file a record documenting the use of extermination services.
8. Pesticides for indoor and outdoor use shall be used in accordance with the manufacturer's directions and in keeping with the applicable provisions specified in N.J.A.C. 7:30-10, Pesticide Control Code.
 - i. No pesticides shall be applied in or around a child care center during operating hours.

- ii. Before applying pesticides, all toys and non-permanent play equipment shall be removed from outdoor and indoor play areas.
 - 9. Toilets, wash basins, kitchen sinks, and other plumbing shall be maintained in good operating and sanitary condition.
 - 10. All corrosive agents, insecticides, bleaches, detergents, polishes, any products under pressure in an aerosol spray can, and any toxic substance shall be stored in a locked cabinet or in an enclosure located in an area not accessible to the children.
 - 11. All windows and other glass surfaces that are not made of safety glass and that are located within 36 inches above the floor shall have protective guards.
 - 12. Install window guards, with approval of the local fire official, or provide an alternative method to ensure that children cannot fall out of windows.
 - 13. The center shall ensure that window blind cords and other cords and ropes that present risk of harm are inaccessible to children.
 - 14. All balconies, rooftops, verandas, and all floor levels used by children that are above the first floor and subject the children to an open drop or atrium shall be protected by barriers consisting of safety glass, Plexiglas, or any other materials approved by the Office of Licensing. Such barriers shall extend at least five feet above the floor level.
 - 15. Ventilation outlets shall be clean and free from obstructions, and filters shall be replaced when saturated.
 - 16. Walls shall be painted or otherwise covered whenever there is evidence of:
 - i. Excessive peeling or chipped paint; or
 - ii. Heavily soiled conditions.
 - 17. All televisions and computers shall be secured on a stable surface and shelving shall be secured and not be overloaded.
 - 18. Ensure that microwave ovens, toaster ovens, and other portable devices used to heat or prepare food are out of children's reach, secured on a stable surface, and not in use when children are in the area in order to ensure the safety of children.
 - 19. The center shall test for the presence of radon gas in each classroom on the lowest floor level used by children at least once every five years and shall post the test results in a prominent location in all buildings at the center, as specified in N.J.S.A. 30:5B-5.2.
 - 20. The center shall comply with the provisions specified in P.L. 1999, c. 362 (N.J.S.A. 30:5B-5.5) requiring reports of drinking water tests to be posted in all buildings at the center when received from a water supply company or prepared by the center, for private wells and other non-public water sources.
 - 21. The center shall ensure all guardrails accessible to children are no more than four inches apart or are otherwise protected to prevent head entrapment.
- (h) Lead paint precautions are as follows:
- 1. The center shall be free from lead paint hazards.

2. The center shall comply with the lead paint inspection requirements specified in (h)3 below, unless the center:

- i. Is located in a building constructed after 1978; or
- ii. Submits documentation to the Office of Licensing of a previous lead paint inspection conducted by a Lead Inspector/Risk Assessor, who is certified and employed as specified in (h)3 below, indicating the center is free of lead-based paint hazards; or
- iii. Submits documentation to the Office of Licensing and the local department of health of:
 - (1) A lead paint inspection and risk assessment conducted by a Lead Inspector/Risk Assessor, who is certified and employed as specified in (h)3 below, within the previous 12 months indicating the presence of lead; and
 - (2) A lead paint risk management plan currently in progress at the center.

3. The center shall ensure that a lead paint inspection of all painted surfaces of the center is conducted by a Lead Inspector/Risk Assessor, who is certified by the New Jersey Department of Community Affairs (DCA) and employed by either a public health agency or a lead evaluation contractor certified by DCA, as specified in N.J.A.C. 5:17.

- i. If the lead paint inspection indicates the center is free of lead-based paint hazards, the center shall submit documentation of the inspection results to the Office of Licensing and the local department of health.
- ii. If the lead paint inspection indicates the presence of lead, the center shall ensure that a lead paint risk assessment of the center is conducted by a Lead Inspector/Risk Assessor, who is certified and employed as specified in (h)3 above.
- iii. The center shall submit documentation of the risk assessment results to the Office of Licensing and the local department of health.

4. If a lead paint risk assessment indicates the presence of a lead hazard, the center shall:

- i. Ensure that all lead hazards are abated pursuant to N.J.A.C. 5:17 and 5:23 by a Lead Abatement Contractor who is certified and employed as specified in (h)3 above;
- ii. Submit to the Office of Licensing and the local department of health a certificate of lead abatement issued by the local construction official, or other documentation as appropriate, reflecting that appropriate remedial action to abate the lead hazard has been completed; and
- iii. Inform the parents of all enrolled children that a lead paint hazard has been found at the center and will be or has been abated, as applicable.

5. If any area of the center is renovated or damaged after a lead paint risk assessment has been conducted, the center shall:

- i. Ensure that an additional risk assessment is conducted by a Lead Inspector/Risk Assessor who is certified and employed as specified in (h)3

above; and

ii. Submit the results of the additional risk assessment to the Office of Licensing and the local department of health.

6. The center shall follow the recommendations of the local department of health for enclosure, removal or other appropriate action to abate lead hazards, and shall permit the local department of health to conduct follow-up inspections to ensure compliance with State statutes governing lead paint hazards.

7. If a previous lead paint inspection indicates the presence of lead, or a lead paint risk management plan is in progress at the center, the center shall:

i. Ensure that a lead paint risk assessment is conducted by a Lead Inspector/Risk Assessor who is certified and employed as specified in (h)3 above, upon renewal of the center's license; and

ii. Submit the results of the risk assessment to the Office of Licensing and the local department of health.

(i) Environmental condition precautions are as follows:

1. At the time of the initial application, any renewal application, relocation of an existing licensed center and, in the discretion of the Office of Licensing, any other time, the applicant or facility operator shall submit a written certification to the Office of Licensing indicating whether the building has ever housed a use that was classified under the Uniform Construction Code, N.J.A.C. 5:23, as any of the following:

i. Group F - factory/industrial;

ii. Group H - high hazard;

iii. Group S - storage;

iv. Group B - dry cleaners or nail salons;

v. Group M - gas stations; or

vi. Group A - funeral home.

2. For those buildings that predate the Uniform Construction Code, the facility operator shall at minimum, conduct a Preliminary Assessment in accordance with the Department of Environmental Protection's Technical Requirements for Site Remediation (N.J.A.C. 7:26E) to determine whether the building ever housed a use that would have been classified as any of those uses had the Uniform Construction Code been in effect.

3. In the event that the building housed a use that was or would have been classified as any of those uses listed in (i)1 above, the facility operator shall certify in writing to the Office of Licensing that:

i. The site of the center complies with the Madden legislation (P.L. 2007 c. 1), the Site Remediation Reform Act (N.J.S.A. 58:10C-1 et seq.), the Technical Requirements for Site Remediation (N.J.A.C. 7:26E), and the Department of Environmental Protection's Guidance Document for Environmental Guidance for All Child Care Facilities and Education Institutions, incorporated by reference, as amended and supplemented, which can be found at

<http://nj.gov/dep/srp/guidance>;

ii. The facility operator has contacted the Department of Environmental Protection (DEP) to determine what further steps, if any, are necessary to address the risks posed by the prior historical use, and the facility operator has complied with all recommended corrective actions;

iii. He or she has conducted an Indoor Environmental Health Assessment (IEHA) that has been performed by a Licensed Indoor Environmental Consultant in accordance with the Department of Health rules (N.J.A.C. 8:50); and

iv. He or she has submitted the IEHA to the Department of Health for review and evaluation of the indoor environmental conditions in the building where the center is located.

4. Paragraphs (i)1 through 3 above shall not apply to any centers covered by N.J.A.C. 3A:52-2.3(e).

5. At the time of the initial application, any renewal application, relocation of an existing licensed center and, in the discretion of the Office of Licensing, any other time, the applicant or facility operator shall certify in writing that the center provides a potable water supply provided by a public community water system.

i. If the facility is supplied by a public community water system, the applicant or facility operator shall provide documentation of water testing conducted by a laboratory certified by the Department of Environmental Protection for water testing for lead and copper from all faucets and other sources used for drinking water or food preparation and at least 50 percent of all indoor water faucets utilized by the center.

ii. If the results reveal elevated levels of lead or copper as defined by the New Jersey Department of Environmental Protection, Bureau of Safe Drinking Water, which pose risk of harm to children, the center shall:

(1) Immediately discontinue use of all drinking water sources in the building;

(2) Provide bottled water for drinking;

(3) Provide bottled water for food preparation with approval from the local health official; and

(4) Notify parents of the children in attendance at the center.

iii. If the facility or site is not provided a potable water supply by a public community water system, the applicant shall provide potable water sampling results demonstrating compliance with maximum contaminant levels for all contaminants required to be tested pursuant to N.J.A.C. 7:10-5 for public non-transient, non-community (NTNC) water systems, including radiological contaminants, regardless of whether they meet the definition of NTNC systems as defined at N.J.A.C. 7:10-1.3. This sampling shall have been conducted within three years of the date of application submission, except nitrates and coliform, for which the sampling shall have been conducted within 90 days of submitting the application.

6. At the time of the initial application, any renewal application, relocation of an existing

licensed center and, in the discretion of the Office of Licensing, any other time, the applicant or facility operator shall certify in writing that the center complies with all existing Department of Children and Families regulatory requirements for child care centers with respect to radon, asbestos, and lead listed in (a)19 and (h) above and (j) below.

7. At the time of the initial application, any renewal application, relocation of an existing licensed center and, in the discretion of the Office of Licensing, any other time, the facility operator shall submit to the Office of Licensing a No Further Action letter, Child Care Facility Approval letter, Response Action Outcome letter, or other approval, which indicates that no further remediation is needed for the site from the Department of Environmental Protection, which indicates that no further remediation is needed for the site on which the center is located.

8. At the time of the initial application, any renewal application, relocation of an existing licensed center, and, as determined by the Office of Licensing, on a case-by-case basis, the facility operator shall submit to the Office of Licensing a Safe Building Interior Certification or other approval issued by the Department of Health that indicates that no further remediation is needed for the interior of the building in which the center is located.

9. The Office of Licensing shall not issue licenses or renewals to child care centers that are co-located in a building or other structure that contains a dry cleaner or nail salon unless the applicant obtains indoor air sampling that demonstrates that there is no impact to the child care center.

(j) Asbestos precautions are as follows:

1. The building shall comply with the applicable provisions of the Asbestos Hazard Abatement Subcode of the NJUCC, as specified in N.J.A.C. 5:23-8, as well as the NJDEP, as specified in N.J.A.C. 7:27-17.2.

2. An inspection for asbestos containing materials shall be conducted as part of the Indoor Environmental Health Assessment. If the New Jersey Department of Health determines that corrective action must be taken to minimize exposure potential, the sponsor or sponsor representative shall follow the recommendation of that department for enclosure, removal, or other appropriate action to remove the threat or risk of asbestos contamination, as specified in N.J.A.C. 5:23-8.

(k) Play equipment, materials, and furniture for indoor and outdoor use shall be of sturdy and safe construction, non-toxic, free of hazards, and used in accordance with the manufacturer's instructions. The center may not use play equipment intended for outdoor use indoors.”

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: N/A
- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: N/A
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

For family child care providers:

N.J.A.C. 3A:54-6.5

“(a) The provider shall ensure that:

1. The home and its furnishings present no hazard to the health and safety of the children in care;
2. All items that may be hazardous to children, including medicines, poisonous plants, toxic substances, tobacco products, matches and sharp objects, are stored out of the reach of children;
3. Safety barriers are installed to prevent children from falling from stairs, ramps, balconies, porches (when used for child care activities), elevated play areas, and any areas that subject children to falls.
 - i. Gates shall be provided at the top and bottom of each stairway, as appropriate, in areas of the home where infants and toddlers are in care.
 - ii. Gates at the top of the stairs shall be hardware mounted to the wall for stability;
4. All electrical outlets that are accessible to the children are covered with safety caps, ground fault interrupters or have safety outlets installed;
5. A working flashlight is available for emergency lighting;
6. All firearms, other weapons (such as bb guns, paintball guns, hunting knives, bows, swords, and martial arts weapons), and ammunition are stored in locked areas out of the reach of children;
7. The home shall be free of exposed lead-based paint surfaces, which are flaking, peeling or chipped;
8. Unfinished areas of the home including, but not limited to, attics, basements, and additions shall not be used for the care of children;
9. Portable fans shall be kept out of reach of children; and
10. The use of trampolines by enrolled children is prohibited, and shall be inaccessible to the children during operating hours.”

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:

For approved homes:

Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)

“69. Ensure that all adults and children wash their hands with soap and running water: before preparing/serving food; after toileting/assisting a child in toileting; after changing diapers; after contact with body fluids; after caring for animals or their equipment; after contact with animal body secretions; and ensure the appropriate disposal of bio contaminants. Hazardous cleaning solutions, chemicals, and poisons must be labeled and kept in an enclosed cabinet that is not accessible to children. Ensure the appropriate handling and storage of any

other hazardous materials.”

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

For summer youth camps:

[N.J.A.C. 8:25-6.2](#)

“The camp director shall ensure that the storage and handling of flammable liquids and hazardous substances conforms with the requirements of the New Jersey Uniform Construction Code at N.J.A.C. 5:23 and applicable local laws and ordinances.”

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard:

[DFDI No.: 21-11-01](#)

“Staff properly dispose of all bio-contaminants to safeguard against the spread of infectious disease including as follows:

1. Staff discard disposable rubber gloves that come into contact with a bio-contaminant after each use.
2. Staff discard tissues, paper towels, disposable wipes, and similar products that come into contact with a bio-contaminant after each use.
3. Staff place soiled disposable diapers in a closed container that is lined with a leak-proof or impervious lining. Staff remove the soiled disposable diapers from the facility and place them in a closed garbage receptacle outside the building on a daily basis.
4. Staff place soiled non-disposable diapers in a sealed plastic container that has been labeled with the child's name and return these diapers to the child's parent/guardian at the end of the day.
5. Staff place soiled clothes in a sealed plastic container that has been labeled with the child's name and return the clothes to the child's parent/guardian at the end of the day or launder the clothes at the facility.”

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: N/A

- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: N/A

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [DFDI No.: 21-11-01](#)

“Staff properly dispose of all bio-contaminants to safeguard against the spread of infectious disease including as follows:

1. Staff discard disposable rubber gloves that come into contact with a bio-contaminant after each use.
2. Staff discard tissues, paper towels, disposable wipes, and similar products that come into contact with a bio-contaminant after each use.
3. Staff place soiled disposable diapers in a closed container that is lined with a leak-proof or impervious lining. Staff remove the soiled disposable diapers from the facility and place them in a closed garbage receptacle outside the building on a daily basis.
4. Staff place soiled non-disposable diapers in a sealed plastic container that has been labeled with the child's name and return these diapers to the child's parent/guardian at the end of the day.
5. Staff place soiled clothes in a sealed plastic container that has been labeled with the child's name and return the clothes to the child's parent/guardian at the end of the day or launder the clothes at the facility.”

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:
[DFDI No.: 21-11-01](#)

“Staff properly dispose of all bio-contaminants to safeguard against the spread of infectious disease including as follows:

1. Staff discard disposable rubber gloves that come into contact with a bio-contaminant after each use.
2. Staff discard tissues, paper towels, disposable wipes, and similar products that come into contact with a bio-contaminant after each use.
3. Staff place soiled disposable diapers in a closed container that is lined with a leak-proof or impervious lining. Staff remove the soiled disposable diapers from the facility and place them in a closed garbage receptacle outside the building on a daily basis.
4. Staff place soiled non-disposable diapers in a sealed plastic container that has been labeled with the child's name and return these diapers to the child's parent/guardian at the end of the day.
5. Staff place soiled clothes in a sealed plastic container that has been labeled with the child's name and return the clothes to the child's parent/guardian at the end of the day or launder the clothes at the facility.”

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Click or tap here to enter text.*
[DFDI No.: 21-11-01](#)

“Staff properly dispose of all bio-contaminants to safeguard against the spread of infectious disease including as follows:

1. Staff discard disposable rubber gloves that come into contact with a bio-contaminant after each use.
2. Staff discard tissues, paper towels, disposable wipes, and similar products that come into contact with a bio-contaminant after each use.
3. Staff place soiled disposable diapers in a closed container that is lined with a leak-proof or impervious lining. Staff remove the soiled disposable diapers from the facility and place them in a closed garbage receptacle outside the building on a daily basis.
4. Staff place soiled non-disposable diapers in a sealed plastic container that has been labeled with the child's name and return these diapers to the child's parent/guardian at the end of the day.
5. Staff place soiled clothes in a sealed plastic container that has been labeled with the child's name and return the clothes to the child's parent/guardian at the end of the day or launder the clothes at the facility.”

5.3.10 Precautions in transporting children health and safety standard Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard:

For licensed child care centers:

[N.J.A.C. 3A:52-9.3](#)

“(a) The center shall ensure that each vehicle used to provide transportation of enrolled children to and from the center, as specified in N.J.A.C. 3A:52-9.1(a), except private passenger vehicles, is equipped with the following:

1. Three triangular portable red reflector warning devices;
2. A fully charged fire extinguisher, with a gauge and with a minimum underwriters' rating of 2A 10BC, which shall be located at the front and securely mounted to the right of the driver in a way that does not constitute an obstruction or hazard to the passengers;
3. A seat belt cutter;
4. A removable first-aid kit located in an accessible place within the vehicle; and
5. Forward-facing seats, excluding folding seats and jump seats. Each seat exit shall be clear of obstructions.

(b) The center shall ensure that each Type I School Bus has school vehicle Type I, "S1" designated license plates and a valid School Bus inspection sticker issued by the Motor Vehicle Commission (MVC).

(c) The center shall ensure that each Type II School Bus has school vehicle Type II, "S2" designated license plates and a valid School Bus inspection sticker issued by the MVC.

(d) The center shall ensure that each Type S School Vehicle:

1. Has school vehicle Type II, "S2" designated license plates and a valid School Bus inspection sticker issued by the MVC;
2. Is equipped with a spare tire and a jack; and
3. Meets the requirements specified by the MVC.

(e) The center shall use a Type I School Bus, Type II School Bus or Type S School Vehicle at all times when transporting children, except as specified in (f) and (g) below.

(f) Any center may authorize staff members or parents of enrolled children to utilize their own private passenger vehicles to transport children from the center to and from scheduled center field trips, outings, or special events (such as visits to the zoo, library, or museum) or to transport children from the center to a hospital, clinic, or office for medical treatment, pursuant to N.J.S.A. 18A:39-20.1. However, staff members and parents may be authorized to do so only if:

1. The vehicle has a capacity of nine or fewer persons;
2. The driver possesses a valid Basic automobile driver's license issued by the MVC or a valid automobile driver's license issued by an approved out-of-State motor vehicle agency for the state in which the driver is a legal resident;
3. The vehicle has a valid motor vehicle inspection sticker issued by the MVC or by an approved out-of-State motor vehicle agency for the state in which the vehicle is legally registered;
4. The vehicle owner possesses vehicle liability insurance at least at the minimum amounts required by New Jersey State insurance law, pursuant to N.J.S.A. 17:28-1.1a, or at least at the minimum amounts required by a state other than New Jersey in which the vehicle is legally registered;
5. The center maintains transportation records on each vehicle, as specified in N.J.A.C. 3A:52-9.7(b); and
6. The center ensures that the driver and additional adults apply the safety practices, as specified in N.J.A.C. 3A:52-9.5(a) through (d) and (g) through (m).

(g) For school-age child care programs, the center may use an autobus under the jurisdiction of the Department of Transportation when chartered for scheduled center field trips, outings, or special events, provided that the driver and each additional adult apply the safety practices, as specified in N.J.A.C. 3A:52-9.5(a) through (e), (h), and (j) through (m).

(h) A center that provides or arranges transportation for physically disabled non-ambulatory children shall meet the additional vehicle requirements specified by the MVC."

N.J.A.C. 3A:52-9.4

“(a) If a center uses a Type I School Bus, Type II School Bus, or Type S School Vehicle, the center shall:

1. Meet all applicable rules of the Motor Vehicle Commission (MVC), Department of Education, and Department of Children and Families;
2. Ensure that each driver of such a vehicle possesses a valid Commercial Driver License (CDL) in at least Class B or Class C, with a passenger endorsement, as required by the MVC for the gross vehicle weight rating (GVWR) of the vehicle, or an out-of-State equivalent license, as approved by the MVC; and
3. Submit a list of all drivers to the MVC when the vehicle is inspected by the MVC.”

N.J.A.C. 3A:52-9.5

“(a) Children shall never be left unattended in a vehicle.

(b) Children shall be accepted and discharged from the curbside of the vehicle.

(c) The interior and exterior of each vehicle shall be maintained in clean and safe condition, with clear passage to operable doors.

(d) All vehicles that are utilized to transport children shall 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.

(e) The driver shall not transport more persons, including children and adults, than:

1. The occupancy of the Type I School Bus, as indicated by the vehicle manufacturer; or
2. The occupancy of the Type II School Bus, Type S School Vehicle, or other approved vehicle, as determined by the number of operable seat belts.

(f) The driver and each additional adult on the Type I School Bus shall ensure that:

1. All passengers are seated and remain seated when the bus is in motion; and
2. All passengers below 18 months of age are secured in the proper restraint system, as specified in (d) above, when the bus is in motion.

(g) The driver and each additional adult(s) on the Type II School Bus, Type S School Vehicle, and private passenger vehicle shall ensure that:

1. All passengers are seated and remain seated when the vehicle is in motion; and
2. Each child is secured in an operable seat belt or proper restraint system or booster seat, if applicable as specified in (e) above, when the vehicle is in motion.

(h) There shall be no standees in any vehicle transporting children.

(i) The center shall conduct two emergency evacuation drills each year for passengers who ride the Type I or Type II School Bus.

(j) The driver shall conduct a daily check of the vehicle, which shall include all safety equipment, to ensure that the vehicle is in sound operating condition.

(k) The driver shall conduct a check of the vehicle, after each run is completed, to ensure that no child has been left in the vehicle.

(l) Smoking shall be prohibited in all vehicles when occupied by children.

(m) For children below six years of age, the driver or additional adult(s) shall ensure that each child discharged from the vehicle is received by his or her parent or person designated by a child's parent.

(n) Children shall not remain in any vehicle for more than one hour at any given time on a daily basis.”

N.J.A.C. 3A:52-9.7

“(a) When the center transports children in a vehicle other than a private passenger vehicle, as specified in N.J.A.C. 3A:52-9.3(f), or a chartered autobus, as specified in N.J.A.C. 3A:52-9.3(g), the center shall maintain on file:

1. A record of each child transported;
2. The name and address of each driver;
3. A photostatic copy of each driver's valid driver's license; and
4. The year, make and model of each vehicle used by the center to transport children.

(b) For center-authorized drivers providing periodic transportation in private passenger vehicles, the center shall maintain on file a checklist indicating that the provisions specified in N.J.A.C. 3A:52-9.3(f) have been met.

(c) The center shall maintain on file the names and addresses of the person(s) designated as the additional adult(s) and the license numbers of the school bus(es) or vehicle(s) to which they are assigned.

(d) The center shall maintain on file inspection and maintenance records for each vehicle, other than a private passenger vehicle or chartered autobus, used by the center to transport children. The center shall:

1. Ensure that each Type I School Bus, Type II School Bus and Type S School Vehicle is inspected by the Motor Vehicle Commission twice a year;
2. Ensure that the inspection and maintenance records for each vehicle meet the requirements specified in N.J.A.C. 13:20-30.3; and
3. For vehicles that have been leased or otherwise contracted for, maintain on file the name and address of the leaser or contractor furnishing the vehicle.

(e) The records specified in (d) above shall be retained in the center's files for the life of the vehicle.

(f) Documentation of emergency evacuation drills for all passengers who ride the

Type I or Type II School Bus shall be maintained in a log containing the following information:

1. The date of the drill;
2. The number of passengers;
3. The time taken to evacuate the bus; and
4. The signature of the person conducting the drill.

(g) If transportation services are provided by the center, or by a firm under contract to or other arrangement with the center, the center shall maintain on file a copy of its own vehicle liability insurance, or of that firm's name and vehicle liability insurance coverage in the amount(s) specified in N.J.A.C. 3A:52-9.6.

(h) The center shall obtain written authorization from the parent or guardian before transporting a child to or from the center.”

ii. All CCDF-eligible licensed family child care homes. Provide the standard: N/A

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: N/A

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

For family child care providers:

[N.J.A.C. 3A:54-6.7](#)

“(a) Whenever the provider transports enrolled children, the provider shall comply with all applicable State laws and rules regarding:

1. The use of infant seats, child passenger restraint systems, and seat belts pursuant to N.J.S.A. 39:3-76.2a et seq.;
2. The possession of a valid automobile driver's license and valid vehicle inspection sticker; and
3. The possession of vehicle liability insurance.

(b) The provider shall ensure that the parents of all enrolled children are informed when their children are taken on walks away from the home. The provider may utilize a blanket permission slip for taking children on walks only if:

1. Walks are within the provider's neighborhood;
2. The provider makes arrangements for the handling of visits or calls from parents either by:
 - i. Having someone remain at the home; or

ii. Utilizing a cellular telephone or telephone answering machine, and posting a notice on the entrance door of the home to inform parents of the children's location;

3. The route of the walk involves no safety hazards; and

4. The walk involves no entrance into a facility unless the facility has been indicated on the blanket permission slip.

(c) The provider shall inform the parent(s) of enrolled children in advance of any field trip(s), outing(s) or special event(s) involving the transportation of children away from the home, including whether a school bus, school vehicle or private passenger vehicle is used, and whether the driver will be a staff member, a parent or another person. Before taking a child on such a field trip, outing or special event, the provider shall either:

1. Secure individual permission slips signed by a parent for his or her child(ren) for each proposed trip, outing or special event;

2. Post a notice of a proposed individual field trip, outing or special event in a place of prominence within the home, on which a parent shall be asked to sign consent for his or her child to attend; or

3. Issue to every parent a written schedule of all field trips, outings or special events to be taken during any given time frame (that is, weekly, monthly, yearly). A parent shall be asked to sign this schedule indicating his or her consent for any or all field trips, outings or special events listed.

(d) The provider shall maintain on file a record of blanket permission slips for walks and signed individual permission slips for field trips, outings or special events.”

vi. All CCDF-eligible license-exempt in-home care. Provide the standard:

For approved homes:

[Self-Arranged Care Inspection and Interview Checklist \(DFDI No. 23-05-01\)](#)

“Give emergency contact information to medical personnel; take emergency contact information on walks/trips, and maintain the “Transportation and Field Trip Authorization Form” for all children in care.

Ensure parent authorization is given for transporting children, walks, field trips or special events. Ensure the use of infant seats/child passenger restraint systems/seatbelts pursuant to New Jersey law.”

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: For summer youth camps:

N.J.A.C. 8:25-8.1

“The camp director shall ensure that transportation for campers provided by the camp conforms to the requirements of Motor Vehicles and Traffic Regulation, N.J.S.A. 39:1-1 et seq., and the Motor Vehicle Commission rules promulgated thereunder at N.J.A.C. 13:21.”

N.J.A.C. 8:25-8.2

“(a) The camp director shall ensure the following when providing, or making provision for, transportation of campers:

1. Campers shall never be left unattended in a bus or vehicle;
 2. Campers shall only enter and exit from the curbside of the bus or vehicle;
 3. The interior and exterior of each bus or vehicle shall be maintained in a clean and safe condition with clear passage to operable doors;
 4. Each bus or vehicle used to transport children who are under 18 months of age shall 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;
 - i. The child passenger shall be secured in the restraint system when the vehicle is in motion.
 5. The driver shall not transport more persons than specified by the manufacturer of the vehicle;
 6. All passengers shall be seated and shall remain seated whenever the bus or vehicle is in motion;
 7. In addition to the driver, at least one adult counselor shall be present for every 10 campers or portion thereof, being transported in any one vehicle to and from off-site trips, except that at least one adult or counselor shall be present for every seven children who are under the age of six and one adult counselor shall be present for every four children under the age of two and a half;
 8. The driver shall check the vehicle daily to ensure that the vehicle and all safety equipment are in sound operating condition; and
 9. The driver shall check the vehicle after each run is complete to ensure that no campers remain in the vehicle.
- (b) The camp director shall establish a written policy in which preschool campers shall only be discharged from a vehicle to the custody of a designated person.
- (c) The camp director shall obtain from each parent or guardian in writing the name(s) of the person(s) to whom the youth camp can discharge the camper.
- (d) The camp director shall ensure that the youth camp perform emergency evacuation drills for Type I and Type II school buses at least once during each

camping session or at least once every four weeks, whichever is more frequent.”

N.J.A.C. 8:25-8.4

“(a) The camp director shall ensure that the youth camp establish and maintain a record of the following:

1. Transportation routes;
2. Names of the campers being transported;
3. The name and address of the driver;
4. A photo static copy of his or her valid school bus drivers license; and
5. If a contractor is used to provide transportation services, the name and address of the contractor.

(b) The camp director shall ensure that all drivers possess a valid Commercial Driver's License with a "P" and "S" endorsement and maintain a copy of the license on file.

(c) The camp director shall maintain on file, the name and address of the person(s) designated as the additional adult(s) to whom each camper may be released as set forth at N.J.A.C. 8:25-8.2(c), and the license tag number of the school bus or vehicle to which each camper is assigned.

(d) The camp director shall maintain on file, documentation of emergency evacuation drills for all passengers who ride the Type I or Type II school buses in a log book containing the following:

1. The date of the drill;
2. The number of passengers;
3. The time taken to evacuate the bus; and
4. The signature of the person conducting the drill.”

5.3.11 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: For licensed centers:
DFDI No.: 21-11-01
“Providers ensure that staff receive training in pediatric first aid and pediatric CPR.”
DFDI No.: 23-05-05

The staff of all providers are also required to be trained in pediatric first aid and pediatric CPR:

“All new staff shall complete the following orientation trainings:

- Health, Safety, and Child Growth and Development and Mandated Reporting: Basic Requirements for Licensing; and
- Pediatric First Aid and CPR Training.”

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **N/A**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
For family child care providers:

DFDI No.: 21-11-01

“Providers ensure that staff receive training in pediatric first aid and pediatric CPR.”

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in pediatric first aid and pediatric CPR:

“All new staff shall complete the following orientation trainings:

- Health, Safety, and Child Growth and Development and Mandated Reporting: Basic Requirements for Licensing; and
- Pediatric First Aid and CPR Training.”

vi. All CCDF-eligible license-exempt in-home care. Provide the standard:
For approved homes:

DFDI No.: 21-11-01

“Providers ensure that staff receive training in pediatric first aid and pediatric CPR.”

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in pediatric first aid and pediatric CPR:

“All new staff shall complete the following orientation trainings:

- Health, Safety, and Child Growth and Development and Mandated Reporting: Basic Requirements for Licensing; and
- Pediatric First Aid and CPR Training.”

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For summer youth camps:**

DFDI No.: 21-11-01

“Providers ensure that staff receive training in pediatric first aid and pediatric CPR.”

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in pediatric first aid and pediatric CPR:

“All new staff shall complete the following orientation trainings:

- Health, Safety, and Child Growth and Development and Mandated Reporting: Basic Requirements for Licensing; and
- Pediatric First Aid and CPR Training.”

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard:

For licensed centers:

[DFDI No.: 21-11-01](#)

“Providers ensure that staff receive training in pediatric first aid and pediatric CPR.”

[DFDI No.: 23-05-05](#)

The staff of all providers are also required to be trained in pediatric first aid and pediatric CPR:

“All new staff shall complete the following orientation trainings:

- Health, Safety, and Child Growth and Development and Mandated Reporting: Basic Requirements for Licensing; and
- Pediatric First Aid and CPR Training.”

ii. All CCDF-eligible licensed family child care homes. Provide the standard: *N/A*

iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

For family child care providers:

[DFDI No.: 21-11-01](#)

“Providers ensure that staff receive training in pediatric first aid and pediatric CPR.”

[DFDI No.: 23-05-05](#)

The staff of all providers are also required to be trained in pediatric first aid and pediatric CPR:

“All new staff shall complete the following orientation trainings:

Health, Safety, and Child Growth and Development and Mandated Reporting: Basic Requirements for Licensing; and Pediatric First Aid and CPR Training.”

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:
For approved homes:

DFDI No.: 21-11-01

“Providers ensure that staff receive training in pediatric first aid and pediatric CPR.”

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in pediatric first aid and pediatric CPR:

“All new staff shall complete the following orientation trainings:

- Health, Safety, and Child Growth and Development and Mandated Reporting: Basic Requirements for Licensing; and
- Pediatric First Aid and CPR Training.”

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:
For summer youth camps:

DFDI No.: 21-11-01

“Providers ensure that staff receive training in pediatric first aid and pediatric CPR.”

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in pediatric first aid and pediatric CPR:

“All new staff shall complete the following orientation trainings:

- Health, Safety, and Child Growth and Development and Mandated Reporting: Basic Requirements for Licensing; and
- Pediatric First Aid and CPR Training.”

5.3.12 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard:

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in the recognition and reporting of child abuse and neglect.

For licensed centers:

N.J.A.C. 3A:52-4.9

“(a) The sponsor, sponsor representative, director, or any staff member shall verbally notify the State Central Registry Hotline (1-877 NJ ABUSE/1-877-652-2873) immediately whenever there is reasonable cause to believe that a child has been subjected to abuse or neglect by a staff member, or any other adult, pursuant to N.J.S.A. 9:6-8.9, 8.10, 8.13, and 8.14.

(b) In addition to the reporting requirements specified in (a) 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 at the center 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. Such incidents may include, but are not limited to, unusual sexual activity; violent or destructive behavior; withdrawal or passivity; or significant change(s) in the child's personality, behavior or habits. The center shall maintain on file a record of such incidents and documentation that parents have been informed of them.

(c) The Department, during the course of investigating an allegation of child abuse or neglect, may determine that corrective action is necessary to protect the children whenever:

1. The sponsor, sponsor representative, director, or staff member has been found by the Department's Institutional Abuse Investigation Unit (IAIU) to pose a risk of harm to children;
2. The sponsor, sponsor representative, director, or staff member has committed an act of child abuse or neglect, as substantiated by the IAIU; or
3. The sponsor, sponsor representative, director, or staff member has been convicted of such acts.

(d) Whenever the Department makes a determination that corrective action is necessary to protect the children, the sponsor or sponsor representative shall carry out the Department's recommendation for corrective action. Such corrective action may include, but not be limited to:

1. Removal or suspension of the affected sponsor, sponsor representative, director, or staff member(s) from the center or reassignment to other duties that do not involve contact with the children; or
2. When the sponsor, sponsor representative, director, or staff member resides at the facility where the center is located, removal of the affected employee from the premises for a period of time extending from one hour prior to the arrival of the children until one hour after the children have left.

(e) Such suspension, removal, or reassignment, as specified in (d)1 and 2 above, shall remain in effect until the results of the Department's investigation have been determined and a final decision in the matter has been rendered by the Office of Licensing.

(f) If an allegation of child abuse or neglect is substantiated against a staff member, the sponsor or sponsor representative shall immediately terminate the staff member's employment at the center. If an allegation of child abuse or neglect is substantiated against the sponsor or sponsor representative, the Department shall revoke or refuse to renew the license or Certificate of Life/Safety Approval, as applicable.”

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: N/A
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: N/A
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
DFDI No.: 23-05-05
The staff of all providers are also required to be trained in the recognition and reporting of child abuse and neglect.

For family child care providers:

N.J.A.C. 3A:54-5.10

“(a) The provider shall verbally notify the Department's State Central Registry at 1-877-NJ-ABUSE (1-877-652-2873) immediately whenever there is reasonable cause to believe that a child has been or is being subjected to any kind of child abuse or neglect by any person, pursuant to N.J.S.A. 9:6-8.10.

(b) The provider shall report the following incidents to the sponsoring organization as soon as possible, but by no later than the beginning of the sponsoring organization's next working day:

1. Any injury that results in the admittance of a child to a hospital or when care is provided by any medical facility while in the provider's care;
2. The death of a child while in the provider's care;
3. Any damage to the provider's home that affects the provider's compliance with the requirements of the Manual of Requirements;
4. Any criminal conviction(s) of the provider, the substitute provider, a member of the provider's household who is at least 14 years old, and the alternate provider and the provider assistant, if any, as specified in N.J.A.C. 3A:54-5.2(a)10;
5. A change of residence by the provider; and
6. The termination of all family child care services by the provider.

(c) A Certificate of Registration issued by the sponsoring organization to a provider is the property of the State of New Jersey. The provider shall surrender the Certificate of Registration to the sponsoring organization immediately if any of the following occurs or becomes effective:

1. The provider voluntarily closes the family child care home;

2. The registration is revoked;
3. The registration is suspended; or
4. The provider has not applied for a renewed registration.”

vi. All CCDF-eligible license-exempt in-home care. Provide the standard:

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in the recognition and reporting of child abuse and neglect.

For approved homes:

Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)

“Inform the Department of Children and Families (DCF) of instances of suspected child abuse and/or neglect of children in care through 1-877 NJ ABUSE (1-877-652-2873).”

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in the recognition and reporting of child abuse and neglect.

For summer youth camps:

N.J.A.C. 8:25-3.1

(a) The camp director shall state in writing the youth camp's policies and practices for the discipline of its campers and provide a copy to all camp staff.

1. Youth camp staff and campers shall be prohibited from taking the following actions against any camper: deprivation of food, isolation, subjecting to corporal punishment or abusive physical exercise, as a means of punishment.

(b) The camp director shall maintain reasonable groupings of campers, according to the age and the capabilities of each camper in all activities.

(c) Any camp owner, operator, director, counselor, or other employee who has reason to believe that a camper has been or is being subjected to any form of hitting, corporal punishment, abusive language or ridicule, or harsh, humiliating, or frightening treatment, or any kind of child abuse or neglect by any person shall immediately report such allegations to the Department of Children and Families, child abuse hotline at 1-877-NJAbuse (652-2873) or TTY or TDD 1-800-835-5510.”

N.J.A.C. 8:25-3.2

(d) The camp director shall include the following in the orientation:

2. The youth camp operator or camp director shall develop and implement a program of staff training on issues related to child abuse and neglect, such as, but not limited to, understanding the staff members' responsibilities, reporting, recognition, and observation of campers.

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard:

[DFDI No.: 23-05-05](#)

The staff of all providers are also required to be trained in the recognition and reporting of child abuse and neglect.

For licensed centers:

[N.J.A.C. 3A:52-4.9](#)

“(a) The sponsor, sponsor representative, director, or any staff member shall verbally notify the State Central Registry Hotline (1-877 NJ ABUSE/1-877-652-2873) immediately whenever there is reasonable cause to believe that a child has been subjected to abuse or neglect by a staff member, or any other adult, pursuant to N.J.S.A. 9:6-8.9, 8.10, 8.13, and 8.14.

(b) In addition to the reporting requirements specified in (a) 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 at the center 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. Such incidents may include, but are not limited to, unusual sexual activity; violent or destructive behavior; withdrawal or passivity; or significant change(s) in the child's personality, behavior, or habits. The center shall maintain on file a record of such incidents and documentation that parents have been informed of them.

(c) The Department, during the course of investigating an allegation of child abuse or neglect, may determine that corrective action is necessary to protect the children whenever:

1. The sponsor, sponsor representative, director, or staff member has been found by the Department's Institutional Abuse Investigation Unit (IAIU) to pose a risk of harm to children;
2. The sponsor, sponsor representative, director, or staff member has committed an act of child abuse or neglect, as substantiated by the IAIU; or
3. The sponsor, sponsor representative, director, or staff member has been convicted of such acts.

(d) Whenever the Department makes a determination that corrective action is necessary to protect the children, the sponsor or sponsor representative shall carry out the Department's recommendation for corrective action. Such corrective action may include, but not be limited to:

1. Removal or suspension of the affected sponsor, sponsor representative, director, or staff member(s) from the center or reassignment to other duties that do not involve contact with the children; or

2. When the sponsor, sponsor representative, director, or staff member resides at the facility where the center is located, removal of the affected employee from the premises for a period of time extending from one hour prior to the arrival of the children until one hour after the children have left.

(e) Such suspension, removal, or reassignment, as specified in (d)1 and 2 above, shall remain in effect until the results of the Department's investigation have been determined and a final decision in the matter has been rendered by the Office of Licensing.

(f) If an allegation of child abuse or neglect is substantiated against a staff member, the sponsor or sponsor representative shall immediately terminate the staff member's employment at the center. If an allegation of child abuse or neglect is substantiated against the sponsor or sponsor representative, the Department shall revoke or refuse to renew the license or Certificate of Life/Safety Approval, as applicable."

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: *N/A*
- iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: *N/A*
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in the recognition and reporting of child abuse and neglect.

For family child care providers:

N.J.A.C. 3A:54-5.10

“(a) The provider shall verbally notify the Department's State Central Registry at 1-877-NJ-ABUSE (1-877-652-2873) immediately whenever there is reasonable cause to believe that a child has been or is being subjected to any kind of child abuse or neglect by any person, pursuant to N.J.S.A. 9:6-8.10.

(b) The provider shall report the following incidents to the sponsoring organization as soon as possible, but by no later than the beginning of the sponsoring organization's next working day:

1. Any injury that results in the admittance of a child to a hospital or when care is provided by any medical facility while in the provider's care;
2. The death of a child while in the provider's care;
3. Any damage to the provider's home that affects the provider's compliance with the requirements of the Manual of Requirements;
4. Any criminal conviction(s) of the provider, the substitute provider, a member of the provider's household who is at least 14 years old, and the alternate provider and the provider assistant, if any, as specified in N.J.A.C. 3A:54-5.2(a)10;

5. A change of residence by the provider; and
6. The termination of all family child care services by the provider.

(c) A Certificate of Registration issued by the sponsoring organization to a provider is the property of the State of New Jersey. The provider shall surrender the Certificate of Registration to the sponsoring organization immediately if any of the following occurs or becomes effective:

1. The provider voluntarily closes the family child care home;
2. The registration is revoked;
3. The registration is suspended; or
4. The provider has not applied for a renewed registration.”

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in the recognition and reporting of child abuse and neglect.

For approved homes:

Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)

“Inform the Department of Children and Families (DCF) of instances of suspected child abuse and/or neglect of children in care through 1-877 NJ ABUSE (1-877-652-2873).”

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:

DFDI No.: 23-05-05

The staff of all providers are also required to be trained in the recognition and reporting of child abuse and neglect.

For summer youth camps:

N.J.A.C. 8:25-3.1

(a) The camp director shall state in writing the youth camp's policies and practices for the discipline of its campers and provide a copy to all camp staff.

1. Youth camp staff and campers shall be prohibited from taking the following actions against any camper: deprivation of food, isolation, subjecting to corporal punishment or abusive physical exercise, as a means of punishment.

(b) The camp director shall maintain reasonable groupings of campers, according to the age and the capabilities of each camper in all activities.

(c) Any camp owner, operator, director, counselor, or other employee who has reason to believe that a camper has been or is being subjected to any form of hitting, corporal punishment, abusive language or ridicule, or harsh, humiliating, or frightening treatment, or any kind of child abuse or neglect by any person shall immediately report such allegations to the Department of

Children and Families, child abuse hotline at 1-877-NJAbuse (652-2873) or TTY or TDD 1-800-835-5510.”

N.J.A.C. 8:25-3.2

(d) The camp director shall include the following in the orientation:

2. The youth camp operator or camp director shall develop and implement a program of staff training on issues related to child abuse and neglect, such as, but not limited to, understanding the staff members' responsibilities, reporting, recognition, and observation of campers.

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe: *Click or tap here to enter text.*

5.3.13 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

Nutrition. Describe:

Licensed centers are subject to standards in this area:

N.J.A.C. 3A:52-6.3

“(a) All centers shall comply with the following requirements:

1. Food served to children who are present during normal mealtime hours or required snack periods, as specified in (b) and (c) below, shall be provided either by the child's parent or by the center.
2. If the center chooses to provide food, the center shall ensure that all food served to children is prepared by either:
 - i. The center on-site or off-site; or
 - ii. A caterer who is licensed, registered, certified, or otherwise approved, as appropriate, by the local or county health department or State Department of Health, as applicable.
3. If the center chooses to have parents provide food, the center shall have a supply of food at the center for any child whose parent forgets.
4. If the center provides food, the center shall ensure that the food is stored, prepared, and served in a sanitary manner.
5. Staff members shall advise parents of any repetitive feeding problems experienced by their child.
6. Staff members shall not force-feed or coerce a child to eat against his or her will.
7. A snack shall be served to all children who are under the center's care for at least three

- consecutive hours and for all children who are served on an after-school basis.
8. Drinking water shall be made available to all children.
 9. Centers that provide meals shall ensure that:
 - i. For children on special diets (for example, due to health reasons, religious belief or parental request), an alternative choice of food is provided by either the center or the child's parent; and
 - ii. Individualized written diets and feeding schedules, if submitted to the center by the child's parent or health care provider, are posted in a location that is accessible to staff members caring for the children, and are followed.
 10. The center shall have a supply of food at the center and shall serve a snack to any child who is hungry or has missed a meal.
 11. Unless contraindicated by the parent or health care provider, the center shall:
 - i. Not serve sugar sweetened or artificially sweetened beverages. Parents that provide such beverages for their children shall be provided with information regarding healthier options;
 - ii. Not provide solid food to children under the age of six months;
 - iii. Not provide cows' milk to children under the age of 12 months;
 - iv. Provide only whole pasteurized milk to children between the ages of 12 and 24 months or milk with reduced fat (two percent) for those children who are at risk for hypercholesterolemia or obesity;
 - v. Provide skim (fat-free) or one percent milk to children older than two years of age;
 - vi. Ensure that food and beverages are in accordance with minimum Child and Adult Care Food Program's (CACFP) standards, contained in the Child and Adult Care Food Program, 7 CFR 226.20, which is incorporated herein by reference, and can be obtained at <http://www.fns.usda.gov/cnd/care/childcare.htm>, including portion size and nutritional value;
 - vii. Provide a variety of both fruits and vegetables and high portion of whole grains; and
 - viii. Limit foods that are high in solid fats, added sugar, trans fats, and sodium.
 12. The center shall ensure that these safety and sanitation practices are followed:
 - i. Older infants shall not carry bottles, sippy cups, or regular cups with them while crawling or walking;
 - ii. Sippy cups shall be labeled with the child's name;
 - iii. Food left uneaten in a dish shall be discarded;
 - iv. Food shall not be shared among children using the same dish or spoon; and
 - v. Unused portions of food shall be labeled with the child's name, date, and type of food. The food shall be stored in the refrigerator, returned to the parent, or discarded with the parent's consent. All unused food shall be discarded if not consumed by the end of the day.

For early childhood programs, the following shall apply:

1. Centers operating for more than three consecutive hours shall have a working refrigerator.
2. Food brought from outside the center for a child shall be inspected by a staff member for spoilage before it is served.
3. Feeding requirements for centers serving children less than 18 months of age are as follows:
 - i. The center shall develop mutually with each child's parent(s) and follow a feeding plan regarding the feeding schedule, specific formula, breastfeeding arrangements and accommodations, and/or expressed breast milk, nutritional needs, and

introduction of new food for each child.

ii. For children less than 12 months of age, the feeding plan shall be:

(1) Documented in writing;

(2) Maintained on file; and

(3) Made available to each staff member responsible for feeding each child;

iii. All food served to a child shall be appropriate to the child's developmental eating ability;

iv. The requirements for bottles are as follows:

(1) Each child's bottle(s) shall be labeled with the child's name and dated;

(2) The center shall sanitize each child's bottles, including the nipples, when the center provides the bottles;

(3) Breast milk shall be gently mixed but not be shaken;

(4) Refrigerated breast milk must be used within 24 hours;

(5) Formula or breast milk that is served, but not completely consumed or refrigerated, shall be discarded; and

(6) No milk, formula, or breast milk shall be warmed in a microwave oven;

v. A child who is too young to use a feeding chair or other seating apparatus shall be held when fed;

vi. A child who, because of age or developmental readiness, no longer needs to be held for feeding shall be provided with an infant seat, high chair with safety strap, or other age-appropriate seating apparatus, which meets the standards of a recognized safety organization (such as the Juvenile Products Manufacturers Association, the American Society for Testing and Materials, or the United States Consumer Product Safety Commission);

vii. When a child is feeding, the bottle shall not be propped at any time; and

viii. When a child is bottle-feeding while resting, the bottle shall be removed when the child falls asleep.

4. Mealtime and snack requirements for centers serving children 18 months of age or older and those children younger than 18 months of age who are developmentally ready to eat regular meals and snacks are as follows:

i. Centers that provide breakfast shall ensure that breakfast includes the following:

(1) Fruits, vegetables or fruit or vegetable juice; and

(2) Enriched whole grain bread, a bread product or cereal and/or a protein alternative.

ii. The center shall serve lunch for all children who have not eaten lunch and are:

(1) Present during 11:00 A.M. to 1:00 P.M.; and

(2) Under the center's care for at least five consecutive hours;

iii. The center shall serve dinner for all children who:

(1) Have not eaten dinner;

(2) Are present from 5:00 P.M. to 7:00 P.M.; and

(3) Are scheduled to remain after 7:00 P.M.;

iv. Centers that provide meals shall ensure that lunch and dinner for each child include the following:

(1) Meat, poultry, fish or a protein alternative;

(2) Fruits or vegetables;

(3) Bread or bread products; and

(4) Milk, juice or water;

v. Centers that provide snacks shall ensure that the snack includes one juice, milk, or fruit and one food supplement selected from the lunch and dinner choices specified

in (b)4iv above, except on special occasions, such as holidays and birthdays; and
vi. Centers that provide meals shall ensure that milk is served at least once a day.

For school-age child care programs, the following shall apply:

1. Centers that store perishable foods or medication shall have access to a refrigerator.
2. Centers that provide snacks should include one juice, milk or fruit and one food supplement selected from the food choices specified in (b)4iv above.
3. On days when school is not in session, if applicable, the center shall serve meals as specified in (b)4 above.”

Family child care providers are subject to standards in this area:

N.J.A.C. 3A:54-6.14

“(a) The provider shall ensure that all enrolled children receive nutritious meals that have been prepared by:

1. The provider;
2. The parent(s) of an enrolled child; or
3. Another source, such as a caterer who is licensed, registered, certified, or otherwise approved, as appropriate by the local or county health department or State Department of Health, as applicable.
4. If the provider chooses to have parents provide food, the provider shall have a supply of food at the home for any child whose parent forgets.

(b) The provider shall ensure the provision of:

1. Breakfast for all children who:
 - i. Have not eaten breakfast; and
 - ii. Are present during the hours of 7:00 A.M. to 10:00 A.M.;
2. Lunch for all children who:
 - i. Have not eaten lunch;
 - ii. Are present during the hours of 10:00 A.M. to 1:00 P.M.; and
 - iii. Are under the provider's care for at least five consecutive hours;
3. Dinner for all children who:
 - i. Have not eaten dinner;
 - ii. Are present during the hours of 5:00 P.M. to 7:00 P.M.; and
 - iii. Are under the provider's care for at least five consecutive hours; and
4. A snack for all children who are under the provider's care for at least three consecutive hours, or who have arrived from school.

(c) The provider shall consult with each child's parent(s) regarding the feeding schedule, nutritional needs and introduction of new foods for each child.

(d) Clean and sanitary drinking water shall be made available to the children at all times.”

Approved homes are subject to standards in this area:

Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)

“Provide nutritious meals and snacks; consult with parents on children’s feeding schedule, nutritional needs, food allergies and introduction of new foods for each child; have drinking water available at all times.

Ensure that bottles are not propped for feeding; identify each child’s bottle, sipping cup; refrigerate formula and expressed breast milk.”

Summer youth camps are subject to standards in this area:

N.J.A.C. 8:25-7.1

“(a) 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.

(b) The camp director shall ensure that the youth camp provides food of sufficient quantity and nutritional quality to provide for the dietary needs of each camper.

(c) The camp director shall ensure that the youth camp prepares and serves meals in an appetizing and sanitary manner, and shall prepare meals as close to serving time as possible.

(d) The camp director shall ensure that the youth camp posts the week's menu in the food preparation area.

1. Food substitutes shall be noted on the menus in writing.

2. After use, the menus shall be kept on file for the entire period of the camping season.

(e) The camp director shall ensure that the youth camp schedules mealtimes to meet the camper's needs and so that there are no excessively long periods of time without food.

1. At least three meals and two snacks shall be provided each day in a resident youth camp.

(f) The camp director shall ensure that the youth camp meets all of the requirements at N.J.A.C. 8:24 when permitting potentially hazardous foods to be brought on site.”

Access to physical activity. Describe:

Licensed child care centers are subject to standards in this area:

N.J.A.C. 3A:52-4.5

(b) The staff member(s) specified in N.J.A.C. 3A:52-4.5 who are responsible for developing and overseeing the implementation of the center's daily activities shall ensure that:

Children are provided with daily structured and unstructured developmentally appropriate indoor and outdoor energetic physical activity as follows:

i. At least 30 total minutes daily for children receiving child care less than four hours;

ii. At least 60 total minutes daily for children receiving child care more than four hours;

and

iii. Whenever feasible, and unless the child is eating, sleeping, needs to complete a seated activity, or is ill, children shall not be inactive for more than 30 minutes;...”

Family child care providers are subject to standards in this area:

N.J.A.C. 3A:54-6.12 Activities for children

“(a) Activities for the children shall be structured to include:

1. Active and quiet play;

2. Indoor and outdoor play;

3. Rest or sleep; and

4. Meals and snacks.

(b) The provider shall supply safe toys, play equipment, and creative materials to ensure each child the opportunity to participate in a variety of activities appropriate for the ages, interests, and number of children present.

1. Programs for pre-school age children shall offer materials from the following categories:

i. Dramatic play and language development (for example, dress-up clothes, puppets, books, play telephones and unbreakable dishes);

ii. Visual and small muscle development (for example, mobiles, unbreakable mirrors, blocks, rattles, puzzles, sorting and stacking toys);

iii. Auditory development (for example, records, musical instruments and tapes);

- iv. Creative expression (for example, clay, non-toxic paint, paper and blunt scissors); and
 - v. Large muscle development (for example, swings, balls, bicycles, large boxes and wagons).
2. Programs for infants and toddlers shall include the applicable items for (b)1 above, and a daily routine adapted to the individual needs of each infant and toddler that fits, as much as possible, into the schedule set up by the parent.
- i. Infants shall have age-appropriate, supervised tummy time at least twice a day; and
 - ii. Infants shall have developmentally appropriate outdoor activities and/or carriage/stroller rides daily, weather permitting.
3. The provider shall maintain on file a written schedule of daily activities and provide a copy for the parents.
- (c) The provider shall ensure that children are supervised while in swings, high chairs or stationary activity centers and do not remain in such equipment for more than 30 consecutive minutes; and that the majority of every child's waking hours are spent out of cribs and playpens in a safe, clean place where he or she may move and explore freely.
- (d) The provider shall plan the day to allow for time to offer each child individual attention, affection and comfort.
- (e) Television, computers, and other video equipment shall be used with discretion and shall not be used as a substitute for planned activities.”

Approved homes are subject to standards in this area:

Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)

- “Ensure there is safe and age-appropriate equipment and supplies for the number of children in care.
- Provide children with: active and quiet play; indoor and outdoor play; rest or sleep.
- Provide age-appropriate materials and activities for: dramatic play/language development; auditory development; visual/small muscle development; large muscle development; creative expression.
- Ensure that children are supervised while in swings, high chairs, or stationary activity centers; do not remain in equipment for more than 30 consecutive minutes; majority of every child’s waking hours are spent out of cribs, and playpen is in a safe, clean place where he or she may move and explore freely.
- Ensure school age children participate in appropriate activities such as but not limited to outdoor play; active play; and completing homework assignments if necessary; discuss with and agree upon with parents the use of phone, television, computer and electronic devices.”

Caring for children with special needs. Describe:

Family child care providers are subject to standards in this area:

N.J.A.C. 3A:54-6.18

“(a) 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.

(b) When the provider enrolls a child with special needs:

1. 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 with input from the parent or guardian regarding the

- specialized care or accommodations that a child with special needs requires;
2. The special needs care plan shall include the following:
 - i. A list of the child's diagnoses;
 - ii. Contact information for the primary care provider and any relevant specialists;
 - iii. Medications to be administered on a scheduled basis;
 - iv. Medications to be administered on an emergent basis with clearly stated parameters of signs and symptoms that warrant giving the medication written in plain language;
 - v. Procedures to be performed;
 - vi. Any allergies;
 - vii. Dietary modifications;
 - viii. Activity modifications;
 - ix. Environmental modifications;
 - x. Stimulus that initiates or precipitates a reaction or series of reactions (triggers to avoid);
 - xi. Symptoms for caregivers to observe; and
 - xii. Emergency response plan, if the child has an emergency.
 3. The provider shall make reasonable accommodations to serve a child with special needs unless such accommodations impose an undue hardship on the family child care home. If the accommodations cause undue hardship, written notification shall be provided to the parent and the sponsoring organization regarding the reasons for not enrolling the child. A copy of which shall be maintained by the provider."

Approved homes are subject to standards in this area:

Self-Arranged Care Inspection and Interview Checklist (DFDI No. 23-05-01)

"50. Ensure reasonable accommodations, special care and activities are provided for children who have been identified with special needs as recommended by the parents or physician."

Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: DHS/DFD contracts with a variety of quality partners to deliver both foundational and progressive training to the workforce. Most training topics are offered in English and Spanish and are provided in-person and/or virtually. All training offerings are posted on the NJ Child Care Information System (NJCCIS) NJ Workforce Registry. Quality partners include:

- CCR&Rs that offer the CCDBG required training along with other topics that include Dual Language Learners and Cultural Competency.
- Child Care Health Consultants offer training on a variety of health-related topics some of which include: nutrition, physical activity, medication administration, hand washing, and keeping children healthy in child care.
- Montclair State University's Center for Autism and Early Childhood Mental Health provides coaching and training on topics related to social-emotional development, "Pyramid Model", and supporting the workforce on working with children with special needs.
- Rutgers University's GNJK Training Services provides a variety of topics which include curricula, "Ages and Stages Developmental Screening", Performance Based Assessment Training (GOLD and COR), developmentally appropriate practices, the NJ Early Learning Guidelines/Standards, Evaluating and Supporting Teachers, and Health and Safety Basics, as well as, the Health and Safety Basics Refresher.

Grow NJ Kids (QRIS) requires training hours at the various levels of the rating system. For example, training topics such as the Pyramid Model, NJ Early Learning Standards, and formal curriculum training are required, which enhances staff professional development and training.

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of bio contaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: [N/A](#)

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe: [Click or tap here to enter text.](#)

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

- a. Licensed CCDF center-based providers
- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?
 - Yes.
 - No. If no, describe: [Click or tap here to enter text.](#)
 - ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:
 - Annually.
 - More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)
 - Other. If other, describe: [Click or tap here to enter text.](#)
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
 - No. If no, describe: [New Jersey DCF Office of Licensing utilizes the same monitoring and enforcement standards across the board for all licensed child care centers as it pertains N.J.A.C. 3A:52 Manual of Requirements.](#)
 - iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. [The DCF Office of Licensing is responsible for inspections for Licensed Child Care Centers.](#)
- b. Licensed CCDF family child care providers N/A
- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
 - Yes.
 - No. If no, describe: [Family child care providers are not licensed.](#)
 - ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
 - Annually.
 - More than once a year. If more than once a year, describe: [Click or tap here](#)

to enter text.

Other. If other, describe: *Click or tap here to enter text.*

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*
 - No. If no, describe: *Click or tap here to enter text.*
- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. *Click or tap here to enter text.*

c. Licensed in-home CCDF child care providers N/A

- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?
 - Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?
 - Yes.
 - No. If no, describe: *Do not have licensed in-home providers.*
- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:
 - Annually.
 - More than once a year. If more than once a year, describe: *Click or tap here to enter text.*
 - Other. If other, describe: *Click or tap here to enter text.*
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*
 - No.
- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. *Click or tap here to enter text.*

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers N/A
- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
 - Annually.
 - More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)
 - Other. If other, describe: [Click or tap here to enter text.](#)
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
 - No
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. [Click or tap here to enter text.](#)
- b. License-exempt CCDF family child care providers
- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
 - Annually.
 - More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)
 - Other. If other, describe: [Click or tap here to enter text.](#)
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
 - No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers.

[CCR&Rs are the Family Child Care Sponsoring Organization \(FCCSO\) under the Department of Children and Families and are required to conduct an inspection to ensure that all Registered Family Child Care Providers homes are inspected and meeting all Manual of Requirements and CCDF requirements.](#)

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child’s home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child’s own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. [CCR&Rs are required to annually conduct an inspection to ensure that In-Home Child Care providers’ homes are inspected and approved. Providers must comply with all CCDBG health and safety standards, trainings, and comprehensive criminal background check requirements. Approved in-home child care providers receive a Certificate of Completion.](#)
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers:

[Child Care Resource and Referral Agencies are the designee for DHS/DFD to conduct inspection for Approved-In-Home Child Care Providers](#)

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the 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. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

- a. Does the Lead Agency post:
 - i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. Note: This option is only allowable if the Lead Agency does not produce monitoring reports that include

both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted: *Click or tap here to enter text.*

- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. Date of inspection.
 - ii. Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: *Click or tap here to enter text.*
 - iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: *Click or tap here to enter text.*
 - iv. A minimum of 3 years of results, where available.
 - v. If any of the components above are not selected, please explain: *Click or tap here to enter text.*
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted: [DHS/DFD https://www.childcarenj.gov/Search](https://www.childcarenj.gov/Search) (all applicable provider types) and [DCF/OOL \(licensed centers only\) https://childcareexplorer.njccis.com/portal/](https://childcareexplorer.njccis.com/portal/)
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: *Inspection reports are posted/published in real-time following completion and finalization of the inspection report.*
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*

5.5.5 Qualifications and training of licensing inspectors Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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.

Licensed Child Care Inspectors (CCQAI) go through a rigorous 6-month training period with an experienced mentor. During this training period, inspectors have training based on modules and the manual of requirements. They also shadow seasoned inspectors in the field on all types of child care centers and slowly begin doing inspections under the mentor's guidance. Inspectors are then evaluated to see if they need more training. The Office of Licensing also conducts monthly staff meetings and trainings on various topics and updated policies, including health and safety requirements. Child Care Inspectors are also required to take the DFD Health and Safety trainings.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors 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. The current ratio is 1:52 and inspections and monitoring are completed annually. Through the 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 families participating in CCDF. Inspection staff are monitored by their supervisors to ensure inspections are completed on a timely basis.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training.

Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: All licensed child care center caregivers, teachers, and directors must complete the minimum hours of annual in-service trainings required by Department of Children and Families regulations in the Chapter 52 Manual of Requirements.

Additional staff training shall be provided as follows:

1. The center shall provide training for each new staff member upon beginning work at the center and for all staff members annually.
 2. Such training shall include:
 - i. Basic knowledge of first aid principles;
 - ii. Recognizing the symptoms of illness;
 - iii. Feeding sick children;
 - iv. When and how to call for medical advice;
 - v. Taking children's temperatures;
 - vi. Any other care that may be required for admissible illnesses and conditions;
 - vii. Infection control;
 - viii. Review of center policies and procedures;
 - ix. Child development, including activities for children who are sick; and,
 - x. Communicating with parents concerning a child's illness.
- b. License-exempt child care centers: N/A
 - c. Licensed family child care homes: N/A
 - d. License-exempt family child care homes: Registered Family Child Care Providers: Caregivers, teachers, and directors must complete ongoing in service training of at least six (6) hours each year. For all returning caregivers and teachers, the in-service training must include a review of, and updates on, the health, safety, child development, social and emotional behavior intervention, and other subjects covered in the orientation trainings.
 - e. Regulated or registered in-home child care: N/A
 - f. Non-regulated or registered in-home child care: Approved Home-In Home Providers: Caregivers, teachers, and directors must complete ongoing in service training of at least six (6) hours each year. For all returning caregivers and teachers, the in-service training must include a review of, and updates on, the health, safety, child development, social and emotional behavior intervention, and other subjects covered in the orientation trainings.

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive 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, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints. [Click or tap here to enter text.](#)

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. [Click or tap here to enter text.](#)

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints. [Click or tap here to enter text.](#)

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check. The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. [Click or tap here to enter text.](#)

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. [Click or tap here to enter text.](#)

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. [Click or tap here to enter text.](#)

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child

care providers for whom you do not conduct in-state SOR background checks. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
 - No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?
- Yes.
 - No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check. [Click or tap here to enter text.](#)

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
 - No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. [Click or tap here to enter text.](#) Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
 - No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?
- Yes.
 - No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check. [Click or tap here to enter text.](#)

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.
- Yes.
- No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. [Click or tap here to enter text.](#)

5.7.7 Interstate Sex Offender Registry (SOR) check.

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF

participation for whom you do not conduct interstate SOR checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check. [Click or tap here to enter text.](#)

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks. [Click or tap here to enter text.](#)

5.7.9 Disqualifications for child care employment. The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.

- Knowingly made materially false statements in connection with the background check.
 - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
 - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- Yes.
- No. If no, describe the disqualifying criteria: [Click or tap here to enter text.](#)
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- Yes.
- No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers: [Click or tap here to enter text.](#)
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe: [New Jersey's Department of Children and Families, CARI Unit receives the CARI check applications from the applicants. The CARI Unit makes a determination if the individual is Cleared or Not Cleared and reports this information. These results are then provided to the appropriate entity \(License Center owner/director for licensed centers, CCR&R for family child care and approved homes\). If a Not Cleared response is returned for an applicant, they are disqualified from employment.](#)
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe: [If a prospective employee has lived in another state within the past five years, that state is contacted to obtain a child abuse and neglect registry check. If the results obtained show a disqualifying result, the prospective employee is notified of the disqualification.](#)

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification: [Click or tap here to enter text.](#)

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No.

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No.

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No.

- iv. Get completed in a timely manner.

Yes.

No.

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the

individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No.

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

Yes.

No.

- 5.7.12 Provisional hiring of prospective staff members Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

Yes.

No. If no, describe.

DHS/DFD is working with DCF to update the rules. N.J.A.C. 3A:52 needs to be amended to align with CCDF rules. State regulations for centers allow a period of up to two weeks after new staff begin to complete all background check components. Staff must be supervised and not left alone to supervise children.

- b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe.

DHS/DFD is working with DCF to update the rules. N.J.A.C. 3A:52 needs to be amended to align with CCDF rules. State regulations for centers, allow a period of up to two weeks after new staff begin to complete all background check components. Staff must be supervised and not left alone to supervise children.

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe.

DHS/DFD is working with DCF to update the rules. N.J.A.C. 3A:52 needs to be amended to align with CCDF rules. State regulations for centers, allow a period of up to two weeks after new staff begin to complete all background check components. Staff must be supervised and not left alone to supervise children.

d. In-state child abuse and neglect registry.

Yes.

No. If no, describe.

DHS/DFD is working with DCF to update the rules. N.J.A.C. 3A:52 needs to be amended to align with CCDF rules. State regulations for centers, allow a period of up to two weeks after new staff begin to complete all background check components. Staff must be supervised and not left alone to supervise children.

e. Name-based national Sex Offender Registry (NCIC NSOR).

Yes.

No. If no, describe. *Click or tap here to enter text.*

DHS/DFD is working with DCF to update the rules. N.J.A.C. 3A:52 needs to be amended to align with CCDF rules. State regulations for centers, allow a period of up to two weeks after new staff begin to complete all background check components. Staff must be supervised and not left alone to supervise children.

f. Interstate criminal background check, as applicable.

Yes.

No. If no, describe. *Click or tap here to enter text.*

DHS/DFD is working with DCF to update the rules. N.J.A.C. 3A:52 needs to be amended to align with CCDF rules. State regulations for centers, allow a period of up to two weeks after new staff begin to complete all background check components. Staff must be supervised and not left alone to supervise children.

g. Interstate Sex Offender Registry check, as applicable.

Yes.

No. If no, describe. *Click or tap here to enter text.*

DHS/DFD is working with DCF to update the rules. N.J.A.C. 3A:52 needs to be amended to align with CCDF rules. State regulations for centers, allow a period of up to two weeks after new staff begin to complete all background check components. Staff must be supervised and not left alone to supervise children.

h. Interstate child abuse and neglect registry check, as applicable.

Yes.

No. If no, describe. *Click or tap here to enter text.*

DHS/DFD is working with DCF to update the rules. N.J.A.C. 3A:52 needs to be amended to align with CCDF rules. State regulations for centers, allow a period of up to two weeks after new staff begin to complete all background check components. Staff must

be supervised and not left alone to supervise children.

- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

Yes.

No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. [Click or tap here to enter text.](#)

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

Yes.

No. If no, describe the current policy: [Click or tap here to enter text.](#)

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. [Interstate CHRI requests are directed to the New Jersey State Police's website which contains a section specifically for former residents to request their criminal history. NJSP processes the request and sends the results to the requesting agency.](#)

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

- Yes. If yes, describe the current policy. *Click or tap here to enter text.*
- No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members:

<https://www.childcarenj.gov/Providers/CCAP/InterstateBackgroundChecks>

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

- i. Agency name
- ii. Address
- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees
- ix. Is the State a National Fingerprint File (NFF) State?
- x. Is the State a National Crime Prevention and Privacy Compact State?
- xi. If not all boxes above are checked, describe: *Click or tap here to enter text.*

- c. Interstate sex offender registry (SOR) check:

- i. Agency name
- ii. Address
- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms

- viii. Fees
 - ix. If not all boxes above are checked, describe: [Click or tap here to enter text.](#)
- d. Interstate child abuse and neglect (CAN) registry check:
- i. Agency name
 - ii. Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. Address
 - iv. Phone number
 - v. Email
 - vi. Website
 - vii. Instructions
 - viii. Forms
 - ix. Fees
 - x. If not all boxes above are checked, describe: [Click or tap here to enter text.](#)

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented. [Click or tap here to enter text.](#)

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component? [Click or tap here to enter text.](#)

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

Click or tap here to enter text.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

- i. Providing program-level grants to support investments in staff compensation.
- ii. Providing bonuses or stipends paid directly to staff, like sign-on or

retention bonuses.

- iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
- iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
- v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
- vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
- vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
- viii. Other. Describe: *Click or tap here to enter text.*

- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends.

Over the past 4 years, New Jersey’s minimum wage has incrementally increased to reach \$15.13 per hour as of January 2024. In response to the minimum wage increase, NJ has earmarked funds each year to increase child care rates to support the minimum wage increase. In addition, NJ is in the process of developing a strategic plan to pilot an Apprenticeship program for early childhood education (ECE) workers. During the pilot phase, NJ will research ECE worker wage scales across different systems to help inform wage scales. Recommendations and findings from the pilot will be discussed to determine the best approach for aligning a wage scale with the career lattice.

NJ continues to support the ECE Scholarship Program. Scholarships are available to working assistant teachers or teachers in childcare programs, or registered family child care providers servicing children that receive a subsidy through the Child Care Subsidy Program and or that are enrolled in Grow NJ Kids (GNJK). Scholarships and awards are currently available for the following:

- College Scholarship
- College P-3
- CDA Training
- CDA Renewal
- CDA Assessment Fee
- Book Stipend
- Merit Award (\$1.000 for any scholarship recipient that completes their degree/certificate)

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits.

DHS/DFD has expanded its shared services work throughout the state. The shared service alliances drafted a plan that members would like to work together in implementing. All alliances have acknowledged a need to retain the workforce. Shared services coordinators worked with their alliance members and their staff on finding affordable health insurance plans by promoting Get Covered NJ, as it offers a variety of affordable plans and provides options for pricing. Shared services coordinators meet with alliance member directors, staff and/or families to help them understand the program and then provide tools for easy enrollment. As needed, shared services coordinators also can connect alliance members with health insurance brokers to provide more options.

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce.

Since 2015, DFD has contracted with Montclair State University's Center for Autism and Early Childhood Mental Health to provide support related to the emotional and mental well-being of the ECE workforce and the children in their care. Through their Professional Formation Initiative providers have the ability to request support through consultation, training or reflective practice if they have experienced collective stress, loss or trauma, mental-health, burnout, grief, and other situations that may impact the emotional or mental-health well-being of staff. In addition to consultation, the center also provides ongoing reflective sessions known as the Conversations for Connection, Comfort and Calm series, or 3Cs. The groups consist of open sessions to allow space for organic conversations and reflection. The groups have run continuously since April of 2020 in both English and Spanish. Providers' also have access to special topic professional development sessions that are offered on an as needed basis.

Recent virtual sessions such as "Staying Well to Care Well: Strategies for Restoration", or the "Black Lives Matter Reflective Community", a space for connection and support, specifically for black professionals in our community are examples of supports that have been developed to meet the needs of the workforce.

NJ will continue its efforts and work to further understand and address the mental-health and well-being needs of the professional workforce in the upcoming plan cycle through survey and other methods of stakeholder feedback. Data from these surveys will be used to determine what additional programming, training and supports are needed.

- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce.

NJ is in the process of developing a strategic plan to pilot an Apprenticeship program for ECE workers. During the pilot phase, NJ will research ECE worker wage scales across different systems to help inform wage scales. In addition, NJ will be reconvening a group of stakeholders to review proposed revisions and determine if additional changes are needed; and will make the necessary programmatic updates in the NJ Workforce Registry to reflect the revisions. Considerations will be discussed to determine the best approach for aligning a wage scale with the career lattice.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices.

DHS/DFD supports strengthening business practices in a number of ways that include training and technical assistance, as well as community-based shared service alliances. The county-level Child Care Resource and Referral agencies (CCR&Rs) provide training and direct support for programs and providers on strengthening business practices. Shared services coordinators support child care and family child care providers on an ongoing basis, access their needs, and provide additional resources as needed. Workshops and/or small group coaching sessions are offered to providers from the New Jersey Association for the Education of Young Children (NJAEYC) as well as through the DFD technical assistance vendor and Rutgers GNJK Training Services. This includes multiple training sessions and opportunities for Alliances to network and collaborate.

Ongoing support is provided by the shared services coordinators that work with their alliance members continuously. Each alliance is designed to meet the alliance members' specific needs and provide targeted training and support. Rutgers GNJK Training Services provides targeted workshops in Human Resources, Finance, Technology and Marketing, as well as workshops related to Child Care Management Systems (CCMS).

- Human Resources: Recruitment; Retention; On Boarding; Continuous Coaching
- Finance: Financial Management System; Record Keeping; Budgeting
- Technology / Marketing: Marketing Essentials and Tools; Social Media; Digital Tools and Organization
- CCMS: General overview of CCMS Systems, benefits and challenges

Shared services coordinators also work with their alliance members and their staff on finding affordable health insurance plans. They promote Get Covered NJ as it offers a variety of affordable plans and provides options for pricing. Shared services coordinators meet with alliance member directors, staff and/or families to help them understand the program and provide tools for easy enrollment. As needed, they also connect alliance members with health insurance brokers to provide more options.

- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

- i. Fiscal management.
- ii. Budgeting.
- iii. Recordkeeping.
- iv. Hiring, developing, and retaining qualified staff.

- v. Risk management.
- vi. Community relationships.
- vii. Marketing and public relations.
- viii. Parent-provider communications.
- ix. Use of technology in business administration.
- x. Compliance with employment and labor laws.
- xi. Other. Describe any other efforts to strengthen providers' administrative business: Training and technical assistance topics include: Business Mindset, Human Resources essentials to support turnover, Leadership including Whole Leadership Framework which aligns to work by ECLI, SMART GOALS, Digital Organization, Peer Networking, optimizing communication with families through technology, optimizing your businesses presence in google (90% used by consumers for search functions), using social media platforms, achieving full enrollment.

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency

DHS/DFD's contracted training agencies have bilingual trainers and provide access to training consultants for a variety of other languages. Staff are available to support providers with limited English proficiency. Training is offered online and statewide in both English and Spanish. Translations in additional languages are available upon request based on need.

DHS/DFD's contracted TA Centers and CCR&Rs also have bilingual coaching staff who provide support in the preferred language of the provider, when possible. This includes on-site coaching and Environment Rating Scale (ERS) observation offered in both English and Spanish. Grow NJ Kids rating reports are also issued in the language spoken by the provider.

DHS/DFD also offers bilingual caseworkers or translators for parents and providers, provides informational materials about child care assistance in non-English languages, offers child care assistance applications in other languages besides English, and covers English language development in state early learning guidelines for English Language Learners.

NJ offers career pathways for the child care workforce that include specializations or credentials for working with English language learners and children with disabilities. Scholarships and merit rewards have been established in these areas to recruit and support career ladders for bilingual early childhood professionals and those who speak languages other than English as well as those who want to serve children with disabilities.

b. Providers and staff who have disabilities: DHS/DFD requires that all contracted partners/vendors are ADA compliant and have written policies and procedures. 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 website

(<http://www.childcarenj.govwebsite.thepurposeofthe/>).

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).

All training provided by GNJK Training services includes closed captioning for those who are deaf and hard of hearing. Additionally, all training content and associated materials are screened using the Color Contrast Checker. This tool follows the Web Content Accessibility Guidelines (WCAG), a series of recommendations for making the web more accessible. To ensure accessibility, we use this tool to make the recommended color edits to slides.

Lastly, all training content and materials are designed consistently at a 5th grade level to promote comprehension of materials for individuals of all abilities.

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: *Click or tap here to enter text.*

No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: 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 Council is in the Department of Education and represents all state agencies with oversight of programs serving families and children from birth to thirteen. Head Start agencies, advocacy groups, child care organizations, school districts, universities, and

foundations also are represented on the Council. The Early Care and Education Workforce Committee of the Council provided support and recommendations regarding the professional development framework. DHS/DFD is an active member of the Council.

To further support the Child Care Assistance Program and ensure timely feedback loops from stakeholders, DHS/DFD has formed an advisory group that meets periodically. In the Fall 2018, DHS/DFD established the Child Care Advisory Group to complement the work of the NJ Council for Young Children. The advisory group consists of a significant number of existing NJ Council for Young Children stakeholders including all the State agencies. The major goals of the advisory group are to help DHS/DFD strengthen provider engagement, solicit input on how to better serve children and families in the Child Care Assistance Program, provide recommendations on ways to improve quality child care, expand outreach and communicate the benefits and importance of Grow NJ Kids.

No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency’s framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors).

New Jersey’s Core Knowledge and Competencies for Early Childhood Professionals

NJ’s Core Knowledge and Competencies (CKCs) for Early Childhood Professionals identifies specific knowledge areas that a professional must have when working with children, their families, and other professionals. Although presented individually, all areas are intrinsically interrelated and interdependent.

The CKCs 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 Core Knowledge and Competencies are:

- Child Growth and Development
- Family and Community Relationships
- Learning Environment and Curriculum
- Teaching-Learning Interactions and Approaches
- Child Assessment
- Child Wellness: Health, Safety, Nutrition and Physical Activity
- Serving Diverse Populations
- Professionalism and Leadership
- Program Organization and Management

NJ School-Age Childcare Core Knowledge and Competencies

Similar to the Early Childhood Professionals CKCs, New Jersey's School Age Child Care Coalition (Afterschool and Out-of-School Time Professional Network) has adopted the National Afterschool Association's (NAA) Core Knowledge and Competencies to support the school-age workforce. In 2020 and 2021, in response to the Black Lives Matter movement and the rise of hate crimes against other communities, the NAA renewed its focus on equity, resulting in revisions to Out-of-School Time Professionals CKCs.

The areas of the Out-of-School Time Professionals CKCs are:

- Child/Youth Growth and Development
- Learning Environments and Curriculum
- Child/Youth Observation and Assessment
- Relationships and Interactions with Children and Youth
- Youth Engagement, Voice, and Choice
- Equity and Inclusion
- Family, School, and Community Relationships
- Safety and Wellness
- Program Planning and Development
- Professional Development and Learnership

NJ Early Childhood Director and Administrator Competencies

NJ has also developed and adopted the NJ Early Childhood Director and Administrator Competencies. These competencies address several areas broken into three categories:

- Pedagogical Leadership—Children's Development and Learning, Family and Community Engagement
- Administrative Leadership—Program Planning and Evaluation, Operations, Financial Management, Legal and Business Strategy
- Staff Management and Leadership—Marketing and Public Relations, Leadership Essentials, Personal Leadership, Communication, Advocacy, Professional Leadership

Technical Assistance Specialist Standards for NJ Early Childhood Professionals

To articulate quality standards for all early care and education, afterschool, and family support, Technical Assistance (TA) Specialists are available to support the improvement of developmentally-appropriate experiences for young children birth through age eight. TA specialists should provide quality services that build the knowledge and skills of early educators and their program administrators. These services use relationship-based coaching and technical assistance strategies that are grounded in best practices. The intent of these standards is to provide Technical Assistance Specialists in New Jersey with a research-based inventory of the knowledge, skills, and dispositions that are considered necessary for all TA

Specialists in all of NJ's settings related to early childhood, afterschool, and family support. NJ Technical Assistance Specialist Standards are divided into four areas:

Standards Area 1: Technical Assistance Approaches

- Relationship-based practice
- Communication
- Contextual understanding of families
- Contextual understanding of adult developmental stages, the role of the administrator, and work environments
- Cultural and linguistic appropriateness
- Differences between and appropriate uses of coaching, mentoring, and consultation strategies
- Conflict resolution
- Communities of Practice and Professional/Adult Learning Communities

Standards Area 2: The Technical Assistance Process

- Stages of technical assistance
- Observation and assessment
- Plan development and evaluation
- Supporting TA Partner capacity
- TA Partner advocacy

Standards Area 3: Professionalism

- Professional orientation
- Role as a change agent
- Roles of other TA Specialists and partners
- Managing a TA practice
- Self-assessment of knowledge and skills
- Creation and implementation of PD plans for self and others
- Current research and best practice
- Reflective practice
- Leadership
- Partnering and collaboration
- Foundations of training
- Dealing with resistance to change

Standards Area 4: Systems Knowledge of Early Childhood

- Legislative, regulatory and policy-making processes
- Educator certification and licensure
- Assessment and evaluation
- Data collection, analysis and reporting
- Needs assessment and advocacy
- Connecting data to systems

In partnership with the Early Childhood Learning Institute at Rowan University, we are also working towards the development of standards for TA Supervisors and Management that are closely aligned to the current TA Standards and Director's and Administrator's competencies.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels.

All training coordinated through DHS/DFD provides a pathway for individuals. It begins with the foundational training to meet CCDBG training requirements and is complemented with progressive PD offerings. Trainings are offered through a variety of quality initiative contracts that also include Grow NJ Kids (QRIS). 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 PD coordinated through DHS/DFD contracts is posted on the NJ Workforce Registry (the Registry), a module associated with the NJCCIS, New Jersey's integrated data system. The Registry allows training agencies to post educational offerings with easy access for the workforce to search and register for training opportunities. All trainings posted on the NJ Workforce Registry 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 ongoing professional development. In addition, the 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.

Furthermore, NJ launched a single sign-on point of entry for a Learning Management System (LMS) through the NJ Workforce Registry. The LMS was launched in June 2022. Over the next several years, contracted training agencies will be transferring their asynchronous training modules onto the LMS. This will provide additional opportunities for the workforce to access and complete training based on their individual schedules. In 2024, similarly to the Core Knowledge and Competencies, NJ will also be launching the Child Development Credential Competencies as a part of the training transcript. This will allow the workforce to acquire the needed training hours through the various professional development offerings. And, ultimately will increase the number of individuals eligible for the CDA.

In 2020, DHS/DFD, along with a workgroup comprised of early educational professionals across the early childhood spectrum (i.e., center base instructional staff, home visitors, certified teachers, community health workers, etc.), reviewed and revised the career lattice. Due to the COVID-19 pandemic and shift in priorities, the revisions were not implemented in The Workforce Registry. In 2024, NJ will be reconvening the workgroup to review the proposed revisions and determine if additional revisions are needed and will make the necessary programmatic updates in the Registry to reflect these revisions.

Furthermore, in 2020 DHS/DFD, in collaboration with the Higher Education Workgroup, developed the Director and Administrator Competencies. The inclusion of the Director and Administrator (D&A) Competencies supports the training and assessment of growth and learning with leadership. It also supports career pathways for the early education workforce. These D&A Competencies have many commonalities with the current Technical Assistance Specialist Standards. Having them aligned with the broader audience of TA Specialists/Coaches shows an

integrated system that builds upon one another within the career lattice.

Lastly, over the next year, NJ will be revisiting the trainer approval process within the NJ Workforce Registry and determine which revisions are needed to move forward.

These are all efforts to ensure the workforce is supported and has access to equitable and quality professional development and training.

- iii. **Advisory structure.** For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care.

The New Jersey Council for Young Children represents all state agencies with oversight of programs serving families and children from birth to thirteen. Head Start agencies, advocacy groups, child care organizations, school districts, universities, and foundations also are represented on the Council. DHS/DFD is an active member of the Council. The Early Care and Education Workforce Committee of the Council provides support and recommendations regarding the professional development framework.

To further support the Child Care Assistance Program and ensure timely feedback loops from stakeholders, DHS/DFD has formed a Child Care Advisory Group that meets periodically. Established in the fall 2018, the Child Care Advisory Group complements the work of the NJ Council for Young Children. The advisory group consists of a significant number of existing NJ Council for Young Children stakeholders including all the State agencies. The major goals of the advisory group are to strengthen DHS/DFD's engagement with providers, and solicit input on how to better serve children and families in the CCAP, provide recommendations on how to improve quality child care, and expand outreach efforts to communicate the benefit and importance of Grow NJ Kids.

- iv. **Articulation.** For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition.

DHS/DFD in partnership with the NJ Council for Young Children and the Child Care Advisory Group will continue to work with Higher Education Partners in developing the alignment of professional development for articulation, and build upon articulation where it already exists. This includes the CDA course offerings among other professional development opportunities.

- v. **Workforce information.** For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits.

The NJ Workforce Registry, a component of New Jersey's Child Care Information System (NJCCIS) maintains workforce data, including self-reported demographic information, such as, the address/county, age, race, and ethnicity of the workforce. In addition, the Registry maintains training records, certifications, transcripts, career levels, scholarships, and educational achievements. Much of the data in the registry is self-reported by the workforce. As of December 31, 2023 the workforce profile in the NJ Workforce Registry is as follows:

NJ is in the process of developing a strategic plan inclusive of piloting an Apprenticeship program for ECE workers. During the pilot phase, NJ will research ECE worker wage scales across different systems to help inform wage scales.

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc.

In addition to the robust professional development system, NJ offers a variety of scholarships to support the workforce in obtaining higher levels of education. Scholarship supports include the Child Development Credential (CDA) (\$1,500), Child Development Credential Assessment Fee (\$425), Child Development Credential Renewal (\$150 check or \$125 credit card), College Scholarships (\$6,000 per round), and Preschool-3rd Grade Certification (\$6,000 per round). In addition, NJ offers a reimbursement book stipend (up to \$175) and a Merit Award (\$500 for scholarship recipients who receive the credential (CDA, AA, BA, P-3).

Also, with support of the Preschool Development Block Grant, Birth-5 years old, NJ has been researching and developing a framework for an ECE Apprenticeship Program. Through that work, NJ is reviewing the current wages of the ECE workforce and including wages as a discussion within the framework of the pilot.

- b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe:
- DHS/DFD offers CCDBG online trainings for Health and Safety and other progressive trainings to meet the quality standards through Rutgers University, School of Social Work, Institute for Families.
 - Social-emotional/behavioral training supports are offered through Montclair State University, Center for Autism and Early Childhood Mental Health.
 - Rowan University, College of Education, Center for Access, Success, and Equity provides training and support regional technical assistance centers for Grow NJ Kids and other quality initiatives. Note: The professional development provided through Rowan University (especially the 39-hour orientation that technical assistance specialists receive), satisfies the requirement for 1 course of 5 courses of the Certificate of Graduate Study: Early Childhood Coaching and Technical Assistance.
- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: NJ has a number of Higher Education Partners that support the professional development framework. More work can be done to support articulation. DHS/DFD will work with partners to develop an inventory of PD providers and articulation agreements. DHS/DFD will also work with the Council for Young Children and the Child Care Advisory Group on the intentionality of the articulation and engagement of the professional development framework.

iii. Other. Describe: [Click or tap here to enter text.](#)

No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served?

DHS/DFD has a number of initiatives in place to increase educational attainment in the childcare workforce as a strategy to recruit and retain a highly qualified and diverse workforce.

DHS/DFD contracts with a variety of partners to support the workforce. For example, CC&Rs meet with FCC providers at their location in a manner that will best enable them to successfully operate a home-based business and also provide high quality childcare. FCC providers are embedded in neighborhoods reflecting the communities in which they live. DHS/DFD requires contracted partners to hire staff that reflect the diversity within communities and implement relationship-based strategies to ensure all providers receive the support they need to build early childhood competencies, cultural competencies, and business best practices to ensure that families with children have access to a quality child care setting of their choice.

Quality:

A critical step toward professionalism in the early education and child care workforce is the establishment of a credential defining the qualifications for those authorized to work in the field. An infant-toddler credential in particular is a qualification that asserts that the holder has specialized knowledge and skills that serve as a foundation for high quality interactions and care of babies and toddlers. DHS/DFD will continue to work with stakeholders, such as the Coalition for Infant and Toddler Educators (CITE), to align an Infant-Toddler credential or certification within the PD framework. The QRIS, Grow NJ Kids, has standards that reflect this credential. DHS/DFD offers scholarships for CDA coursework endorsed by the Council for Professional Recognition. Scholarships cover CDA assessment fees and college coursework from any NJ college or university or training organization that has an articulation agreement with a NJ college or university. As an additional support for individuals pursuing a CDA, many CCR&Rs provide hands-on assistance in building a CDA portfolio, which is a required component of the CDA and often where CDA applicants need help to ensure completion in attaining the credential.

Diversity:

Serving a growing and changing population and reflecting the diversity of that population requires an intentional focus on building a highly-qualified, effective, and

diverse early childhood workforce, which is foundational to New Jersey's Core Knowledge and Competencies for Early Childhood Professionals framework. It is one of the primary core competencies promoted in the Early Childhood CKCs across all competency levels. The framework's focus on diversity provides professionals with the opportunity to evaluate and chart progress from one level to the next through a combination of training, experience, education, self-reflection, and assessment that affirm and respect cultural, ethnic, and linguistic diversity. Furthermore, adding the CDA competencies to the NJ Workforce Registry will result in contracted training agencies aligning their offerings to those competencies. As a result, the additions will enable more workers to become eligible for the CDA by providing an additional pathway to complete the CDA's required 120 hours of professional development.

Stability:

Scholarships are offered to instructional staff (teacher or teacher's assistant) and family child care providers for CDA Training (\$1,500 maximum), CDA Assessment Fee (online only), CDA Renewal (reimbursement), College Scholarships (\$6,000 maximum), P-3 Scholarships (\$6,000 maximum), Book Stipend (reimbursement up to \$175), and Merit Award (\$500) for scholarship recipients who receive a credential (CDA, AA, BA, P-3). Most of the PD initiatives have been put in place to provide stability and support for the early child care workforce and are funded with quality set-aside funds.

Retention:

To reward and retain individuals who have obtained competency-based credentials, a \$500 merit award is awarded to scholarship recipients who obtain a credential (CDA, AA, BA, P-3 certification). This is a supplement to New Jersey's scholarship program.

DHS/DFD offers career pathways for the child care workforce that include specializations or credentials for working with English language learners and children with disabilities. Scholarships and merit rewards have been established in these areas in an effort to recruit and support career ladders for bilingual early childhood professionals, those who speak languages other than English, as well as those who want to serve children with disabilities. DHS/DFD is able to use the data from the merit awards to track progress and retention of scholarship participants. In addition, DHS/DFD, using American Recovery Plan relief funds, provided grants to child care programs and family child care providers intended to recruit and reward/retain staff. Over 50,000 teaching staff received the \$1,000 bonus grant and just over 25,000 received the bonus grant twice.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes?

In 2020, DHS/DFD along with a workgroup comprised of early educational professionals across the early education spectrum (i.e., center base instructional staff, home visitors, certified teachers, community health workers, etc.) reviewed and

revised the career lattice. Due to the COVID-19 pandemic and shift in priorities, the revisions were not implemented in the Workforce Registry. In 2024, NJ will be reconvening the workgroup to review the proposed revisions and determine if additional revisions are needed; and will make the necessary programmatic updates in the Registry to reflect the revisions. Furthermore, NJ is in the process of developing a strategic plan inclusive of piloting an Apprenticeship Program for ECE workers. During the pilot phase, NJ will research ECE worker wage scales across different systems to help inform wage scales. Considerations will be discussed to determine the best approach for aligning a wage scale with the career lattice.

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure?

Through support of the Preschool Development Grant Birth to 5 Grant (PDG B-5), NJ is in the process of developing a strategic plan inclusive of piloting an Apprenticeship Program for ECE workers. During the pilot phase, NJ will research ECE worker wage scales across different systems to help inform wage scales.

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities?

DHS/DFD, in partnership with the Council for Young Children and the Child Care Advisory Group, will continue to work with Higher Education Partners in developing alignment of professional development for articulation and build upon articulation where it already exists. This includes the CDA course offerings, among other professional development opportunities.

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)?

New Jersey's voluntary Workforce Registry captures self-reported wage data on providers and staff. Over the past three years, DHS/DFD has been able to significantly increase workforce data collection because of the grants administered by DHS/DFD, requiring wage data information, such as the Hiring and Retention Initiative. Through this initiative, DHS/DFD collected a subset of workforce wage data. The Department of Labor also collects workforce data and partners with DHS/DFD on child care initiatives, such as PDG's Planning Grant. Through our partnership, New Jersey plans to pilot an ECE Apprenticeship, which will provide an opportunity to explore and research disparities by

child care settings.

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers?

Over the past four years, New Jersey's minimum wage has incrementally increased to reach \$15.13 per hour as of January 2024. For businesses with less than six (6) employees it is \$13.73. There are also different rates for agricultural employers and direct care staff at long term care facilities.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: All staff members who work at the center complete 12 hours of continuing staff development each year. Additionally, the director, head teacher(s), group teacher(s), and program supervisor(s) shall each complete 20 hours of staff development per year. Recommended topics of training for these staff include: 1. Educational and physical activity; 2. Special needs programming and program development; 3. Social- emotional and behavioral development for young children; 4. Legal issues, including ADA guidelines; and 5. Leadership and advocacy.
- b. License-exempt child care centers: N/A.
- c. Licensed family child care homes: All registered Family Child Care Providers and approved home staff must annually complete at least six (6) hours of in-service training. The in-service training must include a review of, and updates on, the health, safety, child development, social-emotional and behavioral intervention, and other subjects covered in the orientation trainings.
- d. License-exempt family child care homes: N/A.
- e. Regulated or registered in-home child care: All registered Family Child Care Providers and approved home staff must annually complete at least six (6) hours of in-service training. The in-service training must include a review of, and updates on, the health, safety, child development, social-emotional and behavioral intervention, and other subjects covered in the orientation trainings.
- f. Non-regulated or registered in-home child care. N/A.

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). N/A.

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency’s training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian

DHS/DFD offers training and PD that supports the workforce in their work with children birth to age 13. The various supports, such as technical assistance and coaching, are provided to reinforce training through our contracted agencies including the Child Care Health Consultants, CCR&Rs (Infant-Toddler Specialists and Quality Improvement Specialists), NJ School Age Care Coalition, mental health consultants, and the Grow NJ Kids Technical Assistance Specialists. The hands-on implementation approach focuses on developmentally appropriate practices in working with all children. 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.

With limited English proficiency and Children who are bilingual

DHS/DFD contracted training agencies have bilingual trainers and access to training consultants for a variety of other languages. Staff are available to support providers with limited English proficiency. Training is offered online and statewide in both English and Spanish and translations are available upon request based on the need for any additional language(s).

DHS/DFD also offers bilingual caseworkers or translators for parents and providers, provides informational materials about child care assistance in non-English languages, offers child care assistance applications in other languages besides English, and covers English language development in state early learning guidelines for English Language Learners.

NJ offers career pathways for the child care workforce that include specializations or credentials for working with English language learners and children with disabilities. Scholarships and merit rewards have been established in these areas to recruit and support career ladders for bilingual early childhood professionals and those who speak languages other than English, as well as those who want to serve children with disabilities.

Understanding that cultural responsiveness and promoting bilingualism and biliteracy are keys to successful early childhood programs, DHS/DFD contracts with Rutgers Institute for Families to offer a 6-hour self-paced online course titled “Supporting Cultural Competency and Dual Language Learners. The training is available to all providers and staff in both English and Spanish and includes the following topics: Foundations, Awareness and Identity, Supporting Dual Language Learners, Taking an Anti-Bias Approach and Developing an Action Plan.

Who have developmental delays and disabilities

DHS/DFD requires that all contracted partners/vendors are ADA compliant and have written policies and procedures. The State's Web Accessibility Policy (0712NJOIT) is attached to all state websites, web-based applications, and online services including the 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 711 NJ Relay).

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.

Special Populations: Infants and Toddlers and School-Age

DHS/DFD contracted partners/vendors provide trainings to support the various developmental stages of children from infants to school age. Trainings include, but are not limited to, early learning standards for each age category. Furthermore, as stated above, to support caregiver's implementation of training strategies, DHS/DFD contracts with infant-toddler specialists and the NJ School Age Coalition to support technical assistance and coaching for infants and toddlers, and school-age providers.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays:

DHS/DFD contracts with Rutgers Institute for Families to provide access to training on developmental screening for all providers in NJ. Currently, three courses are offered including: a 6-hour live-virtual Overview of Developmental Screening, a 3-hour, live-virtual ASQ-3 Developmental Screening Tool training and a 3-hour, live-virtual ASQ SE-2 Developmental Screening Tool training. In the Overview training, participants learn about the importance and process of developmental screening for all children, identify the roles of both the family and program in their partnership, examine the benefits of developmental screening in interactions with children, families and curriculum, and learn how to

communicate screening results to families and discuss provider strategies for partnering with families throughout the screening process, including the navigation of difficult conversations. In addition, participants learn about the variety of outlets for children to receive screening—pediatricians, child care, EI, school districts, CCR&Rs, etc.

The importance of developmental screening is further emphasized through New Jersey’s QRIS, Grow NJ Kids, as there are several related quality standards on the adoption and use of developmental screening to identify children who may need additional evaluation and/or intervention strategies. Working with a Technical Assistance Specialist, providers develop policies and protocols to ensure all children and families have access to regular developmental screening and that appropriate staff are trained in their adopted developmental screening tool—in NJ this is typically the ASQ-3, ESI-R, ESI-3, or Brigance tool. Policies and protocols include partnering with families to access a formal assessment, when needed.

The DHS/DFD Child Care website has several resources for parents and providers related to developmental screening, including parent videos and brochures in English and Spanish to support parent involvement. The website also provides information related to why and how to access evaluation through the New Jersey Early Intervention System (NJEIS), under the DOH Division of Family Health Services. Information is also available for families of children 3-years and older with special needs on how to get assistance from Project Child Find or through their local school district.

Through the CCR&Rs, NJ Family Engagement Specialists organize and conduct Books, Balls and Blocks (BBB) events once a quarter at each county. BBBs are organized for parents and caregivers to provide a fun and educating venue to provide information about child development, developmental screenings and community resources. The Ages and Stages Developmental Screening tool is available for families to complete during the BBB Events. Filling out developmental screening draws parents’ attention to skills their child already has and to those they have yet to learn in a non-threatening way. These activities also enable parents to strengthen their observation skills regarding their child’s development. This can open up conversations with parents about their child’s development and uncover any concerns, as well as provide opportunities for community resource connections.

CCR&Rs use a variety of approaches to reach parents. Some offer an incentive, such as a book, to give to every child when the parent completes the developmental screen. Some have assigned staff and trained volunteers to encourage parents to complete the developmental screening while their child plays. Parents will have the chance to observe their child while completing the screen. Volunteers and staff can point out learning as it happens during play and can reinforce parents giving close attention to their child. Instructions are shared with parents by trained professionals or trained volunteers on how to complete the developmental screening. The scoring and results summary are usually completed during the event and shared with parents/caregivers during the event time. If needed, parents also receive referrals, additional information and activities to support their child’s development. Parents are encouraged to share the results of the Developmental Screening with their child’s pediatrician or school to facilitate a conversation about their child’s development and any concerns they may have.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
- i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe: [Click or tap here to enter text.](#)
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
- i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains: [The above components are all included in New Jersey's Birth-3 Early Learning Guidelines and the NJ Preschool Teaching and Learning Standards. Additional domains in the NJ Preschool Teaching and Learning Standards include:](#)
 - [Visual and Performing Arts](#)
 - [Health, Safety and Physical Education](#)
 - [Science](#)
 - [Social studies, Family and Life Skills](#)
 - [World Languages, and;](#)
 - [Technology](#)
 - vii. If any components above are not checked, describe: [Click or tap here to enter text](#)
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason?

The NJ Council for Young Children began the process of developing Birth to Three Early Learning Standards in 2010. A review of the draft version was conducted May 2012 through August 2012. The review involved the feedback and contribution from many individuals and groups throughout the state.

In 2007, the Department of Education embarked on revising and aligning the preschool standards directly with the New Jersey's K-12 Core Curriculum content standards. In 2009, after extensive review by education experts, stakeholders, and the public, the State Board of Education 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. The standards are currently being reviewed and revised.

- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.

Birth to 3 Early Learning Guidelines:

<https://www.nj.gov/education/earlychildhood/b3/docs/NJB3Standards.pdf>

NJ Preschool Teaching and Learning Standards:

<https://www.nj.gov/education/earlychildhood/preschool/docs/PreschoolTeachingandLearningStandards.pdf>

NJ Quality Standards for Afterschool:

<https://www.njsacc.org/standards/>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines.

The guidelines developed for both NJ Birth to 3 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 of sequence of activities with a description and/or inclusion of appropriate instructional materials. The early learning and preschool standards are not 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. They are the foundation of learning standards for the programs.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
- ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
- iii. Will be used as the primary or sole method for assessing program effectiveness.

- iv. Will be used to deny children eligibility to participate in CCDF.
- v. If any components above are not checked, describe: [Click or tap here to enter text.](#)

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality

improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated:

[The following tools and strategies help to assess needs for additional resources to support the implementation of the quality initiatives:](#)

[Trainings:](#)

[A general training plan is created each fiscal year which reflects workforce feedback and identifies training needs as reported in surveys conducted by trainers and coaches. For example, NJ’s statewide training agency, Rutgers GNJK Training Services, conducts an initial survey for each training session. The initial 10 question survey collects information regarding the session to acquire the participants’ feedback. Two weeks later, another survey is issued via email as a follow up to](#)

obtain information on how the participant has been able to utilize the information from the training session in their work. The two-week survey also includes questions regarding additional training topics needed to assess access and availability of training topics.

In addition, a training plan is developed for programs and providers based on QRIS standards. For parents/caregivers specifically, we rely on pre- and post-surveys to support any trainings tailored to meet their needs. Our Inclusive Child Care Program uses assessment tools developed with the National Parent Center to determine needs for parents/caregivers of children with special needs. Also, training and supports are provided to parents to keep them informed of quality initiatives, demonstrate how to implement social-emotional techniques at home, as well as how to recognize quality elements in child care programs.

DHS/DFD also works with the local CCR&Rs on county-specific needs assessments to help inform the training offerings for the next year. Beginning in October 2023, in coordination with DFD, all CCR&R agencies are now required to develop and submit a county-specific training plan, based on their formal needs assessment and training evaluation feedback, to ensure the PD needs of the local provider community are addressed.

Coaching/Consultation:

All our quality initiatives use a needs assessment designed to address provider and program needs to help direct coaching and consultation. The Early Childhood Leadership Institute (ECLI) at Rowan University supports the professional development of NJ's coaches. Through an innovative and strategic progression, coaches receive training and small group sessions to better enhance services provided to programs. Through ECLI, coaches are able to self-reflect and define professional goals on their own professional development.

Quality Rating and Improvement System (QRIS):

Grow NJ Kids, DHD/DFD's QRIS self-assessment, assists programs and providers with standards to measure program improvement. The development of Grow NJ Kids has provided a solid foundation and serves as a centering point for all our quality initiatives. For the past four (4) years, DHS/DFD has been working with the National Institute for Early Education Research to validate Grow NJ Kids Ratings. Over the next year we will be reviewing data from the evaluation and will be able to make improvements based on the feedback.

Furthermore, each year the Center for Research and Evaluation for Education and Human Services (CREEHS) at Montclair State University, a Grow NJ Kids Rating Partner, evaluates the rating process which allows DHS/DFD and CREEHS to make needed refinements. The evaluation takes into consideration feedback from programs/providers, the workforce (inclusive of centers and family child care workforce, as well as the technical assistance providers), and parents.

NJ-EASEL:

Lastly, DHS/DFD has been working on building NJ-EASEL, which is the statewide Early Childhood Integrated Data System (ECIDS), was a part of New Jersey's Race to the Top Early Learning Challenge grant and continues to be supported through the Preschool Development Grant Birth-5 years. This initiative brings together the Departments of Education, Children and Families, Human Services, and Health in a cross-agency collaboration, supported by the Office of Information Technology. The goal of this project is to integrate early childhood data related to child, family, services, classroom, program, and workforce characteristics. Understanding the effectiveness of these programs and services will help to promote and enrich initiatives providing positive outcomes for young children. NJ-EASEL is a system to:

- Measure the impact of programs on the children and families these agencies serve.
- Help state level staff, local program administrators, providers, and teachers engage in continuous program improvement.
- Enable program administrators to make informed policy decisions.
- Answer key policy questions that can't be answered from an individual agency's data system.

Data integration is ongoing and being done in phases. Reporting and the timeline for integration were extended due to the pandemic and funding availability.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified:

As noted above, DHS/DFD contracts with the Center for Research and Evaluation on Education and Human Services (CREEHS) to conduct an annual evaluation related to GNJK processes, structure, and outcomes. The 2022 evaluation focused on the Grow NJ Kids continuous quality improvement phases from enrollment through rating. Key Findings in this evaluation showed:

Phase One: Enrollment and Introduction to GNJK

- Recruitment for GNJK is both an active and intentional effort and primarily the responsibility of Quality Improvement Specialists (QIS) at county-based CCR&R agencies, however recruitment efforts and resources used during recruitment do not appear to be standardized.
- The primary incentive for Early Childhood Education (ECE) providers to engage in GNJK is to improve the quality of education and care for children they serve. The primary barrier for ECE providers to engage is the feasibility of GNJK – specifically with regards to the time and effort required.
- ECE providers are generally satisfied with communication from QIS.
- CCR&Rs have contextualized knowledge of ECE providers in their counties which helps build and sustain relationships.

Phase Two: Assess, Plan, and Support

- Technical Assistance Specialists (TASs) at the regional Technical Assistance Centers (TACs) and GNJK Training Partners provide a variety of supports to providers during phase two, which is intended to set them up for success in the rating process.
- Providers are generally satisfied with the supports offered through GNJK.
- Coaching and TA provided were highlighted as the biggest strength by ECE providers during data collection.
- ECE providers receive much of their GNJK updates and information from TASs which emphasizes the need to have clear and well-organized communication. Providers did report being satisfied with communication from TASs and GNJK Training Partners.
- Phase two is time-intensive and ECE providers find it difficult to balance and delegate the workload on top of their daily duties providing care. Data also suggest there may be confusion amongst providers about the focus of GNJK -- both the goals of the initiative and the process of participating and being rated.

Phase Three: Rating

- The rating process is highly collaborative.
- Providers and GNJK implementing staff highlighted their satisfaction with the increased level of transparency and communication that happens throughout the rating process.

- ECE providers generally feel satisfied regarding the clarity of rating components (e.g., documentation, Provisional Rating of Programs packets).
- Data suggests there is an opportunity to streamline processes and documents, such as the re-rating process to make it easier for providers to achieve.

Phase Four: Continuous Quality Improvement (CQI)

- TASs have found creative ways to engage providers in CQI, though data highlights that some providers feel burnt out and less likely to engage in CQI post-rating.
- Providers feel that in-person CQI support would be beneficial to their motivation and ongoing improvement.
- CQI efforts do not appear to be standardized or well-communicated, with some providers sharing they were unaware CQI was a core component of GNJK.

Overall GNJK Process:

- GNJK may not be accessible by all providers, specifically those who lack financial means of resources (staff, space, time).
- Providers' perception is that parents and caregivers are not interested in GNJK, even though data from parents highlights that they value many of the components GNJK assesses (e.g., ongoing training and PD).
- Overall, there is a lack of knowledge about GNJK, or what a high-quality program is among parents and caregivers.

Recommendations from the evaluation include:

- Explore options to standardize QIS processes and ways in which QISs can collaborate across roles within GNJK to ensure consistency in communication and expectation setting.
- Identify areas in NJCCIS where data processes can be improved by collecting feedback from GNJK implementing staff.
- Consider other potential avenues for recruitment, specifically for providers without existing relationships with their local CCR&R. This may include identifying additional partners in the community who may be better positioned and have existing relationships with ECE providers.
- Provide expanded offerings for training to increase accessibility, including offering training outside of working hours, on the weekends, or including self-paced training options that staff can complete on their own time.
- Explore options for scaffolding training based on experience. Consider streamlining processes, where possible, to limit the burden placed on providers, including the amount and type of documentation and training required.
- Explore options to standardize TAS processes and protocols to ensure all providers are receiving a consistent base level of support, while still allowing room for individualization such as frequency of check-ins, how communication happens, or the creation of resources outside of the standard protocol.
- Identify areas where more information may be helpful on the rating summary report to improve the feedback process, such as expanding on areas where providers may improve.
- Identify areas in which the rating and re-rating process may be streamlined, which may include regularly documenting and checking in on CQI efforts to understand where providers do not need to be providing large amounts of updated information or shortening the time between initial rating and re-rating.
- Consider developing a more structured protocol for CQI for TASs to follow that is clearly communicated to ECE providers.

The purpose of the FY2023 evaluation was to engage stakeholders in envisioning the ideal structure of a QRIS in NJ. This involved intentional examination and documentation of the current process of implementation, in addition to exploring how stakeholders define quality within this context. This plan employed a mixed methods approach, collecting and analyzing both quantitative and qualitative data from primary and secondary sources to inform the following process evaluation questions:

1. How is the GNJK process currently working?
 - a. What are the characteristics of programs that applied for rating in FY2023?
 - b. What is the distribution of programs across star ratings in FY2023?
2. Why do programs/centers choose to participate in GNJK?
3. How do ECE providers and GNJK supporters throughout NJ define “quality early childhood education”?
 - a. To what extent does this vary by program/center type or role?
4. To what extent are the existing GNJK training, supports, processes, and tools (e.g., ERS assessments) equitable and aligned with ECE providers’ and GNJK supporters’ definitions of quality? Where do they differ?

Several findings emerged that cut across multiple phases of the rating process and related to the overall administration and implementation of GNJK. These findings relate to GNJK’s impact on ECE programs, GNJK’s reflection of quality, and family engagement. ECE provider participants shared ways in which GNJK has positively changed their program’s operations. These included the activities and practices of the program, as well as the activities and interactions with staff and families:

- Being more intentional about their practices (e.g., understanding the “why” behind making changes, having more clarity and direction on what changes to make).
- Being more supportive of staff (e.g., improving staff orientation, discussing professional development opportunities more often).
- Increasing family engagement (e.g., keeping families informed of changes being made in the classroom, engaging with the community more often).
- Improving administrative practices (e.g., maintaining documentation and records, developing business plans and budgets, documenting ways they address children’s behaviors).
- Improving classroom setup and interactions (e.g., utilizing the ERS tools to identify changes made in the classroom, improved and more cohesive transitions for children between classrooms).

Recommendations from the evaluation include:

- Development of clearer protocols to guide Quality Improvement Specialists and Technical Assistance Specialists.
- Provide support to CCR&Rs for marketing and recruitment of Grow NJ Kids.
- Increased support of transition of programs from phase 1 to 2 of the GNJK protocol.
- Explore ways to streamline the self-assessment and QIP process.
- Develop additional resources for TA Specialists to support ECE providers on the various GNJK standards and requirements.
- Improvements to NJCCIS for the submission of documentation.
- Development of a more detailed CQI protocol and timeline and the integration of additional

- CQI tools for coaches and providers.
- Development of resources for ECE providers to efficiently communicate information about GNJK to parents and caregivers.

The formal evaluation conducted by CREEHS provided insight about experiences in specific GNJK phases. The evaluation found that stakeholders believe that quality ECE involves professional and knowledgeable staff (supported by technical assistance) delivering curriculum and education that meet quality standards, practicing positive and purposeful interactions, fostering child development and social-emotional learning in a safe and nurturing environment, and engaging families through responsive communication. They believe that these efforts are diverse, inclusive, and equitable for all.

In addition to the formal evaluation process, the services and supports provided by the various Quality Initiatives are evaluated on an ongoing basis. Many of the programs conduct annual satisfaction surveys, post- surveys/assessments, and focus groups/interviews.

Training:

Post-surveys and assessments are completed by the trainers who use the feedback to determine gaps and develop training opportunities to fill those gaps. As recommended by the International Accreditors for Continuing Education and Training, accreditation is a way to link evaluation and assessment to training. The standards require lesson plans which include assessment of learning throughout and at the conclusion of a session.

Through the NJCCIS/NJ Workforce Registry, a variety of training offerings are available to the workforce. All training agencies that are contracted by DHS/DFD track and report data on offerings, participants, and attendance. For example, in 2023 Rutgers GNJK Training Services trained over 6500 participants in 36 course titles in trainings offered in both English and Spanish. The most attended offerings were on the topics of curriculum and the NJ Early Learning Guidelines

New courses are often added to the training schedule based on the identified needs of the workforce. These needs are communicated through quality partners, survey data, focus groups, and email. The following new courses were added in FY23 with a focus on Diversity, Equity, and Inclusion (DEI) along with STEAM. Over 165 participants attending the new sessions:

- Leading an Inclusive Early Childhood Program for Directors and Administrators
- Supporting Children with Disabilities with the Creative Curriculum (Preschool)
- The Creative Curriculum for Preschool: The First Six Weeks (offered in English and Spanish)
- Inspiring Interactions: Exploring the Teacher’s Role in Interest Areas for Preschool
- Celebrating Multilingual Learners with The Creative Curriculum
- The Power of STEAM: Leading Science, Technology, Engineering, the Arts, and Mathematics
- Learning with the Creative Curriculum
- High Scope Visual Schedules are for Everyone! Supporting Children with Varying Abilities in Inclusive Classrooms using Visual Schedules

Coaching/Consultation:

Coaches are available to help reinforce what is presented in trainings and to support implementation in the classroom, as well as for reflective sessions. For the time period from October 1, 2022 to September 30, 2023, approximately 7,478 hours of TA over 9,353 sessions were provided

by our TA Specialists (TAS) or Quality Improvement Specialists (QIS) either virtually or on-site. Of those TA sessions, 27% included support or conversations related to the Environment Rating Scales and 47% were focused on curriculum implementation, teacher interaction and practices and learning standards. 45% of TA sessions included support related to administration and management. 25% included support around PD and workforce development, and 40% were for coaching or support related to family and community engagement.

ECLI supports the professional development needs of early childhood leaders in New Jersey's QRIS and other initiatives to increase quality. With a focus of helping to build leadership capacity for NJ's early childhood community, the institute works with regional leaders and programs to build capacity and promote continuous professional growth through customized PD that focuses on evaluation, coaching, and training. ECLI regularly collects participant feedback to strengthen programs and ensure they are meeting the needs of participants. Feedback is gathered through satisfaction surveys after each PD activity and role-specific focus groups that ask participants to share their reactions to ECLI programming and offer suggestions for how it can be improved.

In 2022-2023, ECLI provided 476.5 hours of training and support to 338 early childhood professionals in New Jersey. Participants in ECLI PD for 2023 included:

- TA Center Technical Assistance Specialists = 56
- TA Center Senior Technical Assistance Specialists = 14
- CCR&R Infant/Toddler Specialists = 18
- CCR&R Quality Managers = 16
- CCR&R Lead Trainers = 18
- CCR&R Family Engagement Specialists = 23
- CCR&R Quality Improvement Specialists = 18
- CCR&R Subsidy Staff = 144
- CCR&R Subsidy Staff Supervisors = 31

PD Offerings included ongoing training in Essential Knowledge and Skills via two (2) biannual training and reflective sessions, small group coaching, and through four (4) virtual workshops:

1. Every Child Can Fly: Including Children with Disabilities in Early Childhood Education
2. Understanding and Supporting Communication Disorders in Young Children
3. Getting Back to Basics: Supporting Young Children's Social-Emotional Development as We Emerge from the COVID-19 Pandemic
4. Techniques for Effective and Engaging Early Childhood Training

Reported knowledge gains and improved competency to implement all the Biannual Training topics.

Reported implementing innovative strategies and ideas in the following areas:

1. Interaction with the providers they serve
2. Strategies to promote self-care and avoid burnout
3. Empathy and compassion
4. Developing new resources and tools
5. Self-reflection practices

Identified the following support of Small Group Coaching:

1. Collective problem solving
2. Exposure to new ideas and different perspectives
3. Provides psychological safety

In addition to participant reactions and satisfaction, the ECLI evaluation framework evaluates the extent to which participants gain the skills, knowledge, and dispositions targeted by the PD opportunities and the benefits participants perceive they gain by participating in ECLI professional development. An end-of-the-year survey is used to gather that information.

In the past year, 14 technical assistance professionals participated in the onboarding and orientation series. All participants reported knowledge gains in all orientation topic areas, and ingrowth in knowledge and increased ability to support the program to implement all GNJK standards.

All reported growth in GNJK competencies. However, 50% or less reported being able to support a program to implement the following competencies:

- Cultural competency
- Adult learning principles
- Leading through change
- Capacity building

64% or more of participants reported very much growth in the following standards:

- Communication
- Coaching
- Observation and assessment
- Individual professional development plan implementation
- Reflective practice

Furthermore, to support the development of high-quality program standards related to health, physical activity and physical development, providers may access support from NJ's network of Child Care Health Consultants. This year the health consultants presented 39 Health and Safety Huddles to 1,582 participants; and completed a total of 273 virtual presentations for 5,168 participants. PD training topics included: Safe Medication Administration—parts 1-3; Keeping Children Healthy; Children with Special Needs; Accidents Do Not have to Happen (English-Spanish); What's in Your Lunchbox; Safe Sleep and Supervision; Come and Get It; Playground Safety; Weather and Water Safety, Sun Safety, Insect Repellent; and NJPIES (poison control)/Safe Kids.

Family Engagement Specialists (FES) provide an array of services to support families' connections and increase their understanding of child development. This includes hosting regular "Books, Balls, and Blocks" events and Parent Cafes. Both activities support early screening for developmental delays, referrals for those families who may need additional resources, and follow-up for any developmental concerns. From October 1, 2022 – September 30, 2023 FESs hosted 119 Books, Balls, and Blocks events for a total of 3,149 attendees which led to 796 children referred for additional follow-up after the initial screening. In addition, they hosted 169 parent cafes (1,137 attendees); and 182 family engagement events (2,520 attendees). Lastly, the FESs provided an additional 19,502 referrals. The types of referrals included: Child Care Centers; Family Child Care Providers; Home

Visiting; Family/Child Advocates; SPAN; Child Welfare; Health & Human Service Agencies; Housing/Rental Assistance; Medical and/or Health Providers; Social Workers; Parent Educators; Intimate Partner Violence Prevention Groups; Utility/Energy Assistance.

New Jersey's Afterschool and Out-of-School Time Professional Network (NJSACC) supports the following deliverables between October 1, 2022 – September 30, 2023.

- Ongoing technical assistance to previous participants in the Targeted Technical Assistance Program. During the reporting period NJSACC has reported 69 targeted assistances to 60 staff.
- General case-by-case TA as requested through the registry, by referral, or otherwise.
- Professional development and/or information sessions as necessary, appropriate, and/or requested. Training sessions were reported for 16 staff, and topics included Social-Emotional Learning (SEL) , Inclusion, Ages and Stages, Anti-bullying, Transgender Issues, STEM, Indoor Environment, Kids Included Together (KIT), Playground Safety, Afterschool Standards, Quality Leadership, Human Relationships, Healthy Snacks and Supporting Positive Behavior.
- NJSACC also supported providers in consumer education, including presentations, outreach, parent engagement, referrals to and from agencies, website information and other collaboration efforts. During the reporting period NJSACC reported 380 outreach support sessions to 308 staff.
- Collection, development, and sharing of high-quality resources, information, and updates relevant to the field.
- Revision of the NJ Quality Standards for Afterschool (NJQSA) Self-Assessment Tool, online training modules and professional development, per the recent equity and inclusion changes to the NJQSA.

The Statewide Parent Advocacy Network (SPAN) has been providing support to a variety of targeted audiences. From October 1, 2022 through September 30, 2023, SPAN has provided Technical Assistance for 32 Providers (35 attendees). Their Technical Assistance sessions included Inclusion, Promoting Family Engagement, Dual Language Learner, High Quality Child Care and other topics. SPAN has provided 73 Technical Assistance Sessions to 302 Families on the following topics: Early Intervention, Transition from Early Intervention, Special Education and Inclusion. SPAN provided 73 Provider and Family Trainings to 895 attendees. Training examples: Inclusion Awareness, Transition from Early Intervention, Transition to Kindergarten, Transition to the Early Elementary Grades, Early Childhood Transition (Spanish), Importance of Developmental Monitoring and Screening, Understanding Developmental Expectations and Red Flags in Child Development, Early Intervention and Special Education, and Developmentally Appropriate Practice. Outreach activities include on-site consultations, as well as interventions and referral services.

There are a number of opportunities for DHS/DFD to receive feedback from stakeholders identified to support continuous quality improvement. Those opportunities can be separated into 5 broad categories: Leadership Support, Career Pathways and Advancement, Professional Development and Training, Marketing and Consumer Education and Systems Development and Expansion.

Leadership Support:

DHS/DFD and partners will explore expanding leadership development in targeted areas such as financial and business support with a focus on Family Child Care, Family Engagement, School Age, Diversity, Equity and Inclusion, Social Emotional Learning and Relational Health. And, Revisit/Revise, a Director's Academy, that uses the framework and lessons learned from the HEART of Leadership

Series. Lastly, build upon the business supports and Shared Service Alliances professional development and technical assistance processes to enhance the supports of the child care system.

Career Pathways and Advancement:

DHS/DFD and partners are in the process of developing a strategic plan inclusive of piloting an Apprenticeship program for ECE workers. During the pilot phase, NJ will research ECE worker wage scales across different systems to help inform wage scales. Considerations will be discussed to determine the best approach for aligning a wage scale with the career lattice.

New Jersey remains committed to supporting and increasing the capacity of the workforce, particularly those working in settings that provide care for infants and toddlers. To do this, DHS/DFD will explore further opportunities to expand awareness of and access to the NJ Infant- Toddler Credential. NJ will explore additional opportunities to develop articulation agreements with local and state university partners to support movement within the NJ Career Lattice.

DHS/DFD will work to develop improved processes for the NJ Scholarship Initiative. This includes a more efficient and transparent application process, increased consumer awareness and expanded support for those navigating their educational options.

Professional Development and Training:

DHS/DFD and its partners will continue to evaluate trainings and find ways to expand training offerings, including when they can be accessed.

In addition, DHS/DFD will work with its training partners to develop a guide for training that shows alignment to requirements and progression of training. DHS/DFD will work in coordination with training partners to integrate PD planning tools and a course catalog within NJCCIS to support ongoing, personalized and progressive PD among the workforce. DHS/DFD and its training partners will continue to find ways to incorporate school-age provider trainings, developmentally appropriate practices from birth through school age, trauma informed care, curriculum, assessment and surveys.

Marketing and Consumer Education:

Considerations will be made to improve marketing of the child care program and its quality supports to families, providers and other systems, i.e., child support, TANF, DCP, etc. DHS/DFD will work with partners to develop strategies and supportive materials to communicate to the workforce and consumers related to quality, training, scholarships, and other family supports. DHS/DFD will work to bring the consumer voice to the development of professional development.

System Development and Expansion:

DHS/DFD will explore opportunities to further include school-age initiatives and standards in NJ's QRIS.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in

CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available.

DHS/DFD will post the approved Quality Progress Report on the Child Care Website: <https://www.ChildCareNJ.gov/Resources/Reports>

- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.

- i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments

DHS/DFD offers training and professional development that support the workforce in their interactions with children from birth to age 13. Various elements, such as, technical assistance and coaching, are provided to reinforce training through our contracted agencies, including the Child Care Health Consultants, CCR&Rs (Infant-Toddler Specialists and Quality Improvement Specialists), NJ School-Age Care Coalition, Mental Health Consultants, Grow NJ Kids Training Services (Rutgers) and the GNJK Technical Assistance Specialists. The hands-on implementation approach focuses on developmentally appropriate practices in working with all children.

All contracted agencies that provide training and PD 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.

Future enhancements to NJ’s PD system include: expansion of existing course topics to ensure progressive and advanced trainings that build on Office of Licensing and other foundational content, additional professional development option for Out-of-School Time and school-age providers and coordination of assessment and survey among NJ’s various PD providers.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments

Training is available virtually in both English and Spanish on the NJ Early Learning Guidelines which include the Birth to Three Standards and the NJ Preschool Teaching and Learning Standards. In addition, the Infant-Toddler Specialists provide intensive technical assistance and coaching to support the implementation of the Birth to 3 Standards.

NJCCIS tracks the offering of all virtual asynchronous trainings. To measure progress, NJ will track utilization over a period of time.

iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

GNJK Standards Revision

NJ is currently in the process of revising the Grow NJ Kids standards for center-based and public preschool providers with an expected release in early 2025. These revisions will require enhancements to NJCCIS, statewide training and messaging for all providers and contracted partners, and the development of new documents and supporting resources.

iv. Improving the supply and quality of child care services for infants and toddlers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

Infant-Toddler Specialist Network (ITSN): NJ's Infant and Toddler Specialist Initiative was developed to support center-based and FCC providers with the implementation of high-quality infant and toddler care. NJ currently has 19 Infant-Toddler Specialists (ITS) who primarily provide coaching support in the classroom using the ITERS-3 and FCCERS-3 and support providers in the development of improvement plans based on classroom observation. NJ prioritizes providers serving infants and toddlers that are NOT currently participating in Grow NJ Kids, however ITSN supports are available to any CCAP serving provider.

Socio-Emotional Formation Initiative (SEFI) – The Center for Autism and Early Childhood Mental Health at Montclair State University, has been in contract with DHS/DFD since 2016. This initiative provides specialized technical assistance and infant and early childhood mental health consultation, professional development, and education to improve social emotional development and inclusion in DFD funded programs. SEFI activities include

1. Professional Formation and Development
2. Consultation and Coaching
3. Collaboration with DFD Quality Initiative partners

Child Care Health Consultant Quality Initiative: NJ contracts with the Central Jersey Family Health Consortium to develop the Child Care Health Consultants Quality Initiative. The initiative is designed to inform and support early childhood and school-age staff, as well as directors; to ensure health, safety, and nutrition in their programs. It is based on nationally recommended best practice and

standards. Additionally, Child Care Health Consultants collaborate with other DFD sponsored programs and initiatives to improve the quality of care and promote the health and safety of children, families and their teachers.

Key Deliverables

1. Conduct health and safety assessments and evaluations.
2. Provide Health and Safety trainings.
3. Provide consultation and technical -assistance on health-related matters (on-site and/or by telephone, email or virtually);
4. Provide Resources and Referral services - community resources and referrals 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.
5. Offer technical assistance and provide online health consultation to plan quality improvements.
6. In collaboration with the programs, provide templates, best practice standards and guidance on developing written policies and procedures.
7. Provide generalized guidance regarding health records and care plans for children with special needs.
8. Coordinate services in collaboration with other approved agencies and health care professionals.
9. Provide training on safe medication administration practices.
10. Help interpret Grow NJ Kids standards, and OOL regulations requirements related to health and safety, as well as providing technical advice.
11. Assist in the development of disaster/emergency medical plans (especially for those children with special health care needs) in collaboration with DFD.
12. Work with other consultants such as nutritionists, physical activity, oral health consultants, TA, QRIS and other quality specialists.
13. Assess the need for and provide recommendations to DFD on suggested trainings for childcare and school-age programs, including: child health and development, injury prevention, management of illness, medication administration, prevention and control of infectious diseases, food allergy management, caring for children with special needs, oral health, social-emotional development, and environmental health.
14. Support childcare providers on the implementation of childcare guidance in NJ via trainings, webinars, health consultation and technical assistance.
15. Provide short virtual presentations (Huddles) and statewide e-blasts on important health & safety topics in childcare as needed.

Statewide Parent Advocacy Network (SPAN): The overall goal of this initiative is to provide support to early care and education providers, both center-based and home-based, and parents, via trainings, technical assistance, information, and resources to enhance understanding of the needs of all young children, including those with special needs and how to include them in early care and education settings. Priority is given to childcare centers serving children receiving subsidies, Pyramid Implementation and Demonstration sites, and centers and home-based providers enrolled in Grow NJ Kids. SPAN also supports the statewide efforts to enroll and recruit providers into the Grow NJ Kids initiative and Pyramid Model

implementation.

Thriving by Three Act: This grant program was established in NJ to incentivize the expansion of capacity for infants and toddlers, and to address shortages in infant and toddler care capacity that is available for working families and support the developmental needs of young children. Eligible licensed childcare centers and registered family child care providers received grant funding to support the expansion of infant and toddler childcare capacity and agreed to participate in the State's child care QRIS, Grow NJ Kids.

The goals of the Thriving by Three Initiative are to support the developmental needs of young children, increase working families' access to high quality early care and education programs and provide technical assistance through the expansion of childcare capacity in communities lacking infant and toddler care. The program was publicly launched on 3/22/2023 for center-based programs and 11/1/2023 for Family Child Care – \$28 million was allocated to support this initiative, of which DHS/DFD received \$20 million.

- v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. The CCR&R agencies are responsible for providing resources and referrals for families. This information is tracked and reported regularly. CCR&Rs expanded their staffing to include Family Engagement Specialists to provide an array of services to support families' connections and increase their understanding of child development. This includes hosting regular "Books, Balls, and Blocks" events and Parent Cafes. Both activities support early screening for developmental delays and referrals for families needing additional resources and follow up for any developmental concerns. These events and referrals are tracked and reported quarterly.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

DHS/DFD plans to invest in technology and system modification necessary to comply with the CCDBG health and safety requirements. Three state agencies share the responsibility of overseeing New Jersey's child care providers. A viable technology solution is essential to manage the criminal background check process and collect data from three different state systems to capture monitoring data and post inspection reports.

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

In addition to the efforts referenced above, DHS/DFD has contracted with Rutgers University, National Institute for Early Education Research (NIEER) to

conduct an evaluation study on quality outcomes for programs and children enrolled in Grow NJ Kids. This study is a three-year project. We are entering year 4 of the project that has had to adapt to issues caused by the pandemic. NIEER is working on finishing observations and assessments in the child care centers. Findings will be able to be reported next program year.

In 2023, the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University (MSU) conducted an evaluation of the GNJK quality improvement process, using both qualitative and quantitative data collected from childcare stakeholders (QIS, TAS, Training Partners, DFD, GNJK Rating Team.) and providers (center-based programs, family childcare, Head Start, state funded preschool) within NJ's QRIS. The evaluation focused on 4 overall questions:

1. How is GNJK ratings process currently working?;
2. How do ECE providers and GNJK supporters throughout New Jersey define "quality early childhood education?;
3. To what extent does this vary by program/center type or role?;
4. To what extent are the existing GNJK training, supports, processes, and tools (e.g. ERS assessments) equitable and aligned with ECE providers' and GNJK supporters' definition of quality, and where do they differ?

Recommendations based on the evaluation were bucketed into 4 phases of GNJK. Phase One (Enrollment and Introduction) was targeted to GNJK recruitment practices and resources for recruitment. Phase Two (Assess, Plan and Support) was targeted to streamlining the self-assessment and quality improvement process. Phase Three (Rating) was targeted to better understanding of the standards and guidance for ECE providers on document submission. Lastly, Phase Four (CQI) was targeted to more detailed protocols for CQI and tools to support both the TASs and ECE providers in this phase.

viii. Accreditation support.

- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments.

NJ offers non-monetary support through technical assistance and coaching that assists programs with quality improvement that is aligned with national accreditation standards. These supports assist programs in their pursuit of achieving a rating, or proceeding through the accreditation process. GNJK is aligned to accreditation and provides a pathway to ratings of those who are accredited. Onsite observations during the rating process are waived for programs that are accredited that submit for a 3-star rating. Lastly, DHS/DFD continues to contract with NJAEYC for supporting Child Care and Family Child Care providers with access to the Shared Services Platform.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and

physical development.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

In addition to the Health and Safety Basics Training Course, Health Safety Refresher Course (offered in English and Spanish), as well as a pull-out course for emergency preparedness to ensure programs have access to a refresher course. This will be highlighted next year as Lead Trainers just received a train the trainer on the course for implementation. Furthermore, as described above NJ continues to support programs and providers in meeting high quality standards related to Health, Nutrition, Physical Activity and Mental Health in a number of ways. It is important to highlight that during the past fiscal year 1,569 programs participating in GNJK and 339 Programs received Star Rating of 3, 4 or 5.

NJ also continues to support Montclair State University, Center for Autism and Early Childhood Mental Health through a contract to implement the Pyramid Model training and coaching, Infant and Early Childhood Mental Health Consultation and number of social-emotional and relational health activities. The SEFI initiative provides specialized technical assistance on inclusion teaching practices to improve inclusion for children with significant developmental delays which are resulting in risk of expulsion or suspension.

Furthermore, to support the development of high-quality program standards related to health, physical activity and physical development, providers may access support from NJ's network of Childcare Health Consultants who provide technical assistance, training, and consultation.

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. [Click or tap here to enter text.](#)

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

- a. 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 and results of the coordination:.

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 Council is in the Department of Education and represents all state agencies with oversight of programs serving families and children from birth to thirteen. Head Start agencies, advocacy groups, child care organizations, school districts, universities, and foundations also are represented on the Council. The Early Care and Education Workforce Committee provided support and recommendations regarding the professional development framework. DHS/DFD is an active member of the Council.

To further support the Child Care Program and ensure timely feedback loops from stakeholders, DHS/DFD has formed a Child Care Advisory Group that meets periodically.

Established in Fall 2018, the Child Care Advisory Group complements the work of the NJ Council for Young Children. The advisory group consists of a significant number of existing NJ Council for Young Children stakeholders including all the State agencies. The major goals of the advisory group are to help DHS/DFD better engage providers, solicit input on how to strengthen services for children and families in the Child Care Assistance Program, and provide recommendations on how to improve quality child care, and help to outreach and communicate the benefit and importance of Grow NJ Kids.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: *Click or tap here to enter text.*

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination:

DHS/DFD works closely with the Part B and Part C authorized entities under the Individuals with Disabilities Education Act (IDEA) to discuss and coordinate services across program settings [Department of Education (DOE) Offices of Special Education Part B, Section 619 for Preschool, and Department of Health (DOH) Part C for Infants and Toddlers]. Both DOE and DOH are part of the Interdepartmental Planning Group (IPG) and Child Care Advisory Group, which meet quarterly to update and exchange information regarding early childhood and child care services. The IPG meetings are attended by representatives from five state agencies and the Head Start Collaboration Office. The IPG provides opportunities to stay informed of cross-agency priorities and collaborate on common projects.

DHS/DFD also contracts with the Statewide Parent Advocacy Network (SPAN) to work with child care, community-based and public pre-k providers, and parents. SPAN provides information, resources, technical assistance and training that covers topics relating to children with special needs, such as—screening, early identification, family rights and inclusion. In addition, print and digital materials were developed and funded through DFD as a collaborative effort of the New Jersey School-Age Care Coalition and the SPAN/NJ Inclusive Child Care Project (NJICCP) to provide parents and the public with information regarding the various agencies and organizations associated with specific disabilities. Additionally, SPAN supports families as advocates and partners in improving education, health, and mental health outcomes for infants, toddlers, children, and youth to enable them to become fully participating and contributing members of their communities and society. This collaboration of key stakeholders addresses systemic challenges and creates a statewide sustainability process to problem solve, standardize practices and develop innovative ways to support programs that better meet the needs of families.

Lastly, through a state funded initiative through the Division of Deaf and Hard of Hearing (DDHH) within the Department of Human Services, children who are deaf or hard of hearing have access to early language instruction and are provided with an American Sign Language (ASL) associate for language development in early childhood care and education settings. The DFD coordinates these services with DDHH through the CCR&Rs.

- c. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination

The DHS/DFD Child Care Administrator and the Head Start State Collaborator Director jointly convene quarterly meetings with the Head Start Grantees and community partners to discuss child care and Head Start services. The goals of these collaborative meetings are to: improve coordination efforts between Child Care and Head Start, maintain an open communication channel to resolve issues quickly, and explore ways to increase the supply of quality slots to ensure more children can easily access comprehensive services. These meetings provide an opportunity to collectively review program and policy updates, strategize to strengthen coordinated efforts between Head Start and the Child Care Subsidy Program, and explore ways to better align the two programs. As a result of these meetings, DHS/DFD issued revised policies, implemented procedures to streamline the enrollment process for grantees, and expedited eligibility determination for children enrolled in Head Start.

- d. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination:

The Department of Health (DOH) is the lead agency responsible for overseeing immunization and public health. DOH is part of the IPG and the Child Care Advisory Group, which meets quarterly to discuss cross-agency services and policies that impact the health and safety of children in licensed child care centers and summer youth camps. Licensed centers regulated by the DCF Office of Licensing, along with summer camps are required to meet the State immunization regulations.

DHS/DFD contracts with both DOH and OOL for certain health and safety requirements, which include informing youth camps about CCDF requirements, and monitoring and conducting inspections to meet CCDF compliance effectively. This was achieved through collective statewide provider information meetings. Clarification of policies was critical to ensuring a seamless process and continuity of care for school-age children transitioning from the school year to summer camp. DHS/DFD, DOH and DCF/OOL continue to meet regularly to discuss ways to improve communication across agencies, especially for programs required to meet both camp and licensing standards. The goal of these meetings is to effect change for smooth transitions from one program to another.

As a result of these focused discussions, DOH revised its monitoring instrument to capture data to share with OOL to enhance communication across both DOH and OOL resulting in improved continuity of care for school-age children.

- e. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination

The Department of Labor and Workforce Development (LWD) is responsible for Work First New Jersey (WFNJ) client work activities and the Supplemental Nutrition Assistance Program (SNAP) Employment and Training activities (E&T). Employment related activities are administered at the local level by the One Stop Career Centers (OSCC) under LWD supervision. LWD also organizes community career fairs and information events in which DHS/DFD and its partners participate. LWD is part of the Child Care Advisory Group, which meets quarterly and works closely with DHS/DFD on an ongoing basis to coordinate the implementation of two-generation activities, and discuss strategies to meet the child care community's workforce needs.

Through the IPG process, LWD and DHS/DFD, along with other stakeholders collaborate on several projects and initiatives. LWD is the lead agency for the NJ Preschool Development Grant, Birth-5 years old. As a part of the grant, DHS/DFD is partnering with LWD in researching and developing a framework for an ECE Apprenticeship Program. Through that work, NJ is reviewing the current wages of the ECE workforce and including wages as a discussion within the framework of the pilot. The pilot will roll out in late 2024.

- f. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination:

Through a partnership and collaboration with the Department of Education's public pre-K program, child care before and aftercare services are available to families who meet CCDF child care eligibility requirements, such as income threshold and work activity number of hours. Eligibility determination is coordinated with CCR&Rs and in-district pre-k and community-based pre-k partners. The goals of this collaboration are to ensure children have full-day care and continuity of high-quality services through a streamlined process.

- g. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination:

The DCF Office of Licensing (OOL) is the regulatory agency for child care centers and registered homes and coordinates licensing and inspection activities. DHS/DFD contracts with DCF/OOL to perform inspections and monitoring, including review of compliance with CCDBG background checks to ensure the health and safety of children in child care settings. Through this partnership, OOL and DFD have developed a joint licensing provider management system, the New Jersey Child Care Information System (NJCCIS). Representatives from both OOL and DFD meet weekly to share updates, discuss mutual challenges and collaborative solutions, and establish working hubs to implement and manage the system. This joint agency governance yielded an effective mechanism to streamline decision paths, leverage resources and enhance communication across agencies with each respective role implementing CCDF requirements.

Additionally, this collaborative project has created an integrated system that shifted from autonomous silos to a shared data model aligned with priorities across systems. This change in approach has established new and better ways to review trends to identify gaps and implement initiatives, such as grants, to increase access and improve the quality of programs. The shared child care information system consists of the universe of licensed centers and registered family child care providers, coupled with a workforce registry and GNJK quality improvement system, which provides an effective process to enhance and align the quality of services for infants and toddlers through school age children.

- h. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination:

The NJ Department of Agriculture, 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 afterschool programs. These meals are vital to the children in child care settings. The child care program and NJ Supplemental Nutrition Assistance Program (SNAP) are both under the authority of DHS/DFD.

At the State level, joint meetings between the two programs are held regularly with the

goals of improving coordination in the delivery of services, sharing information about policy and program changes, and collaborating to achieve shared goals. Both programs are county administered; SNAP is managed by the local Boards of Social Services, and child care through the CCR&Rs. The two agencies have a close working relationship. Two CCR&Rs are within county government and some CCR&Rs are co-located within the county BSS, while the majority are community-based agencies that offer additional supportive services to the same families receiving child care assistance. Additionally, in many instances, CCR&Rs also serve as the vendors for the Child Care Food Program (CCFP). A major role of the CCR&Rs is to encourage Family Child Care Providers to participate in CACFP. At the local level, there are several coordinated efforts, which effect seamless and streamlined processes for childcare services. During the intake process across both agencies, families are informed and screened for both SNAP and child care.

DHS/DFD also coordinates child care services through the integration of Electronic Benefits Transfer (EBT). Families that receive both SNAP and child care can use the same benefit card to access services and benefits. This cross-functional process helped to identify families with children eligible for the COVID-19 Pandemic EBT food assistance program quickly.

- i. 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 and results of the coordination:

The McKinney-Vento homeless liaison is housed within the Department of Education and is part of the DHS/DFD Child Care Advisory Group. In 2019, DHS/DFD assembled a workgroup comprised of local governments, homeless services providers, a shelter operator representative, CCR&Rs, Head Start State Collaborator, as well as the DOE McKinney-Vento homeless liaison to develop a policy to make access to child care easier for families experiencing homelessness. McKinney-Vento liaisons provided training to CCR&Rs to provide better support and guidance on how to more effectively serve families experiencing homelessness. Additionally, DHS/DFD provided technical assistance to the CCR&Rs regarding policy implementation and how to help community-based homeless service agencies understand how to assist families in accessing child care services quickly. The workgroup involvement contributed to a new policy in alignment with DOE and Head Start, (i.e., priority group and services) and led to statewide standardized practice across CCR&Rs related to outreach, collaboration, coordination and referrals to and from social service agencies and shelters.

- j. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination:

DHS/DFD is also the State agency responsible for TANF. The 21 county-level board of social service (BSS) agencies determine TANF eligibility and child care services through referral to the CCR&Rs. The county BSSs also refer parents to the CCR&Rs to provide consumer education about the different child care provider options available, and how to look for and locate quality child care programs. Some CCR&Rs are co-located with the county BSS allowing for greater coordination for services to families. TANF families are a priority group and receive priority services. DHS/DFD staff responsible for administering the CCDF and TANF programs established a systems workgroup committee to make system modifications to improve and streamline the process; to expedite child care services for TANF families;

and, eliminate data entry duplication for CCR&R staff responsible for creating child care agreements.

This system revision integrated all child care programs into one system, allowing for better coordination of services and enhanced efficiency. This IT solution improved coordination and alignment between the TANF and CCDF programs. It also promoted continuity of care for children in high-quality child-care settings, allowing their parents to focus on their goals for employment success and economic mobility.

- k. State/Territory agency responsible for Medicaid and the State Children’s Health Insurance Program. Describe the coordination and results of the coordination: The Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) is the Medicaid lead agency. DMAHS is responsible for the Children’s Health Insurance Program (CHIP), which provides health coverage for children. The programs allow children to get routine checkups, immunizations and dental care. DHS/DFD and DMAHS are co-located, work closely together and jointly facilitate monthly collaborative meetings with the county BSSs responsible for administering the health insurance programs. This coordination provides timely information dissemination and updates about policy and program changes, and streamlines approaches to resolve cross-agency issues and/or barriers related to families involved in both systems. The county boards of social services implement these programs locally and assist families in the enrollment process, using an integrated system to screen and identify other services, such as TANF and child care. County BSSs and CCR&Rs work closely together and provide information regarding services available through their respective agencies, as well as making referrals for families that need health and child care services. By coordinating social services with child care referral services, opportunities for linking children to comprehensive services are maximized. Through the county BSS and CCR&Rs intake processes, families are screened for child care services.

- l. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination:.

The Division of Mental Health and Addiction Services (DMHAS) falls under the Department of Human Services. The DMHAS serves adults with mental health conditions and substance use disorders. The continuum of care ranges from prevention and early intervention to treatment and recovery support services. The overall system of care, inclusive of State and county partners, as well as local community-based providers, works to enhance the health and wellness of individuals and communities by preventing co-occurring substance use disorders and mental illness, and providing treatment and recovery support services. Child care services for families receiving mental health services are coordinated through collaborative partnerships, including Behavioral Health partners, county boards of social services, CCR&Rs and other community organizations at the local level. The partnerships are designed to increase capacity, provide technical assistance and awareness to address the complex needs of individuals with some type of serious mental illness or substance use disorder. Local level screenings at the county BSSs provide an opportunity to address the child care needs and coordinate with CCR&Rs to help families identify and locate child care providers to ensure continuity of child care.

- m. Child care resource and referral agencies, child care consumer education organizations,

and providers of early childhood education training and professional development. Describe the coordination and results of the coordination:

Child Care Resource and Referral agencies (CCR&R) are located in all 21 counties, and contract with DHS/DFD to determine eligibility for families participating in the Child Care Assistance Program, which includes CCDF, TANF, Public Pre-K, Head Start, before and after care, and families involved with Child Protection Services. Bringing these collective services through a central point allows for continuity of care to help children transition from one type of care to another. CCR&R monthly meetings are opportunities to share updates and provide guidance on program policy and administration, and the workgroups with CCR&Rs allows for troubleshooting, program policy clarification, and promoting administration best practices.

CCR&Rs also work closely with local government agencies and other community-based social services agencies. CCR&Rs employ different communication methods, platforms and outreach methods to make sure families and the general public are aware of the different types of child care services, resources and supports available; and serve as a bridge to link families to comprehensive services.

As part of the DHS/DFD professional development and quality improvement system, CCR&Rs manage initiatives designed to improve and expand the quality of child care programs. In this role, CCR&Rs provide services (i.e., training, technical assistance, and coaching) to increase the supply of quality child care services and support goals in alignment with Grow NJ Kids, which is designed to improve the quality of services of children from birth through preschool.

DHS/DFD also contracts with the local CCR&Rs to employ quality improvement specialists who provide targeted technical assistance, monitoring and coaching. Through this partnership, CCR&Rs work with four (4) regional technical assistance centers to provide ongoing and intensive support to programs enrolled in Grow NJ Kids to continuously improve their programs and provide quality services. In addition, they also employ infant-toddler specialists to support technical assistance, coaching and professional development for the programs and providers serving infants and toddlers. They also have lead trainers to support basic health and safety training, business practice training, and ongoing progressive training for early childhood providers.

- n. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination:

NJ's Statewide Afterschool Network, NJ School-Age Care Coalition (NJSACC) works to build and support quality afterschool programs across New Jersey, and is affiliated with the National Afterschool Association (NAA). The goals of NJSACC are to build a strong network for afterschool program professionals in NJ, provide training conferences, workshops and information services, and offer technical assistance, for the development, expansion and improvement of afterschool programs throughout NJ. NJSACC's implementation of the New Jersey Quality Afterschool Standards promotes and supports the development, quality continuity, and expansion of out-of-school time programs. NJSACC works closely with state and local governments, establishes PD opportunities, and develops public awareness of afterschool issues. NJSACC contracts with DHS/DFD to provide support, technical assistance, training and outreach services to the school-age care providers. Through this

partnership, NJSACC support helps providers, at no cost, to improve and develop the supply of quality school-age care, and guides the implementation of strategies to better prepare children for transitions into their school-age programs. Participation with the DHS/DFD Workforce Registry has helped to expand the school-age program professional development offerings. The goal is to increase families' accessibility to extended child care services. Furthermore, DHS/DFD has worked with NJSACC to capture data (via the NJCCIS) not only the training they provide, but also their coaching and technical assistance sessions.

- o. Agency responsible for emergency management and response. Describe the coordination and results of the coordination:

In situations where a major disaster may be imminent, the Governor of New Jersey or his designee may declare a State of Emergency. 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 State OEM coordinates with other State departments, county and local OEMs responsible for emergency planning and response. This coordinated effort takes into consideration child care needs and operations and plays a critical role in supporting and assisting DHS/DFD with its responsibilities to assist and support child care providers—both in emergency situations and planning and preparations, as well as with recovery efforts. The relevant OEMs work with all county and local agencies during emergencies and disasters. DCF/OOL requires regulated centers to notify local law enforcement or OEM of their written emergency plan and procedures through N.J.A.C. 3A:52, for licensed childcare centers, including Head Start programs, and N.J.A.C. 3A:54 for family child care providers. DHS/DFD requires providers to comply with state and local laws and standards. All contracted providers are required to have an updated emergency preparedness plan and identify contact leads to coordinate with OEM to collectively communicate and quickly address and respond to emergencies. The goal of this cross-functional multilevel governance and partnership is to have a sustainable process in place before, during and after a disaster. State agencies and contracted community-based providers are required to annually review and, if applicable, update the disaster plan.

- p. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.

- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

Collaborative meetings with EHS and CCR&Rs are held to discuss, update and share common concerns. Revised policies and procedures were implemented to better align child care policies with EHS to increase high quality enrollment of infants and toddlers. Through this partnership, ongoing discussions continue to resolve systemic issues quickly and partners are informed of updated policies. Opportunities to identify infant and toddler needs to increase the supply of high-quality slots continues to be realized through this process. DHS/DFD participates and is present at the Head Start annual conference.

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

The DHS/DFD has contracts with community colleges to provide educational coaching services to help the workforce achieve childhood development credentials (CDAs) successfully. The DHS/DFD also works closely with two- and four-year colleges with the development of standards, competencies, and workforce preparedness to increase the number of high-quality programs. The DHS/DFD also works in partnership with the New Jersey Council of Community Colleges and Office of Higher Education. This coordination and collaboration with higher education institutions ensures that adult learning principles are incorporated into course development and training. In addition, three (3) major state universities are embedded in the professional development framework. Those institutions are Rutgers, Rowan, and Montclair State University.

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

DHS/DFD contracts with the Statewide Parent Advocacy Network (SPAN) to support programs and providers with resources to support families of children with special needs. SPAN provides technical assistance and training for programs on various facets of the ADA and supports parents in understanding their rights for child care services for children with special needs.

- iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe:

New Jersey's Maternal, Infant and Early Childhood Home Visiting programs are implemented by the NJ Department of Children and Families (DCF). DHS/DFD's partnership with DCF includes not only supporting the content of training on home visiting for our child care community, but also ensuring connections to child care for the families served in the home visiting program. This is seen specifically in two areas of the Home Visiting Program. First, at the time of goal planning for families, at least one goal focuses on family self-sufficiency. If the family is returning to school or work, the home visitor will work with the family to identify a quality child care program that meets their needs. Second, at the time of transition from the home visiting program, a part of the transition plan is also providing additional resources that include quality child care. These two areas are identified in the home visiting policy and procedures manual.

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:

DHS/DFD works closely with the NJ Medicaid Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) and other state and local child care partners to promote screening and follow-up for infants and children.

DHS/DFD added the Family Engagement Specialist (FES) position to each CCR&R to encourage regular developmental screening and support the Strengthening Families Protective Factors. Each CCR&R FES coordinates four Books, Balls and Blocks (BBB) events each year. The BBB events are community-based and bring together partners that support early childhood education and family wellness. At the BBB events, caregivers have support from the FES and CCR&R to administer the Ages and Stages Questionnaire (ASQ) Developmental Screening Tool. If a child

needs additional support, caregivers are referred to the appropriate intervention support based on the age of the child. In addition, the Commission for the Blind and Visually Impaired within the Department of Human Services, provides eye health screenings and early intervention services to children with vision loss.

- vi. State/Territory agency responsible for child welfare. Describe:

Child welfare comes under the authority of the Department of Children and Families, Division of Child Protection and Permanency (DCF/DCPP). DHS/DFD and DCF/DCPP work together to make sure that children receiving protective services have access to comprehensive, CCDF-funded child care services, including full-time care.

- vii. Child care provider groups or associations. Describe: .

DHS/DFD recognizes that the Child Care Workers Union (CCWU) is the exclusive majority representative for all Registered Family Child Care providers (FCC) and Approved Homes. DHS/DFD policies are shared with the CCWU representatives, and collaborative meetings are held regularly to discuss providers' concerns and inform them of new policies and/or regulations, as well as new initiatives.

- Parent groups or organizations. Describe:

SPAN Parent Advocacy Network: Supports families as advocates and partners in improving education, health, and mental health outcomes for infants, toddlers, children, and youth so they can fully participate, contribute and thrive in their communities. SPAN's foremost commitment is to children with the greatest need due to disability; poverty; discrimination based on race, sex, language, or immigrant status; involvement in the child welfare or juvenile justice system; geographic location; or other special circumstances.

- viii. Title IV B 21st Century Community Learning Center Coordinators. Describe: The 21st Century Community Learning Center (CCLC) is a federally funded program supported by the New Jersey Department of Education for out-of-school-time programs in New Jersey, which include those before school, after school or in the summer. Currently, there are sixty-four (64) 21st Century Community Learning Center programs across the state. DHS/DFD, through its partnership with DOE and NJSACC, has had preliminary discussion with the NJ 21st Century Coordinator to identify opportunities and strategies to coordinate services and identify ways to ensure seamless transition of school-age children.

- ix. Other. Describe: *Click or tap here to enter text.*

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving

infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead

Agency 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 Program Performance Standards 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 and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe: [Grant – Birth Through Five TANF to CCDF Transfer Funds](#)

ii. If yes, what does the Lead Agency use combined funds to support, 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?

DHS/DFD uses combined funds to avoid a waiting list and serve additional CCDF eligible families. Combined funds also support continuity of child care for families receiving TANF benefits when their work activity is interrupted or stopped; and for Before/After care for eligible children attending public schools to extend the day for working families. Enhancement of quality services and activities are also supported by the use of combined funding to improve families' access to quality child care. Braiding funding streams allows all children enrolled in New Jersey's Child Care Assistance or Grow NJ Kids programs to benefit from wrap-around services administered by quality specialists, health consultants, and social and emotional behaviorists. Additionally, these funds support resource and referral services, and consumer education to all families seeking child care services, including families receiving TANF benefits.

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 an expenditure for federal match.

However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: [Click or tap here to enter text.](#)

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. Donated directly to the state.

ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: [Click or tap here to enter text.](#)

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of

working parents.

- The estimated percentage of the MOE requirement that will be met with pre- Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent

determined by the Lead Agency, 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).

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 Part B, 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 Lead Agency.
- 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 Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

- No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.
- No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).
- Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:

Child Care Resource and Referral (CCR&R) agencies are located in all 21 counties. They are responsible for administering the child care assistance program and managing the Family Child Care Registration Program and the approval process for approved homes. Services provided include, but are not limited to, eligibility management, consumer education, resource and referrals, and providing professional development training and technical assistance to help raise the quality of child care services.

They also collaborate with other state government agencies, community and business partners to expand and enhance child care services and supports. CCR&Rs educate and link families to other supportive services and programs; such as TANF, SNAP, WIC, and Medicaid benefits.

CCR&Rs participate on various workgroups and serve as a central point of contact for families, child care providers and communities to help inform and educate about New Jersey's Child Care Assistance Program.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

8.4.1 Lead Agency public-private partnerships Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF:

DHD/DFD actively engages in public-private partnerships as described in prior sections of this

document. Several specific examples are presented below.

DHS/DFD and other public partners participate with private organizations that support our efforts to better understand the impact of policies and programs on the developmental outcomes of at-risk infants and toddlers, such as the Pritzker Children’s Initiative, Early Childhood Funders Collaborative, and Early Care and Learning advisory groups. This collaboration entails committees and workgroup meetings and discussions with private organizations, advocacy groups, philanthropists, and funder groups interested in improving and expanding quality child care, building supply, and ensuring all families have equal access to quality services.

- DHS/DFD works closely with the NJ Department of Education to leverage funding support for wrap-around services for public pre-k programs.
- Additionally, DHS/DFD partnered with the NJ Economic Development Authority to launch New Jersey’s first Child Care Facility Improvement Grant Program for child care centers and registered family child cares to make facilities improvements that will contribute to high quality early childhood learning environments.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason?

The Child Care Disaster Plan was revised in April 2024 to update continuity of operations for child care providers, including licensed centers’ accommodations for children (including infants and toddlers) with disabilities and chronic medical conditions; summer camps relocation; shelter-in-place; lockdown; communication and reunification with parents. The Child Care Disaster Plan update also addresses continuity of operations for infants/toddlers and children in the Approved Home settings.

- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

- i. The plan was developed in collaboration with the following required entities:

- State human services agency.
- State emergency management agency.
- State licensing agency.
- State health department or public health department.
- Local and State child care resource and referral agencies.
- State Advisory Council on Early Childhood Education and Care or similar coordinating body.

- The plan includes guidelines for the continuation of child care subsidies.
 - The plan includes guidelines for the continuation of child care services.
 - The plan includes procedures for the coordination of post-disaster recovery of child care services.
- ii. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - Procedures for evacuation.
 - Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.
 - Procedures for accommodations of children with chronic medical conditions.
- iii. The plan contains procedures for staff and volunteer emergency preparedness training.
- iv. The plan contains procedures for staff and volunteer practice drills.
- v. If any of the above are not checked, describe: *Click or tap here to enter text.*
- vi. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:

<https://www.childcarenj.gov/Resources/Report>

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family’s needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care

providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. 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 them with their local CCR&R or directly to the DHS/DFD Office of Child Care, where complaints can be reported (this is also listed on the www.childcarenj.gov website). Parents may file complaints directly through the CCR&Rs, who use an Incident Reporting Form to document provider complaints.

Parents may also file or make a complaint with the OOL (877-667-9845) who will investigate matters involving licensed child care centers. Complaints may be made anonymously. If there is a licensing complaint investigation, parents are entitled to review the OOL Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against a center during its current licensing period. Additionally, with the development of the NJ Child Care Information System (NJCCIS) website, parents also have the option of submitting complaints online through a web-based process

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English:

There are multiple platforms as described above on which complaints are captured. Each point of contact has translation options for multiple languages, i.e., available staff that speak other languages and/or a language device, such as a language line that can speak to the constituent directly to take their complaint. Through the Department of Children and Families (DCF) Compliant process, there is also a telephone/translation service called Language Link. This is available to anyone who requires the assistance of an interpreter.

Additionally, parents have the option of submitting complaints to the CCR&R in different ways via telephone, written, or in person. Many of the CCR&Rs have bi-lingual staff available as well as use of translation services. Complaints submitted online via NJCCIS can be set to translate into over 100 languages.

- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities:

The state of New Jersey has a variety of resources available depending on the disability. To ensure broad access to services for persons with disabilities complaints can be entered through the internet on the DCF portal, called in to the office of licensing directly, or called into the NJ Abuse hotline. The NJ Abuse hotline is TTY compatible. PDFs and the DCF website are WCAG-compliant for people using screen readers. On the DCF homepage, anybody can

click the accessibility link to report an accessibility issue.
<https://www.nj.gov/nj/accessibility.html>

Parents submitting complaints via NJCCIS are able to utilize the following NJCCIS features: 1) Semantic HTML markup, including properly structuring content with headings, paragraphs, lists, and other semantic elements, which helps screen readers accurately interpret the content and present it to users in a meaningful way; 2) Screen Reader Compatibility to provide a seamless experience for users who rely on screen readers. This includes adding descriptive alt text to images and properly labeling form fields; and 3) Color contrast, used to help users with low vision or other vision impairments like color-blindness to better perceive and interact with NJCCIS content.

In addition, DHS/DFD consumer education website post resource and supported links; such as DHS/Division of the Deaf and Hard of Hearing sign language interpretation and caption referral services page <https://www.nj.gov/humanservices/ddhh/services/caption/> and DHS/Commission for the Blind and Visually impaired has resources for braille. <https://www.nj.gov/humanservices/cbvi/links/braille/>

- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

Yes. If yes, describe:

N.J.A.C. 3A:10-2.2(a) requires that a Division of Protection and Permanency (DCPP) investigator start the investigation of a report no later than the end of the work day or within 24 hours of receipt and notice of a report (unless DCPP or other entity authorizes a delay based upon the request of law enforcement).

N.J.A.C 3A:10-7.3 requires the Department of Children and Families to make findings for each report within 60 days of receipt of the report (except extensions in increments of 30 days may be granted if the child protective investigator is continuing efforts to confirm credible information). This regulation requires the Department to make a finding of either "substantiated," "established," "not established," or "unfounded" for each allegation.

N.J.A.C. 3A:10-7.6 requires DCPP investigators to provide a notice of the findings to affected parties within 10 days of notice receipt (unless for good cause approved by a supervisor).

DHS/DFD requires Child Care Resource and Referral agencies to inform parents and the public how and where to address complaints. CCR&Rs are responsible for documenting and tracking parental complaints initiated through their respective county-level agencies. They are required to complete a Provider Incident Reporting Form when a complaint is reported regarding a provider. CCR&Rs are the lead agencies to investigate FCC and Approved Homes complaints, and will conduct such investigations within 72 hours of the complaint, except those reporting serious injuries and/or danger, which complaints are investigated within 24 hours through coordination with the regulatory state agencies. The complaint is assigned to an Inspector and an unannounced monitoring inspection is conducted.

DHS/DFD also have contractual agreements with the Department of Health, which oversees youth camps, and the Department of Children and Families, Office of Licensing, which is

responsible for child care centers. Each agency documents and tracks complaints and coordinates and communicates with DHS/DFD. Youth camps are required to submit an incident report to DOH. When complaints are received, inspectors respond and conduct an investigation, which includes an unannounced visit within 5-10 days during the season, and serious injuries are addressed immediately.

No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers?

CCR&Rs are responsible for documenting and tracking parental complaints initiated through their respective county-level agencies. The CCR&R Incident Reporting Form must be completed when a complaint is reported regarding a provider. When complaints or allegations are received regarding Registered Family Child Care Providers (FCC) or Approved Homes, the CCR&R also records the complaint on the Incident Reporting Form.

- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2

Public records must be readily accessible for examination by any person, under the direction and supervision of DHS/DFD and 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>.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency's consumer education website homepage:
<https://www.ChildCareNJ.gov/Parents/Licensing>

- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 - Yes.
 - No. If no, describe: [Click or tap here to enter text.](#)
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
 - Yes.
 - No. If no, describe: [Click or tap here to enter text.](#)

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers:

<https://www.ChildCareNJ.gov/Parents/Licensing>
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:

<https://www.childcarenj.gov/Providers/CCAP>
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:

<https://www.childcarenj.gov/Providers/CCAP>
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:

<https://www.ChildCareNJ.gov/Parents/Licensing#8aanchor>

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
 - Yes.
 - No. If no, describe: [Click or tap here to enter text.](#)
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://www.ChildCareNJ.gov/Search>
 - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:
 - License-exempt center-based CCDF providers.
 - License-exempt family child care CCDF providers.
 - License-exempt non-CCDF providers.
 - Relative CCDF child care providers.

Other (e.g., summer camps, public pre-Kindergarten). Describe:

Summer Youth Camps

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. All licensed providers. Describe: [Click or tap here to enter text.](#)
- ii. License-exempt CCDF center-based providers. Describe: [Click or tap here to enter text.](#)
- iii. License-exempt CCDF family child care providers. Describe: [Click or tap here to enter text.](#)
- iv. License-exempt, non-CCDF providers. Describe: [Click or tap here to enter text.](#)

- v. Relative CCDF providers. Describe: *Click or tap here to enter text.*
- vi. Other. Describe: *Click or tap here to enter text.*

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

- i. Quality improvement system.
- ii. National accreditation.
- iii. Enhanced licensing system.
- iv. Meeting Head Start/Early Head Start Program Performance Standards.
- v. Meeting pre-Kindergarten quality requirements.
- vi. School-age standards.
- vii. Quality framework or quality improvement system.
- viii. Other. Describe: *Click or tap here to enter text.*

b. For what types of child care providers is quality information available?

- i. Licensed CCDF providers. Describe the quality information:
DHS/DFD consumer website provides information about resources, grants, QRIS, trainings and technical assistance available to providers enrolled in New Jersey's Child Care Assistance Program and/or Grow NJ Kids, quality rating improvement system, which also has its own website at <https://www.grownjkids.gov/>. DHS/DFD also post information about grants, which is available to all providers.
- ii. Licensed non-CCDF providers. Describe the quality information:
DHS/DFD consumer website provides information about resources, grants, QRIS, trainings and technical assistance available to providers enrolled in New Jersey's Child Care Assistance Program and/or Grow NJ Kids, quality rating improvement system, which also has its own website at <https://www.grownjkids.gov/>. Grants and information are also posted.
- iii. License-exempt center-based CCDF providers. Describe the quality information:
Click or tap here to enter text.
- iv. License-exempt FCC CCDF providers. Describe the quality information:
DHS/DFD consumer website provides information about resources, grants, QRIS, trainings and technical assistance available to providers enrolled in New Jersey's Child Care Assistance Program and/or Grow NJ Kids, quality rating improvement system, which also has its own website at <https://www.grownjkids.gov/>. DHS/DFD also posts information about grants, which is available to all providers.
- v. License-exempt non-CCDF providers. Describe the quality information:

DHS/DFD consumer website provides information about resources, grants, QRIS, trainings and technical assistance available to providers enrolled in New Jersey's Child Care Assistance Program and/or Grow NJ Kids, quality rating improvement system, which also has its own website at <https://www.grownjkids.gov/>. DHS/DFD also posts information about grants, which is available to all providers.

- vi. Relative child care providers. Describe the quality information: *Click or tap here to enter text.*
- vii. Other. Describe: *Click or tap here to enter text.*

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and licensing status.
 - iii. The total number of substantiated instances of child abuse in child care settings.
 - iv. The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe: *Click or tap here to enter text.*
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity:

For centers and family child care providers, this data is collected by the DCF Office of Licensing and Institutional Abuse Investigation Unit (IAIU). Data of serious injuries are documented on inspection reports; and DCF/OOL submits data updating Quality Performance Report (QPR). Additionally, DCF/OOL submits an annual report to DHS/DFD of serious injuries and deaths. CCR&Rs, as the sponsor agencies for OOL for registered

family child care, and DHS/DFD for Approved Homes, also obtain data for serious injuries, which is documented on inspection reports and incident reports.

Summer Youth camps are required to report accidents resulting in death or serious injury using the "Annual Accident Report Youth Camp Safety Act" form. Youth camps are required to submit this form to the Department of Health (DOH) with their renewal application as a condition of the youth camp certificate approval process. An annual report is submitted to DHS/DFD by DOH, who monitors and enforces the Youth Camp Safety Act Standard.

- ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

N.J.S.A. 9:6-8.9 defines an abused child as follows: a child under the age of 18 years whose parent, guardian, or other person having his custody and control:

- a. Inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ;
- b. Creates or allows to be created a substantial or ongoing risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted loss or impairment of the function of any bodily organ; or
- c. Commits or allows to be committed an act of sexual abuse against the child;
- d. Or a child whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as the result of the failure of his parent or guardian, or such other person having his custody and control, to exercise a minimum degree of care (1) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care though financially able to do so or though offered financial or other reasonable means to do so, or (2) in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or substantial risk thereof, including the infliction of excessive corporal punishment or using excessive physical restraint under circumstances which do not indicate that the child's behavior is harmful to himself, others or property; or by any act of a similarly serious nature requiring the aid of the court;
- e. Or a child who has been willfully abandoned by his parent or guardian, or such other person having his custody and control;
- f. Or a child who is in an institution as defined in section 1 of P.L. 1974, c. 119 (C. 9:6-8.21) and (1) has been so placed inappropriately for a continued period of time with the knowledge that the placement has resulted and may continue to result in harm to the child's mental or physical well-being or (2) has been willfully isolated from ordinary social contact under circumstances which indicate emotional or social deprivation.

A substantiated case of child abuse would be an instance of abuse as defined above that is investigated and determined to be true.

- iii. The definition of “serious injury” used by the Lead Agency for this requirement:

N.J. Statue 34:15-37.6 As used in P.L.2017, c.93 (C.34:15-37.1 et seq.), "serious bodily injury" means bodily injury which creates a substantial risk of death or which causes serious, permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.

An injury requiring professional medical care.

- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:

<https://www.ChildCareNJ.gov/Resources/Reports>

- 9.2.6 Contact information on referrals to local child care resource and referral organizations
The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

Yes.

No.

Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information.

<https://www.ChildCareNJ.gov/CCRR>

- 9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

- b. Provide the direct URL/website link to this information:

<https://www.ChildCareNJ.gov/Contact> – This information is in the footer of the website and is available on every page. We also have a Contact Us page, where a message can be sent to the NJ Division of Family Development, Office of Child Care.

- 9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments,

including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale.

https://www.childcarenj.gov/ChildCareNJ/media/media_library/Copayment_Schedule.pdf

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.

DHS/DFD partners with various stakeholders to assist with outreach efforts and inform the general public about child care services. These stakeholders include: CCR&Rs serving all 21 New Jersey counties, the Department of Education, Department of Children and Families, Department of Health, the 21 county boards of social services, the NJ Council for Young Children, the County Councils for Young Children, several universities, hospitals, and advocacy organizations. DHS/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 Services Advisory Councils (HSAC) and Child Care Aware of New Jersey (CCANJ), the CCR&Rs conduct and gather information on the child care needs of potentially 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 potentially eligible 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, community events, collaborative information sessions, technical assistance, orientation and trainings. In addition, DHS/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, Parent Brochure, Provider Handbook and Parent Handbook.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- 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 IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information.

DHS/DFD contracts with many professional development service agencies to provide best practice training, technical assistance and consumer education around children’s development – covering developmental milestones, development screening assessments and early intervention, home visitation services, supplemental nutrition assistance education, and outdoor activities. Developmental screening brochures and videos are available in English and Spanish and discuss the developmental milestones and highlight the importance of developmental screenings. For parents, DHS/DFD utilizes the CCR&Rs, contract service providers, and other state partners to make information widely available through the consumer education website, written publications, mailings, trainings, workshops, and parent engagement events. Best practices in child development are built into the mandated pre-service and progressive PD trainings for child care providers. Providers also receive technical assistance to help them effectively communicate and inform parents about research and best practices in child development. The public is informed and made aware of best practices through several consumer education and outreach strategies—collaborative partnerships, public meetings, and community events and presentations. In addition, the ChildCareNJ.gov website and Department of Human Services website has information, resources and links for parents and providers to easily access information on child development, such as NJ Parent Link which provides information and resource needs for parents.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe: *Click or tap here to enter text.*

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age:

The Center for Autism and Early Childhood Mental Health at Montclair State University, has been in contract with the Division for Family Development (DFD) since 2016. This initiative, known as Socio-Emotional Formation Initiative (SEFI), provides specialized technical assistance, infant and early childhood mental health consultation, professional development, and education to improve social-emotional development and inclusion in DFD funded programs. .

SEFI activities include:

1. Professional Formation and Development
2. Consultation and Coaching
3. Collaboration with DFD Quality Initiative partners

PD and coaching include extensive work related to the Pyramid Model, including coaching support

for full implementation of the model. Furthermore, DHS/DFD, working with its partners, is launching an Early Relational Health Dashboard which will provide resources and information about early relational health in NJ. The link will be found on the NJ Child Care Website. This will provide easy access to information for providers, families and the general public.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have 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. Describe those policies and how those policies are shared with families, providers, and the general public:

DHS/DFD collaborated with DOE to implement a policy statement on preventing expulsion and suspension. The policy statement became effective in October 2018 and supports early childhood programs by providing best practices for preventing suspension and expulsion practices in early childhood settings. This policy statement affirms and supports the State's efforts to eliminate expulsion and suspension in order to support the emotional, social, intellectual, and behavioral development of all children, in all early childhood settings and at home. The policy statement is posted on DHS/DFD's consumer education website, and incorporated into the parent handbooks distributed to parents. The policy statement also is communicated during parent and provider orientations, trainings, technical assistance sessions, and provider meetings.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds:

New Jersey state law prohibits suspensions and expulsions, with certain limited exceptions, of students enrolled in preschool through grade two (N.J.S.A. 18A:37-2a).

DHS/DFD Policy Statement aligns with New Jersey's law which prohibits suspension and expulsion policy and requires all providers receiving CCDF to establish policy to prevent suspension and expulsion.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated 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 IDEA Part B, Section 619 and Part C; and,
- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

- b. 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 Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work:.

DHS/DFD increased staffing, through the CCR&Rs to include Family Engagement Specialists to provide an array of services to support families' connections and increase their understanding of child development. This includes hosting regular "Books, Balls, and Blocks" events and Parent Cafes. Both activities support early screening for developmental delays and referrals for those families who may need additional resources and follow up for any developmental concerns. These events and referrals are tracked and reported quarterly. Family Engagement Specialists provide an array of services to support families' connections and increase their understanding of child development.

No. If no, describe: [Click or tap here to enter text.](#)

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

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe:

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe:

Contract Administration staff provide ongoing technical assistance to all grantees to ensure compliance with the DHS Contract Policy and Reimbursement Manuals. The Standard Language Document (SLD) is the official "contract" and incorporates all DHS/DFD contract terms, conditions, and requirements, as well as all Request for Proposal (RFP) requirements. The SLD document also sets forth the responsibilities, obligations, and rights of the parties and captures the signatures of the contracted parties. The Annex A establishes the program specific requirements including the level of service and program

reporting requirements. The Annex B is the official budget and once approved requires strict adherence to the modification policy in order to execute any changes.

DHS/DFD program, fiscal, and contract staff meet regularly to discuss and review contracts. Additionally, DHS/DFD's team collectively meets with service providers to go over contracts, spending, and modifications. DHS/DFD has multiple levels of review and signoff requirements for contract approvals and modifications.

Multiple staff within Budget Operations, Contracts, and Financial Reporting review and have different levels of approval to ensure fiscal Integrity.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe:

DHS/DFD contracts with a service provider to administer an automated time and attendance system and issue electronic payments to child care providers. The billing record process is automated and coordinated between the eligibility and payment systems with DHS/DFD oversight. For example, prior to authorizing payment, a provider and parent agreement, which outlines the authorized rate, numbers of care days, and authorized period of service must be signed.

To ensure timely payment, DHS/DFD requires service providers to have the following procedures in place, including but not limited to:

- Written payment processes and procedures established for staff handling fiscal activities, including outlining internal controls to ensure separation of payment authorization and eligibility determination roles.
- Performance standard timelines for quick resolution of payment discrepancies within two pay cycles.
- Tracking and monitoring of payment discrepancies.
- Contract Fiscal staff review payment reports to ensure all payment requests were paid.

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe:

Financial reporting staff reviews expenditure reports submitted from internal and external sources for reasonableness and accuracy. Staff then enters the expenditures into an Excel spreadsheet which aligns with the categories in the ACF 696. Once complete and reviewed by supervisory staff the information is then entered into OLDC for management approval and submission to ACF.

- d. Other. Describe:

- The Division is audited by various federal, state, and private entities including the annual, federal single audit, the Office of State Comptroller (OSC), the State Auditor (SA), the Office of Inspector General (OIG), etc.
- Budget Operations submits quarterly spending plans to the Department of Human Services and period plans to the NJ Office of Management and Budget (OMB, Treasury).

- Fiscal staff participate in the bi-weekly meetings with the child care automated systems vendor.
- Fiscal staff hold quarterly meetings with the fiscal officers from the 21 County Social Service Agencies (CSSA).
- Fiscal staff participate in the periodic meetings with the Child Care Resource & Referral (CCR&R) agencies.

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe:
The Division updates the compliance and review of the internal controls process with the Department of Human Services and the Office of Management & Budget (OMB)/Treasury
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe:
Fiscal staff conduct a variety of internal reconciliations to ensure the accuracy of reporting and data entry and submission
- c. How the results inform implementation. Describe: .
Fiscal operations staff participate in periodic meetings with CCR&R, CSSA, and all internal fiscal and program units to ensure that fiscal reporting and review is consistent and accurate.
- d. Other. Describe: *Click or tap here to enter text.*

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe:
 - Fiscal meets with program staff on a regular basis to determine areas of current and possible future concern.
 - As part of the provider service monitoring process, DHS/DFD reviews certain policies and procedures to measure correctness or barriers of policy interpretation and implementation. Reports are reviewed and collaborative cross unit meetings are held to review agencies' administrative oversight and contract processes, and to assess effective internal controls are in place such as systems, processes, and payment issuance and delegation. DHS/DFD's respective units conduct financial oversight reviews. Fiscal, Contract Supervisor and Contract Manager all do an assessment and thorough review of the budget, modifications, and expenditure reports. The Office of Program Compliance reviews payment accuracy through desk audits and discusses findings with child care operations supervisory staff. DHS/DFD created a PowerPoint, "DHS/DFD Best Practice Child Care DeskTop Guide" to support program field staff and provide technical assistance to CCR&R agencies.
- b. The frequency of each risk assessment. Describe:

- The Chief Fiscal Officer meets with all other senior staff (Program, IT Support, Quality Control, Management Evaluation, etc.) on a weekly basis.
 - Fiscal conducts other meetings on important fiscal issues on an as-needed basis.
 - DHS/DFD meets regularly with the service agency providers to discuss policies and provide ongoing onsite technical assistance to aid in implementation. Regularly scheduled webinars led by DHS/DFD staff are also used to provide technical assistance on required scope of work, budget authorized allocations and new policies and procedures. Joint in-person training occurs when policy implementation involves other state agencies outside of DHS/DFD.
 - DHS/DFD also meets regularly with and distributes policy communications to relevant State departments and vendors to ensure program integrity.
 - Quarterly reviews of expenditures are collected and reviewed, annual fiscal reviews are conducted, and annual contract budgets are reviewed and discussed with service providers.
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe:
- Risk assessment is discussed at the aforementioned weekly Senior Staff meetings and in other meetings, as needed.
 - DHS/DFD receives monthly reports from its service providers as one approach to risk management. Data and trends are shared with service providers to discuss opportunities, improve data integrity, and help inform policy and/or future investments or address gaps
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe:
- Once policies are finalized, DHS/DFD meets with the service providers to discuss operational concerns, opportunities, and provide feedback on new policies and/or services. Designated specialists are assigned to ensure that the entire agency is educated on new policies and initiatives.
 - DHS/DFD staff members also attend county level meetings with partners and stakeholders where policies and initiatives are discussed.
 - The effectiveness of risk assessment processes discussed at the aforementioned weekly senior staff meetings, and in other meetings as needed.
 - Additionally, the effectiveness is assessed through the various audits conducted on the Division.
- e. Other. Describe: *Click or tap here to enter text.*

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

i. Describe the training provided to staff members around CCDF program requirements and program integrity.

DHS/DFD provides routine trainings at the monthly and quarterly meetings when releasing new guidance, policy, or program changes; and offers ongoing technical assistance, as well as trainings through webinars or other methods as needed. CCR&R agencies have designated lead trainers and policy specialists that meet with DHS/DFD staff monthly, as well as participate in small workgroups to discuss policies and review targeted technical assistance.

ii. Describe how staff training is evaluated for effectiveness:

CCR&R representatives are part of a policy workgroup that provides input for policy development. Once policies are finalized, DHS/DFD meets with the CCR&Rs to discuss operational concerns and feedback on these new policies. Each CCR&R has a designated policy specialist to ensure that all staff are educated on new policies. Additionally, DHS/DFD use surveys to solicit feedback and help inform the effectiveness of trainings. DHS/DFD staff members also attend county provider meetings where policies are discussed.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs:

Any identified risks as determined by timeliness of reports, contract documents, audits, audit findings, key staff turnover, and other information are used to inform future needs—trainings, targeted technical assistance, additional supports, and best practices. Any identified trends, systemic issues, and/or relevant policies and procedures are analyzed/evaluated. The data is utilized to undertake additional research of key issues, and identify strategies to address and correct these issues to improve outcomes.

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity:

DHS/DFD's policy manual details operating procedures for service providers on how to communicate policies to child care providers. Different modes of communication are utilized; such as calendars with scheduled trainings, which require registration. Webinars and in-person trainings also require registration. The majority of webinars are recorded and posted. Providers can submit questions, which are posted as a FAQ and made available on the provider portal. Training offerings are assigned course codes and are tracked in the NJCCIS Workforce Registry management system. All training attendance records, certificates and documentation can be uploaded from the outside to an individual attendee's profile record in the NJCCIS. In addition, DHS/DFD staff are available to present and clarify policy-related TA and training requirements/updates during provider meetings, as needed.

- ii. How does the Lead Agency ensure the provider training is effective? Describe

DHS/DFD collaborates with other State agencies and state and regional PD service providers who provide training to inform/disseminate program expectations and related policy information to provider partners. DFD also contracts with the local CCR&R's responsible for training, informing, and disseminating program expectations to providers at the local level. CCR&R's apply measures of quality assurance reviews through data sampling, and analyze and conduct measures of monitoring and case reviews to verify program integrity.

DHS/DFD also employs a variety of modes within our office that providers can use to communicate their concerns—i.e. dedicated Provider email boxes and a dedicated Provider help-phone line. These modalities allow DFD staff to directly provide guidance and reiterate program policy and expectations. Throughout this variety of communication modes, DFD is able to quickly respond/communicate, and ensure that providers are trained and clear about program expectations and integrity. In addition, training evaluations, Q&A sessions and surveys are routinely used approaches to help solicit feedback and gather information about the effectiveness of provider training.

- iii. Describe how provider training is evaluated for effectiveness:

Training evaluations are completed for all courses offered by DHS/DFD contracted partners. Evaluation functionality has been programmed through the NJ Workforce Registry (NJCCIS) so that training agencies can easily administer post-training evaluations to training participants. The data collected from the evaluations are used to inform updates and revisions to training for continuous quality improvement. For some training topics, an additional evaluation is administered two weeks after the training session was completed to receive input from training participants on how the training has been applied in their everyday work.

- iv. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs:

Any identified risks as determined or discovered through monitoring, inspections, meetings, or communicated by partners or stakeholders, and other information are used to inform and identify training and targeted technical assistance needs. Any trends or systemic issues identified, or misinterpretation of policies also are used to inform ongoing provider training needs.

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

The DHS/DFD Evaluation and Program Compliance Unit shares the triennial report and results with Child Care Operations and CCR&Rs staff. This provides an opportunity to discuss the errors, determine if changes are needed to policy, and determine technical

assistance (TA) needs. Additionally, a similar monitoring tool is used annually and a desk guide of best practices was also created based upon the monitoring that is discussed and shared with CCR&Rs. The results help craft DHS/DFD's and CCR&R on-going reviews and assist in evaluating the accuracy of the CCR&R quarterly Quality Assurance (Q&A) reports.

- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

The governance within DHS/DFD to oversee various aspects of the contract consists of staff from Operations, Contracts, Fiscal, and Evaluations. Findings are discussed amongst the group to identify risks and employ strategies to address findings. A collective plan of action and activities are developed to mitigate and establish preventive measures including new policy and procedures, system modifications, development of reports, and targeted monitoring and technical assistance. Additionally, contract unit staff monitor audit findings and results for several years to ensure there are no weaknesses in internal controls.

- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls.

The results from the triennial improper payment monitoring are summarized for ACF on the ACF 404 report. Internally, the information is shared with the DHS/DFD's Managers of the Office of Child Care who oversee the Child Care Resource and Referral (CCR&R) agencies so the errors can be discussed/analyzed and addressed with technical assistance. Additionally, a desk guide of best practices is also created based upon the monitoring that is discussed and shared at the CCR&R Director's meeting. The results also help craft DHS/DFD's internal on-going CCR&R reviews and assists in evaluating the accuracy of the CCR&Rs quarterly Quality Assurance (QA) reports.

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.

Over the past three years, DHS/DFD has undergone several audits to address any identified weaknesses in DHS/DFD's internal controls. DHS/DFD has written procedures for all processes. Duties are separated with at least three people involved in every transaction. All transactions are reviewed and approved by a Supervisor and Manager and reconciled to source documents so that any discrepancies are identified and corrected. Closeouts are conducted independently using source documents and reconciled back to internal documents. Independent reports of transactions are run routinely and reconciled to internal records. Contract and fiscal files are stored on secure network drives and full access is restricted to only those staff who need access to perform their job duties. All contract funds are approved by the Budget Office and all payments are approved by the Accounting Office, which is not within the Contracts unit, and provides check and balance.

- Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? *Click or tap here to enter text.*

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. 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)).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

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 which match the applicant/recipient. 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 CCR&Rs to review cases. The Wage Match process identifies reported income. During this data match against Department of Labor data, underreported income may be discovered with the most common being a second job or income.
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
- b. Run system reports that flag errors (include types).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

DHS/DFD utilizes these reports to help determine program compliance and determine if TA is needed to inform better practice:

Monthly Authorized Agreement Reports - utilize a 12-month eligibility period to review the number of agreements per Home-based provider, ensure providers are not over capacity, and assess timeliness of the CCR&R in processing cases within a 45-day period.

Terminated Reports - to review if cases were properly terminated, and the correct termination code was utilized.

Redetermination Age Reports - to ensure redeterminations are being completed timely and correctly.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

These reports help determine program activity accuracy and determine if TA is needed to inform better practice:

Monthly Authorized Agreement Reports - utilize a 12-month eligibility period to review the number of agreements per Home-based provider, ensure providers are not over capacity, and assess timeliness of the CCR&R in processing cases within a 45-day period.

Terminated Reports - to review if cases were properly terminated, and the correct termination code was utilized.

Redetermination Age Reports - to ensure redeterminations are being completed timely and correctly.

- c. Review enrollment documents and attendance or billing records.

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:.

DHS/DFD utilizes an Attendance Calendar Enrollment Report, which tracks and monitors attendance, and provider utilization of reporting data. As of March 2020, payment is based on enrollment, and providers are required to report children's absences.

CCR&RS are responsible for authorizing payment and reviewing the Attendance Transition Reports to determine compliance with the program policy requiring providers to use the system to document attendance.

This process can help identify a pattern of excessive absences, and assess the need for outreach to a family to determine if additional support and/or resources are needed to improve attendance.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

DHS/DFD utilizes an Attendance Calendar Enrollment Report, which tracks and monitors attendance, and provider utilization of reporting data. As of March 2020, payment is based on enrollment, and providers are required to report children's absences.

CCR&RS are responsible for authorizing payment and reviewing the attendance

transition reports to determine compliance with program policy requiring providers to use system to document attendance to help identify patterns of excessive absences.

If a program violation is discovered, further research or investigation is required to identify cause and detail corrective plan of action, which may result in policy clarification, training and/or technical assistance, and/or recoupment if finding is improper payment.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

DHS/DFD utilizes an Attendance Calendar Enrollment Report, which tracks and monitors attendance, and provider utilization of reporting data. As of March 2020, payment is based on enrollment, and providers are required to report children's absences.

CCR&RS are responsible for authorizing payment and reviewing the attendance transition reports to determine compliance with program policy requiring providers to use system to document attendance to help identify patterns of excessive absences.

The collective approach used by DHS/DFD and the CCR&Rs engaged in this process provide opportunities to review the effectiveness of internal controls and accuracy of applying rules according to policy. Results will determine action steps required, such as the need for technical assistance, system modifications, and/or revision of reports.

- d. Conduct supervisory staff reviews or quality assurance reviews.

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

DHS/DFD has a multi-level review process, which consists of DHS/DFD's quality control and assurance staff as first level reviewers, and supervisors as second level reviewers. Quarterly case file reviews are also conducted to ensure eligibility determination and policy implementation are correctly applied and based on program rules. The results of these findings are shared with child care operation staff, who provide technical assistance to CCR&Rs and determine appropriate actions to address issues and/or develop an improvement plan.

Additionally, CCR&Rs are responsible for conducting quarterly internal reviews and sharing their findings with DHS/DFD. The results of these findings are reviewed and discussed with the program managers at the county level. In cases where there are areas of concerns, technical assistance and training is provided. DHS/DFD utilizes standardized tools to conduct reviews to achieve

statewide consistency. CCR&Rs are also provided with a standardized template to document and report case file review findings. Through both approaches, the results of the findings are shared with all staff to keep everyone informed, identify systemic or isolated errors, and provide an opportunity for continuous improvement. DHS/DFD and CCR&R staff work together to determine any technical assistance or training needs to address areas of concerns, and employ strategies to minimize errors. These activities yield improved and targeted technical assistance and continuous quality improvement to minimize and/or eliminate errors.

e. Audit provider records.

i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

Provider record audits can identify intentional program violations. Examples of specific activities include deliberate falsification of a license, registration, or certificate; knowingly submitting false information resulting in operating without state and local permits; or submission of false enrollment/attendance resulting in improper payment if children are not actually in care.

When any of these activities occurred, DHS/DFD involves relevant agencies to implement cross-agency coordinated efforts. This approach allows for immediate information sharing, communication, and monitoring, as well as quickly identifying needs for policy development, technical assistance and/or corrective actions

ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

During audits of provider records, to review the effectiveness of internal controls and ensure rules are applied correctly, common unintentional program violations, such as misinterpretation of program policies or lack of awareness of new or amended regulations are discovered. In these instances, DHS/DFD works closely with CCR&Rs to develop targeted trainings and technical assistance to improve communication/dissemination of information. Targeted policy cross-agency collaboration meetings are also held with each respective state agency (DHS, DCF and DOH) along with CCR&R s to go over new regulations, and/or relevant policies requiring clarification. On-site meetings are held with providers to discuss findings from audits and discuss program operations. These meetings provide opportunities to better understand the cause(s) of audit findings and identify next steps—i.e. providing targeted technical assistance on policies, outlining written corrective action steps, and offering hands-on provider support to minimize risk.

iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

DHS/DFD's quality control and quality assurance unit reviews payment transactions, while the CCR&Rs review and conduct analysis of payment discrepancy. DHS/DFD staff also review attendance reports for unusual reporting or transactions to assess accurate payment calculations. The results help assess if effective internal controls are in place and if TA is necessary, as well as help identify

discrepancies and action needed to correct any improper payments. Timely record reviews help quickly discover and/or address attendance/payment discrepancies.

f. Train staff on policy and/or audits.

i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

Training staff on program policies and sharing audit findings help staff become much more knowledgeable and accurate in applying policies to minimize errors. Audit findings are used to pinpoint targeted areas to address, identify needed strategies to closely monitor/evaluate improvement, and ensure internal controls are effective. Ongoing education to promote policy awareness and understanding, along with targeted technical assistance are key strategies to help agencies identify risk and prevent errors. Policy clarification training, monitoring and sharing audit findings are best practice strategies to assist in prevention of program violations and are effective methods to quickly catch errors. DHS/DFD and CCR&R staff work together to determine any technical assistance or training needs to address areas of concern and minimize errors.

ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

Training staff on program policies and sharing audit findings help staff become much more knowledgeable and accurate in applying policies to minimize errors. Audit findings are used to pinpoint targeted areas to address, identify needed strategies to closely monitor/evaluate improvement, and ensure internal controls are effective. Ongoing education to promote policy awareness and understanding, along with targeted technical assistance are key strategies to help agencies identify risk and prevent errors. Policy clarification training, monitoring and sharing audit findings are best practice strategies to assist in prevention of program violations and are effective methods to quickly catch errors. DHS/DFD and CCR&R staff work together to determine any technical assistance or training needs to address areas of concern and minimize errors.

iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

Training staff on program policies and sharing audit findings help staff become much more knowledgeable and accurate in applying policies to minimize errors. Audit findings are used to pinpoint targeted areas to address, identify needed strategies to closely monitor/evaluate improvement, and ensure internal controls are effective. Ongoing education to promote policy awareness and understanding, along with targeted technical assistance are key strategies to help agencies identify risk and prevent errors. Policy clarification training, monitoring and sharing audit findings are best practice strategies to assist in prevention of program violations and are effective methods to quickly catch errors. DHS/DFD and CCR&R staff work together to determine any technical assistance or training needs to address areas of concern and minimize errors.

g. Other. Describe the activity(ies): *Click or tap here to enter text.*

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney):

[DHS/DFD contracts with the CCR&Rs to manage improper payments, and for pursuing overpayments through the establishment of repayment agreements. Additionally, through DHS/DFD's child care Wage Match process and recently established fraud investigation unit, DFD along with CCR&Rs are jointly responsible for pursuing fraud and overpayments.](#)

- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

[Overpayment of \\$100 or greater will be reviewed, investigated and handled through the recovery process effective July 2024.](#)

- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)

- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

[Once an overpayment is established, the CCR&R will inform the parent and together the CCR&R and parent will agree on a repayment plan. The repayment plan will be entered into the DHS/DFD system \(ONETrac\) to monitor payments.](#)

- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)

- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

Recovery of payment is requested from the NJ Set-Off of Individual Liability (SOIL) system after a parent is 120 days delinquent. During this period, following numerous outreach attempts by the CCR&R with an opportunity to modify the repayment agreement, the CCR&R will then enter the recovery request into SOIL.

- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis.

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-match data specific to the applicant/recipient. The Wage Match process identifies reported income data through the Department of Labor. When underreported income is discovered, it is usually income from a second job.

Through this process, reports are generated, which are submitted to the CCR&Rs who conduct further research and communicate with the applicants to gather required documentation and information. If additional income is substantiated and never reported, an analysis is conducted to determine eligibility compliance and accurate co-payment calculation. CCR&Rs establishes repayment agreements if the findings result in payment calculation error.

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: .

DHS/DFD's Fraud Identification and Recovery Management (FIRM) will begin tracking and collecting all debt effective July 2024. The CCR&Rs will investigate debt within their county.

- viii. Other. Describe the activities and the results of these activities: *Click or tap here to enter text.*

- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: .

Overpayment of \$100 or greater will be reviewed, investigated, and managed through the recovery process.

- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: .
Once an overpayment is established, the CCR&R will inform the parent and together the CCR&R and parent will agree on a repayment plan. The repayment plan will be entered into the DHS/DFD system (ONETrac) to monitor payments.
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
Recovery of payment is requested from the NJ Set-Off of Individual Liability (SOIL) system after a parent is 120 days delinquent. During this period, following numerous outreach attempts by the CCR&R with an opportunity to modify the repayment agreement, the CCR&R will then enter the recovery request into SOIL.
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
DHS/DFD's Fraud Identification and Recovery Management (FIRM) will track and collect all debt effective July 2024. The CCR&Rs will investigate debt within their county.
- viii. Other. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

- No.
- Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
Overpayment of \$100 or greater will be reviewed, investigated, and managed through the recovery process.

- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis. *Once an overpayment is established, the CCR&R will inform the parent and together the CCR&R and parent will agree on a repayment plan. The repayment plan will be entered into the DHS/DFD system (ONETrac) to monitor payments.*
 - iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: *Recovery of payment is requested from the NJ Set-Off of Individual Liability (SOIL) system after a parent is 120 days delinquent. During this period, following numerous outreach attempts by the CCR&R with an opportunity to modify the repayment agreement, the CCR&R will then enter the recovery request into SOIL.*
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - viii. Other. Describe the activities and the results of these activities: *Click or tap here to enter text.*
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: *A substantiated case of program violation (false or misleading or deliberate misrepresentation of information) will result in the suspension or disqualification of the child care subsidy and make the parent/applicant ineligible to apply/ reapply for and/or receive subsidized child care for a specified period of time depending upon the number and type of violations. The policy allows potentially for up to three instances of violations at 1-month, 3-months and 12-months (with the exception of substantiated fraud) before potential permanent disqualification.*

It is the right of every parent who receives a disqualification or suspension notice to request a review of their case by the CCR&R and/or DFD. The CCR&R must inform the parent in writing of his/her right to request a review. A timely request must be made within ten (10) days of the date of the notice for a CCR&R review.

Administrative Review requests, handled by DFD's Bureau of Administrative Review and Appeals (BARA), can be requested without a CCR&R case review; or if the parent is not satisfied with the decision of the CCR&R Review Committee. The request must be submitted within 90 calendar days of receiving the notice or letter about the action.

- ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis:

Providers are subject to disqualification for the following reasons:

- Failure to have an active license, registration, approved certification
- Failure to comply with Child Care Assistance Program rules, including CCDBG Health and Safety requirements or underenforcement
- Falsification of required documents
- Posing an imminent danger to children
- Providing false, misleading, or deliberate misrepresentation of required information in connection with eligibility or payment or grant

Providers have the right to appeal the action in question, which can be reviewed by the county CCR&R responsible for the decision, and must submit a request in writing within ten days of the effective date of the adverse decision. They may also have an adverse decision reviewed by DHS/DFD in place of, or in addition to, the case review conducted by the county CCR&R. This request must be made within 90 days of the date of the original notice of adverse action.

- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- iv. Other. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

Appendix 1: Lead Agency Implementation Plan

For each non-compliance, Lead Agencies must describe the following:

Action Steps: List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:

- **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
- **Expected Completion Date:** List the expected completion date for the action step.

Overall Target Date for Compliance: List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		