

# Child Care and Development Fund (CCDF) Plan For New Jersey FFY 2022-2024

---

## 1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

### 1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: The Department of Human Services (DHS), Division of Family Development (DFD)

Street Address: New Jersey Department of Human Services, P.O. Box 716

City: Trenton

State: New Jersey

ZIP Code: 08625-0716

Web Address for Lead Agency: <http://www.nj.gov/humanservices>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Sarah

Lead Agency Official Last Name: Adelman

Title: Acting Commissioner of the NJ Department of Human Services

Phone Number: (609) 292-3717

Email Address: [Sarah.Adelman@dhs.nj.gov](mailto:Sarah.Adelman@dhs.nj.gov)

### 1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Natasha

CCDF Administrator Last Name: Johnson

Title of the CCDF Administrator: Assistant Commissioner of the Division of Family Development

Phone Number: 609-588-2401

Email Address: natasha.johnson@dhs.nj.gov

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

CCDF Co-Administrator First Name: Margaret

CCDF Co-Administrator Last Name: Milliner

Title of the CCDF Co-Administrator: Assistant Director, Office of Child Care Operations

Description of the Role of the Co-Administrator: Margaret Milliner oversees and administers the New Jersey Child Care Subsidy Program at the Division of Family Development, Department of Human Services

Phone Number: 609-588-2163

Email Address: margaret.milliner@dhs.nj.gov

## 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 (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

- a. All program rules and policies are set or established at the state or territory level. 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:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

C. Other.

Describe:

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

- C. Other.

Describe:

vi. Quality improvement activities, including QRIS are set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

- C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

**1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. 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. Who conducts eligibility determinations?

- CCDF Lead Agency

- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency

- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

Payment- the State has a contract with Conduent, a third party vendor to process and issue payments to providers through an electronic payment system. Monitoring - the New Jersey Department of Children and Families through its Office of Licensing (DCF/OOL) monitors licensed providers. The New Jersey Department of Health (DOH) monitors summer youth camps.

**1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:**

Written agreements. 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 (98.11(a)(3)).

- Tasks to be performed
- Schedule for completing tasks
- Budget which itemizes categorical expenditures in accordance with CCDF requirements
- Monitoring and auditing procedures
- Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

DHS/DFD is the Lead Agency responsible for overseeing and monitoring the administration and implementation of the child care subsidy program at the State and local level. Child care assistance - including application assistance and eligibility determinations and other services



to families and providers are administered at the county level by Child Care Resource and Referral (CCR&R) agencies, under the supervision DHS/DFD, and through various contracts or memoranda of agreement (MOAs) with service providers, such as: community-based agencies, local and state government and higher education institutions for certain services. Written agreements outline and establish non-negotiable obligations, responsibilities and rights language. The contract/MOA components consist of standard language, scope of work, performance measures and expected standards, timeframes to achieve task, as well as budgets with itemized categories. The governance within DHS/DFD to oversee various aspects of the contract/MOA consist of staff from, operations, contract, fiscal and evaluations. Each respective unit is responsible for oversight and management of its respective area, such as direct services, spending, administrative management and program integrity. The four major units coordinate their efforts to ensure compliance with the terms and conditions of the Contract/MOA. All service providers are required to submit monthly and quarterly programmatic and expenditure reports, which are reviewed to make sure approved services and expenditures are within allowable limits and made to eligible persons in accordance with all specifications contained in Contract/MOA. Additionally, internal collaborative meetings are held quarterly to review performance measures and spending. Monthly, quarterly and annual reviews are conducted to evaluate compliance with the terms and condition of the agreements; as well as to determine if performance measures are met. Activities are reviewed monthly, and are tracked and monitored by DHS/DFD staff. In addition, service providers are required to submit an organization-wide audit annually, and DHS/DFD select agencies to undergo audits as well.

**1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).**

**Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.**

New Jersey's standard contract language requires any code or software for child care information systems or information technology for which DHS/DFD funds were or are used to develop, must be made available on request to DHS/DFD or authorizes for their use in administering child care or related programs. Additionally, the State of New Jersey reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish or otherwise use any system, software or work or materials developed under a Department or federally funded contract or subcontract. DHS/DFD also reserves the sole right to authorize others to reproduce, publish or otherwise use any work or materials developed under said contract/MOAs.

**1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).**

**Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.**

DHS/DFD is a covered entity pursuant to the Health Insurance Portability and Accountability of 1996, 42 U.S.C.A. §1320d et seq. (HIPAA); 45 CFR Parts 160 and 164. DHS/DFD contract requires HIPAA agreement and compliance before a provider service agency obtains or is permitted to access to, create, maintain or store Protected Health Information (PHI. Agencies contracted with DHS/DFD are required to ensure that assistance and services are provided in the least restrictive, most appropriate setting to ensure privacy and confidentiality. Child care regulations require that information about parents/applicants for child care service programs shall be used and disclosed only for the purposes directly connected with the administration of child care service programs and as otherwise permitted or required by law. The Department of Human Services standard language contract document requires community-based agencies to treat all personal records of service

applicants and recipients in accordance with all applicable federal and State legislation and regulations, including Executive Orders, governing access to and maintaining the confidentiality of records. DHS/DFD also has specific policies related to the storage and destruction of both personally identifiable information and federal tax information

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

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

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

#### Consultation

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

**1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.**

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

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 consulted with local government regarding the Plan through general discussions with the county boards of social services directors during various regular monthly meetings on issues; especially on 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 and shared 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 an active member of New Jersey's State Advisory Council, (Council for Young Children) and provides regular updates. Certain sections of the State Plan were shared with the Council to provide recommendations and some Council members participate in State Plan development workgroups. The workgroups discussed the Plan, helped draft policy recommendations for consideration, and reviewed implementation steps toward completion. The Council was also provided with a draft copy of the entire State Plan for comment prior to submission of the final State Plan .

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

N/A

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

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 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).**

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 06/03/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 05-13-2021

*Reminder:* Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please 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](http://www.ChildCareNJ.gov). In addition, written notice of the State Plan Public

Hearing was provided to the broad child care community, including Child Care Resource and Referral Agencies and a direct email was sent to licensed/registered child care providers. Parents were provided notice through parent advisory groups including Child Care Aware of New Jersey (CCANJ) and New Jersey Council for Young Children

d) **Hearing site or method, including how geographic regions of the state or territory were addressed.** State Plan Public Hearing was held virtually using a video meeting platform to adhere to COVID-19 Health and Safety Guidelines. This platform readily accommodated all geographical regions of the state and there were multiple sessions to ensure all comments were obtained.

e) **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.)** New Jersey's Lead Agency made the draft State Plan available for viewing to the public through New Jersey's Child Care website, [www.ChildCareNJ.gov](http://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 groups including Child Care Aware of New Jersey and the New Jersey Council for Young Children.

f) **How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?** In development of the State Plan, New Jersey's Lead Agency worked in conjunction with representatives from other state agencies - the Department of Health (DOH), the Department of Children and Families's Office of Licensing (DCF/OOL), the Department of Human Services's 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's input. Also all information provided by the public during the State Plan Public Hearing was reviewed and considered before the Plan was finalized.

**1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)**

a) **Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is**

posted is changed.

The plan and dates for the public hearing will be posted on the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website

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

Working with advisory committees.

Describe:

A 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.

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 will proactively notify providers and the general public about the public hearing date and opportunity to comment

Providing translation in other languages.

Describe:

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

The plan and dates for the public hearing will be posted on the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website, shared on DHS social media and sent via email.

- Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

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 e-mail, meetings and postings on websites.

- Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

- Other.

Describe:

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

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

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

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

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



receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;
- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

Department of Human Services (DHS) is New Jersey's largest State agency comprised of eight divisions responsible for numerous programs and services designed to support and provide services to individuals and families. The Division of Family Development (DFD) one of the Divisions within DHS is the State agency responsible for TANF/General Assistance, SNAP, Child Support, Child Care and Refugee Resettlement. These safety net programs provide critical services for individuals and families to improve their well being, health, development and economic growth. DHS/DFD contracts with local county boards of social services and municipal governments to provide a variety of supports to families accessing programs at the local level (i.e., TANF, SNAP, and Medicaid). DHS/DFD utilizes the CCR&Rs, located in every county, to manage the child care subsidy program. Services provided include but are not limited to, subsidy application and eligibility management, consumer education, technical assistance and training, and resource and referrals. The county boards of social services coordinate with the local CCR&Rs to help families receiving social service supports, such as TANF, SNAP and Medicaid benefits quickly access child care services. This is achieved through a streamlined continuity of care process. For example, families receiving services through the county boards of social services and needing child care are referred to the CCR&R agencies for child care services. Once the CCR&R receives a written referral, or an authorization of care is coded into a shared system; the family is provided with consumer education to identify the best type of care to meet their family's needs, such as fulltime care to support working families. The coordination of care between the county boards of social services and CCR&Rs aligns with the goal of a twogenerational approach, thus providing critical social service supports for the family and comprehensive continuity of child care services for the child. As a state supervised and countyadministered state, DHS/DFD works closely with all community based agencies to facilitate concordance

with program goals.

ii. [State Advisory Council on Early Childhood Education and Care or similar coordinating body \(pursuant to 642B\(b\)\(1\)\(A\)\(i\) of the Head Start Act\). Describe the coordination goals, processes, and results:](#)

Order in 2010 to serve as the Governor's state advisory council for early care and education as authorized in the Improving Head Start for School Readiness Act of 2007. The Council consists of 25 members and is made up of the state's early education and care stakeholders across disciplines of education, health, and human services. The overarching goal of the council is to increase the quality of early learning and development experiences for infants and young children in a coordinated system of comprehensive services. The Council provides recommendations to the Interdepartmental Planning Group, which reports to the Early Learning Commission, to enhance the coordination and quality of early childhood systems from pregnancy through age 8. The Interdepartmental Planning Group (IPG) consists of the administrators from five state departments - Department of Education (DOE - Division of Early Childhood Education, Offices of Special Education and Title One, Homeless and Migrant Education, Head Start), Department of Human Services (DHS - Division of Family Development), Department of Health (DOH - Office of Early Intervention), Department of Labor and Workforce Development (DOL - Strategic Planning and Outreach), and Department of Children and Families (DCF - Offices of Licensing, Child Protection and Permanency, Family and Community Partnerships). The Council has been instrumental in identifying barriers to quality and building bridges to maintain and enhance quality in early care and education systems. The Council is the group that collects the background information about optimal programs and services, develops materials, makes policy recommendations, and sets the early education and care agenda. Through this feedback and input loop, DHS/DFD considers the feasibility of each recommendation.



[Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.](#)

iii. [Indian tribe\(s\) and/or tribal organization\(s\), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe\(s\) was \(were\) consulted:](#)

N/A

N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool).

Describe the coordination goals, processes, and results:

DHS/DFD works closely with the Part C and Part B 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 meets quarterly to update and exchange information regarding early childhood and child care services. The IPG meetings representative of five state agencies and the Head Start Collaboration Office create an opportunity to stay informed of cross agency priorities and collaborate on common projects. DHS/DFD contracts with the Statewide Parent Advisory Network (SPAN) responsible for working with child care, communitybased and public pre k providers. SPAN provides information, resources, technical assistance and training that covers topics such as, screening, early identification, family rights and inclusion. Print and digital materials were developed and funded through DFD as a collaborative effort of the New Jersey School Age Care Coalition (NJSACC) and the 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 our communities and society. This collaboration of key stakeholders addresses systemic challenges and creates a statewide sustainability process to problemsolve, standardize practices and develop innovative ways to support programs that better meet the needs of families. In addition, through a statefunded initiative through the Division of Deaf and Hard of Hearing (DDHH) within the Department of Human Services, children 05 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.

v. [State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:](#)

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

vi. [State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:](#)

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 Department of Children and Families, 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 schoolage children transitioning from the school year to summercamp. DHS/DFD, DOH and 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 schoolage children.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

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 OneStop 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 twogeneration activities, and discuss strategies to meet the child care community workforce needs. Through the IPG process, LWD and DHS/DFD, along with other stakeholders are collectively involved with NJ Project Harnessing Opportunity for Positive Equitable Early Childhood Development (HOPE) initiative, which is facilitated by BUILD initiative and Nemours Children's Health Systems to increase access to universal programs for children and families in Atlantic City and Bridgeton. The project aligns with DHS/DFD coordination goals to engage in collaborative solutions that focus a twogeneration strategy and establish a process of review of state agencies' policies and/or regulations that challenge access to family supportive services, such as high quality child care. DHS/DFD and LWD attend meetings to continue building collective action and shared understanding strategies to support families' economic and child care needs. Other initiatives to support the child care industry during the COVID19 public health emergency are of mutual interest also.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

Through a partnership and collaboration with Department of Education, public preK 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 prek in district and community-based pre k partners. The goals of this collaboration are to ensure children have fullday care and continuity of high quality services through a streamlined process.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

The Department of Children and Families (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 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 quality improvement system, *Grow NJ Kids*, which provides an effective process to enhance and align the quality of services for infants and toddlers through schoolage children. The goal is to incorporate the summer youth camps.

x. [State/territory agency responsible for the Child and Adult Care Food Program \(CACFP\) and other relevant nutrition programs. Describe the coordination goals, processes, and results:](#)

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 the New Jersey 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; some CCR&Rs are co located within the county boards of social services, 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 that are several coordinate efforts, which effect seamless and streamlined processes for child care 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 COVID19 PandemicEBT food assistance program quickly.

[xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:](#)

The McKinneyVento 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 government, homeless services providers, a shelter operator representative, CCR&Rs, Head Start State Collaborator, as well as the DOE McKinneyVento homeless liaison to develop a policy to make access to child care easier for families experiencing homelessness. McKinneyVento liaisons provided training to CCR&Rs to provide better support and more effectively serve families experiencing homelessness. Additionally, DHS/DFD provided technical assistance to the CCR&Rs regarding policy implementation and how to help communitybased homeless service agencies understand how to assist families' access 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.

[xii. State/territory agency responsible for the Temporary Assistance for Needy Families \(TANF\) program. Describe the coordination goals, processes, and results:](#)

DHS/DFD is also the State agency responsible for TANF. The 21 county level boards of social service agencies determine TANF eligibility and child care services. The county boards of social services also refer parents to the CCR&Rs to provide consumer education about the different child care provider options available, and how to look for quality child care programs and locate child care services. Some CCR&Rs are colocated with the county boards of social services 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 system 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.

**xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:**

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 check ups, immunizations and dental care. DHS/DFD and DMAHS are colocated, work closely together and jointly facilitate monthly collaborative meeting with the county boards of social services 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 boards of social services 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 boards of social services and CCR&Rs intake processes, families are screened for child care services.

**xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:**

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 ordelaying 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 boards of social services provides 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.

**xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:**

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 Subsidy Program, which includes CCDF, TANF, Public PreK, 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&Rs also work closely with local government agencies and other communitybased 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, known as Grow NJ Kids, 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 the 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 for 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.

**xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:**

NJ's Statewide Afterschool Network. NJ SchoolAge 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 implementation of the New Jersey Quality Afterschool Standards promotes and supports the development, quality continuity, and expansion of outofschool time programs. NJSACC works closely with state and local government, establishes professional development opportunities, and develops public awareness of afterschool issues. NJSACC contracts with DHS/DFD to provide support, technical assistance, training and outreach services to the schoolage care provider community. Through this partnership, NJSACC provides supports to providers, at no cost, to improve and develop the supply of quality care for schoolage care and help support programs to implement strategies to prepare children better for transitions into their schoolage programs. Professional development opportunities through the DHS/DFD Workforce Registry has expanded the schoolage program professional development offering. The goal is to increase families' accessibility to extended child care services.

**xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:**

In situations where a major disaster may be imminent, the Governor of New Jersey or his designee may declare a State of Emergency. State and local offices of emergency management (OEMs) are responsible for emergency planning and response which includes taking into consideration child care operations and providers. There is a Statewide OEM, as well as OEMs for each separate State department. Each of New Jersey's 21 counties has an OEM, as do many municipalities. The relevant OEMs work with all county and local agencies during emergencies and disasters. 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. 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 childcare 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. During the COVID19 public health emergency, this established coordination, was critical in the distribution of Personal Protective Equipment (PPE) supplies to child care providers through OEMs' coordinated efforts. The goal of this crossfunctional multilevel governance and partnership is to have sustainable process

in place before, during and after a disaster. State agencies and contracted community based providers are required to review, and update the disaster plan annually.

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

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

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 infant and toddlers. Through this partnership, ongoing discussions continue to resolve systemic issues quickly and inform partners 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

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.

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 and Child Home Visitation programs grant.

## Describe

The Maternal and Child Home Visiting programs are implemented by NJ Department of Children and Families (DCF). DHS/DFD partnership with DCF includes not only supporting the content of training on home visits for our child care community but also ensuring connection 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 selfsufficiency. If the family is returning to school or work, the home visitor will work 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 includes 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.

## Describe

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 falls under the Department of Children and Families, Division of Child Protection and Permanency (DCF/DCP&P) authority. DHS/DFD and DCF/DCP&P work closely together to make sure children receiving protective services, funded by CCDF, access comprehensive child care services, including fulltime care.

vii. Provider groups or associations.

Describe

DHS/DFD plans to expand its child care committee group and include provider group representation to better help formulate discussions, services, programs, outreach campaigns and policies that matters and address their needs.

viii. 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 family or other special circumstances .

Additionally, DHS/DFD plans to expand its child care committee group and include parent input to better help formulate discussions, services, programs, outreach campaigns and policies that matters and address their needs. State parent roundtable discussions were held to hear from parents and found it very valuable to get parent's feedback regarding their experience with DHS/DFD's child care program, policies, linkage to supportive services and child care provider decision making.

ix. Other.

Describe

### Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for 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, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start - Child Care Partnerships:

[https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)  
).

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

DHS/DFD defines combined by the money that is transferred directly assigned to CCDF and is used as we do the CCDF block grant dollars.

b) Which funds you will combine

TANFBlock Grant Funds

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

Purpose is to address the TANFlike eligible families that are receiving services through the child care subsidy program.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

Funds will be allocated based on the TANFBlock Grant transferable ceiling.

e) How are the funds tracked and method of oversight

Funds are tracked quarterly and are part of the CCDF reconciliation process.

### **1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?**

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may

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

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

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
  - i. If checked, identify the source of funds:  
State General Funds
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
  - i. If checked, are those funds:
    - A. Donated directly to the State?
    - B. Donated to a separate entity(ies) designated to receive private donated funds?
  - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent): 3



i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements? 100

## 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-

private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

**1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.**

DHS/DFD continues to partner with the Nicolson Foundation regarding quality initiatives; such as implementation of Shared Services. As a pilot, Shared Services kicked off in Essex County, and expanded to six counties funded through the Nicholson Foundation and

DHS/DFD. Through this collaboration, Shared Services alliances expanded to additional Child Care Resource and Referral agencies and Essex County serving as the hub to help develop and support formation of new alliances. DHS/DFD plans to implement Shared Services statewide.

DHS/DFD leverages its funds with PDG to expand quality initiatives focused on family engagement, developmental screening and professional development activities made available to all providers and programs participating in New Jersey quality rating improvement system, Grow NJ Kids.

DHS/DFD remains in partnership with the NJ Project Harnessing Opportunity for Positive Equitable Early Childhood Development (HOPE) - facilitated by BUILD initiative and Nemours Children's Health Systems. This initiative in collaboration with the Department of Labor Workforce Development and DHS/DFD through the IPG process works to increase access to universal programs for children and families in Atlantic City and Bridgeton. The project aligns with DHS/DFD coordination goals to engage in collaborative solutions that focus a two-generation strategy and establish a process of review of state agencies' policies and/or regulations that challenge access to family supportive services, such as high quality child care.

DHS/DFD share data, provide program updates and investments, as well as participate on committees and engage in meetings and discussions, with private advocacy, early care and

learning, non-profit organizations and philanthropists and funder groups, interested in improving and expanding quality child care, building supply, ensuring all families have equal access to quality services.

Additionally, DHD/DFD actively engage in private partnerships with organizations that supports efforts to better understand the impact of policies and programs on the developmental outcomes of at-risk infants and toddlers, such as Pritzker Children's Initiative, Early Childhood Funders Collaborative and Early Care and Learning advisory groups.

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

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including

services under 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 State.

- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

DHS/DFD contracts with 14 CCR&Rs (2 county government and 12 nonfor profit community based agencies). Resource and referral offices are located in each of the 21 counties. CCR&Rs are contracted to provide all the services identified above. Additionally, as a key quality partner to help raise the quality of providers and support programs in their efforts to improve quality services, they are expected to collaborate with other quality partners and coordinate services and activities. CCR&Rs are actively engaged with the implementation of Shared Services, formulating and supporting providers develop networks and alliances .

## 1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

**1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)**

No

Yes

If yes, describe the elements of the plan that were updated: Click or tap here to enter text.

Added additional collaborative partners, such as Regional Technical Assistance Centers and Health Consultants and continuity of care policies due to COVID19.

**1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.**

a. The plan was developed in collaboration with the following required entities:

i. State human services agency

- ii. State emergency management agency
- iii. State licensing agency
- iv. State health department or public health department
- v. Local and state child care resource and referral agencies
- vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
  - i. Procedures for evacuation
  - ii. Procedures for relocation
  - iii. Procedures for shelter-in-place
  - iv. Procedures for communication and reunification with families
  - v. Procedures for continuity of operations
  - vi. Procedures for accommodations of infants and toddlers
  - vii. Procedures for accommodations of children with disabilities
  - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

**1.8.3 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/Reports>

## 2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

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

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

## 2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

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

### **2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.**

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

### **2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.**



- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. 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
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

## 2.2 Parental Complaint Process

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

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

New Jersey residents are mandated reporters, meaning that by law anyone with a reasonable suspicion that a child has been abused or neglected is required to report it to authorities immediately. A concerned caller does not need proof to report an allegation of child abuse and can make the report anonymously. All reports of child abuse and neglect,

including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers, must be reported to the State Central Registry (SCR). The Hotline is open 24 hours a day, 7 days a week. New Jersey Child Abuse Hotline 1877NJ ABUSE 18776522873 TTY 1800835 5510. This number is listed on the [childcarenj.gov](http://childcarenj.gov) website. Parents are encouraged to discuss with the center any questions or concerns they might have. Parents may also file or make a complaint with the OOL (877667 9845) who will investigate. 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. In addition, the DHS/DFD hotline number 1800332 9227 allows anyone to report a complaint. The number connects with 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](http://www.childcarenj.gov) website). With the development of the NJ Child Care Information System (NJCCIS) website, parents will also have the option of submitting complaints online through a web based process. This system will be operational later this year.

**2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:**

**The below process and timeline for screening applies to both CCDF and non-CCDF providers, as this is a statewide process and inclusive of all provider types. New Jersey statutes concerning child abuse can be found under N.J.S.A. 9:6-1 et seq. Regulations concerning the complaint and investigation process can be found in Chapter 10 of Title 3A of the New Jersey Administrative Code.**

**State law requires that a person immediately report reasonable cause to believe that a child has been abused or neglected to the authorities. If a person believes a child is in immediate danger, they must call local police by dialing 911. However, to report a complaint, suspicion of abuse or neglect, they must call the NJ Child Abuse Hotline at**

**1-877-NJABUSE or 1-877-652-2873.**

**N.J.A.C. 3A:10-2.2(a) requires that a Division of Protection and Permanency (DCP&P) 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 DCP&P 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 that 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 the DCP&P investigator to provide a notice of the findings to affected parties within 10 days of them being made (unless for good cause approved by a supervisor).**

**DHS/DFD requires Child Care Resource and Referral (CCR&Rs) agencies to inform parents and public how and where to address complaints. CCR&Rs are responsible for documenting and tracking parental complaints initiated through their respective county-level agencies.**

**CCR&Rs are the lead agencies to investigate FCC and Approved Homes complaints within 72 hours, except those reporting serious injuries and/or danger, and investigated within 24 hours through coordination with the regulatory state agencies. DHS/DFD also have contractual agreements with the Department of Health, who oversee youth camps and Department of Children and Families, Office of Licensing responsible for child care centers. Each agency documents and tracks complaints and coordinate and communicate with DHS/DFD.**

**2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:**

**Child Care Resource and Referral(CCR&Rs) are responsible for documenting and tracking parental complaints initiated through their respective county-level agencies for both CCDF and Non-CCDF providers.**

**DHS/DFD also have contractual agreements with the Department of Health, who oversee youth camps and Department of Children and Families, Office of Licensing responsible for child care centers. Each agency documents and tracks complaints and coordinate and communicate with DHS/DFD. DHS/DFD contract provision requires compliance with document retention policies.**

**The process of investigating, documenting, tracking and maintaining parental complaints are the same for both CCDF and non-CCDF providers. Provider records maintained at each respective agencies are made readily accessible for examination by DHS/DFD, except when public access to records is restricted, in accordance with statute.**

**DHS/DFD is modifying New Jersey's Child Care Information System (NJCCIS) to capture online parental complaints. In the near future, electronic versions of these files will be available through the NJCCIS website: <https://www.njccis.com>.**

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

According to N.J.A.C. 3A:522.6, files maintained by the DCF OOL are public records and must be readily accessible for examination by any person, under the direction and supervision of DCFOOL personnel, except when public access to records is restricted, in accordance with the State Open Public Records Act or other applicable statutes. In the

future, electronic versions of these files will be available through the New Jersey Child Care Information website: <https://www.njccis.com>

## **2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:**

N.J.A.C 3A:522.6

## 2.3 Consumer Education Website

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

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the

CCDF Plan is approved will require a CCDF Plan amendment.

**2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):**

NJ has multiple state agencies that are part of the child care system. The [www.childcarenj.gov](http://www.childcarenj.gov) website pulls information and data from all relevant state agencies to present to parents and the general public about child care availability, quality and child care assistance. For example, the child care search feature allows parents/general public to search for child care in their area. They can search by zip code, program name, whether the program is centerbased or home based, whether they accept state subsidies and if they are rated or participate in Grow NJ Kids, the state's quality rating improvement system. For centerbased programs, the search results display program name, address and contact information (with a link to get directions), the program type, county, NJ DCF license number, ages served, whether they accept state subsidies and if they participate in Grow NJ Kids. For homebased settings, the full address is omitted for safety. Currently, the site links to the NJ DCF OOL for monitoring and inspection information on licensed child care centers, but we are in the process of integrating that data into individual provider search results. The [www.childcarenj.gov](http://www.childcarenj.gov) website is easy to find, as it is consistently the first result (after paid advertisements) when completing web searches for "child care in NJ" or other variations. The website is easy to navigate and has a clear definition of audiences.

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

Individual web pages on the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website can be translated into over 100 languages using translation software powered by Google Translate. Text in images, PDF files, Word documents or other document types cannot be translated by the software, however every reasonable effort is made to offer most documents posted to the website in both English and Spanish.

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

The State's Web Accessibility Policy (<https://www.nj.gov/nj/accessibility.html>) 0712 NJOIT is attached linked to from all state websites, webbased applications, and online services including the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website. The State of New Jersey is committed to making information accessible to all, including individuals with disabilities. We aim to meet or exceed the recommendations of the Web Content Accessibility Guidelines (WCAG) 2.0. The purpose of the policy is to improve the ease with which all users, including those with disabilities, can access and benefit from webbased government services and information. The website utilizes "alt tags" or "alt descriptions" and "arialabels." Alt text is the written copy that appears in place of an image on a webpage if the image fails to load on a user's screen. This text also helps screenreading tools describe images to visually impaired readers and allows search engines to better crawl and rank your website. "Ariabel" tags are on all links and buttons. This means when a screen reader encounters the object, the ariabel text is read aloud so that the user will know what it is " While developing the website, special attention was put into using plain language the development of "easytoread" and "frequently asked questions" and documents with clear, userfriendly 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) 2944356 to access any of the hotlines listed on the "Resources" page of the website (voice calls use 711 NJ Relay).

### **2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.**

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

providers, and the policies and procedures related to criminal background checks.

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

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

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

<https://www.nj.gov/dcf/families/childcare/>

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<https://www.childcare.nj.gov/Providers/CCDBG>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

<https://www.childcare.nj.gov/Providers/CCDBG>

### **2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?**

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

<https://www.childcare.nj.gov/ProviderSearch>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child



care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

Youth Camps

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

#### All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

### License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

### License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

### Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code

on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

i. All Licensed providers.

Describe

ii. License-exempt CCDF center-based providers.

Describe

iii. License-exempt CCDF family child care providers.

Describe

iv. License-exempt, non-CCDF providers.

Describe

v. Relative CCDF providers.

Describe

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

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.

Describe

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

- i. Licensed CCDF providers.

Describe the quality information:

<http://www.GrowNJKids.gov/ParentsFamilies/ProviderSearch>. The child care search feature allows parents/general public to search for child care in their area with an advanced search option to search for programs participating in or rated 3, 4, or 5 star by Grow NJ Kids, the state's quality rating and improvement system

- ii. Licensed non-CCDF providers.

Describe the quality information:

<https://www.grownkids.gov/ParentsFamilies/ProviderSearch>. The child care search feature allows parents/general public to search for child care in their area with an advanced search option to search for programs participating in or rated 3, 4, or 5 star by Grow NJ Kids, the state's quality rating and improvement system

- iii. License-exempt center-based CCDF providers.

Describe the quality information:

- iv. License-exempt FCC CCDF providers.

Describe the quality information:

- v. License-exempt non-CCDF providers.

Describe the quality information:

- vi. Relative child care providers.

Describe the quality information:

- vii. Other.

Describe

**2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. 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 state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).**

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring 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). Note: This option is only allowable if the state/territory 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.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

Date of inspection

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:

Inspection citations (including health and safety violations) are currently listed on DCF/OOL inspection reports. DHS/DFD and DCF/OOL are working together to update the search feature to integrate the monitoring and inspection report information into the child care search results to make violations more visibly displayed.

Corrective action plans taken by the state and/or child care provider.

Describe:

When a violation is cited, inspection reports contain a plan of corrective action for the specific violation, as well as clear dates for abatement and subsequent followup inspections to ensure compliance.

A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

<https://childcareexplorer.njccis.com/portal/>

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

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

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

Plain language is defined as writing that is clear, concise, wellorganized and follows best practices appropriate to the subject or field and intended audience. DHS/DFD receives feedback about the readability of reports through the Child Care helpline, 1 (800) 3329227. The [www.childcarenj.gov](http://www.childcarenj.gov) website also allows the public to submit comments.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

Monitoring and inspections reports can be found at:

[https://data.nj.gov/childcare\\_explorer](https://data.nj.gov/childcare_explorer). For a list of inspection reports, the user may leave all search boxes blank and click the "Submit" button. In order to find the inspection report of a specific provider, the user may fill one or more search boxes to narrow their search. Each search box is optional. If user does not know the full name, street address, or phone number of the childcare center, they may type % in front of the search term. (Example: % Main Street). Once one or more the search boxes is filled, the user may click "Submit". The submission will return a list. The child care center's name will be listed on the far left hand column and a link to the provider's inspection report will be listed on the far right hand column. When the user clicks the "Inspection Reports "link, they will be taken to a page that lists all of the inspection reports associated with the provider listed on the previous page.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

Providers may report inaccuracies by calling the DCF Office of Licensing at the toll free number (877) 667 9845. Requests are reviewed to determine if it can be easily resolved and appropriate actions taken to correct inaccuracies. If the provider is not satisfied by the results, a hearing may be requested by the provider and further escalated to the Office of Administrative Law.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

The inspection report is emailed to the child care center within days after a site visit is conducted. If a center disagrees with any violation cited on the inspection report they contact their inspector to discuss the concerns. If the provider is not satisfied after speaking with the inspector, the inspector would then confer with their supervisor. If the supervisor decides the violation is valid, the supervisor will contact the center to explain why the violation will remain on the report. If the supervisor decides the violation is invalid, the violation will be removed from the inspection report.

If the center would like to appeal the violation at a higher level, the supervisor will provide a Notice of Appeal letter to the center via email, copying the Compliance Officer. Once the Notice of Appeal letter has been sent to the center, the center has fifteen days to submit their concerns in writing with the required documentation to the Compliance Officer. The Compliance Officer would then have twenty days to complete an investigation and provide the center with findings. If the appeal is granted the violation will be removed from the inspection report and the website within ten business days.

**g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).**

Child care center inspection reports are posted to the child care explorer website (<https://childcareexplorer.njccis.com/portal/>). The portal is updated whenever a new report is added, or an existing report is updated. Posting of family child care provider reports is scheduled to become available online in 2021. The inspection reports will remain on the website for a period of three years.

**2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should 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 providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. 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 (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

New Jersey must post aggregate data on substantiated cases of child abuse. This data is collected by the Department of Children and Families (DCF) Institutional Abuse Investigation Unit (IAIU). Data of serious injuries are documented on inspection reports; and DCF, Office of Licensing (OOL) submits data updating Quality Performance Report (QPR). Additionally, DCF/OOL submits an annual report to DHS/DFD of serious injuries or deaths. 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 NJ Department of Health with their renewal application as a condition of the youth camp certificate approval process. An annual report is submitted to DHS/DFD by Department of Health, 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.

**NJ Statue 9:6-8.9. ABUSED CHILD; CHILD ABUSE DEFINED**

**"Abused child" means 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 child shall not be considered abused pursuant to subsection f. of this section if the acts or omissions described therein occur in a day school as defined in section 1 of P.L.1974, c. 119 (C. 9:6-8.21).**

iii. [The definition of "serious injury" used by the Lead Agency for this requirement.](#)

N.J. Statue 34:15-37.6 - **"Serious bodily injury" defined.**

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

b. [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/licensing status](#)

- ii. the total number of deaths of children in care by provider category/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/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

Data from the report is posted at <https://www.childca.renj.gov/Resources/Reports/DHS/DFD>'s child care website.

**2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:**

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

**2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:**

The footer, which is on each page of the website, lists the following: "For more information, contact your CCR&R or call the Child Care Helpline 18003329227". The home page of the consumer education website contains a: "How to Apply Tab" which contains the Child Helpline phone number and a link to the CCR&R contact page; "Child Care Resource &

Referral” Agency subtab to contact their local CCR&R; “Contact” tab to send an email to DFD; or “Resources” page to contact other programs and services that are in partnership with DFD. The phone number to the child care helpline <https://www.childcarenj.gov/Parents/SubsidyProgram>

**2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.**

[www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) is the website that is advertised and listed on all state materials

**2.4 Additional Consumer and Provider Education**

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

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 21 counties, the Department of Education, Department of Children and Families, Department of Health, the 21 county boards of social services, the New Jersey 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 (HSACs) and the New Jersey Child Care Resource and Referral Association (NJCCRRA), 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](http://www.ChildCareNJ.gov), Parent Brochure, Provider Handbook and Parent Handbook.

**2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.**

a. Temporary Assistance for Needy Families program:

Both the Child Care Subsidy Program and the TANF program are supervised by DHS/DFD. Because both programs are housed under one division, information sharing with the general public and eligible families is seamless through a referral

process that exists linking both programs. Families are referred to the CCR&Rs by the local county boards of social services and information is made available through parent orientations. The CCR&Rs provide consumer education to help families make informed decisions about child care options through the dissemination of written/electronic materials, a Parent Brochure and a Handbook. Families and the general public are provided CCR&R and DHS/DFD websites which provides detailed information about available services, eligibility and provider information. Additionally, comprehensive information about the availability of social services (including TANF) in NJ to families is available through NJ 211. The NJ 211 partnership is the sole administrator of the three digit dialing code and website that connects people to day care facilities, shelters, affordable housing units, social services such as TANF, employment training programs, senior services, medical insurance, and more. The lead agency also uses public notices, press releases and social media to communicate helpful information regarding the program to the general public.



**b. Head Start and Early Head Start programs:**

The DHS/DFD has regular joint meetings with HS and EHS programs. Written information is provided as well as presentations. CCR&Rs refer parents to HS and EHS programs and provide them with written materials about child care services. Information is also available on the CCR&Rs' and DHS/DFD websites. The CCR&R designates staff to serve as the point person (liaison) to help facilitate the process and resolve problems. Provide a checklist to families of required documents needed to determine eligibility. CCR&Rs provide technical assistance to Head Start programs to inform them of subsidy eligibility requirements. CCR&Rs provide a copy of the family's pending letter to the Family Service Worker so they can followup and help families submit the necessary documents timely and Colorcode the application paperwork (Blue) to identify prospective families eligible for EHS/CC. The CCR&Rs provide families with the listing of EHS/CC partners that appear to be eligible for EHS/CC to inform of child care options and increase enrollment. A list of social services is also included in consumer education materials such as the Parent Brochure which is distributed by the CCR&Rs in all 21 counties before applying for a child care subsidy, and the Parent Handbook, which is distributed at the time of an eligibility determination for child care. Both can be downloaded on the right hand side of the web page: <http://www.childcarenj.gov/Parents/SubsidyProgram>. Parents may also access information on the above program on the Child Care website's Resources page at: [www.ChildCareNJ.gov/resources](http://www.ChildCareNJ.gov/resources)

 **c. Low Income Home Energy Assistance Program (LIHEAP):**

Energy Assistance Program administered by the NJ Department of Community Affairs helps very low-income residents with their heating and cooling bills, and makes provisions for emergency heating system services and emergency fuel assistance within the Home Energy Assistance Program. Information on eligibility and how to apply are located on this website: <https://www.nj.gov/dca/divisions/dhcr/offices/hea.htm> Families that may be eligible are encouraged to call the Help Line for more information (609) 5103102. The following resources also provide comprehensive information about the availability of social services (including LIHEAP) in NJ to families: NJ 211 : The NJ 211 partnership is the sole administrator of the three digit dialing code and website that connects people to day care facilities, shelters, affordable housing units, social services such as TANF, employment training programs, senior services, medical insurance, and more. A list of social services is also included in consumer education materials such as the Parent Brochure, which is distributed by the CCR&Rs in all 21 counties. Also, information can be downloaded from the right hand side of the web page:

<http://www.childcarenj.gov/Parents/SubsidyProgram> Additionally, parents may access information on the above programs on the Child Care website's Resources page at: [www.ChildCareNJ.gov/resources](http://www.ChildCareNJ.gov/resources)

 **d. Supplemental Nutrition Assistance Programs (SNAP) Program:**

Both the Child Care Subsidy Program and the TANF program are supervised by DHS/DFD. Because both programs are housed under one division, information sharing with the general public and eligible families is seamless through a referral process that exists linking both programs. Families are referred to the CCR&Rs by the local county boards of social services and information is made available through parent orientations. The CCR&Rs provide consumer education to help families make informed decisions about child care options through the dissemination of written/electronic materials, a Parent Brochure and a Handbook. Families and the general public are provided CCR&R and DHS/DFD websites which provides detailed information about available services, eligibility and provider information. Additionally, comprehensive information about the availability of social services (including TANF) in NJ to families is available through NJ 211. The NJ 211 partnership is the sole administrator of the three digit dialing code and website that connects people to day care facilities, shelters, affordable housing units, social services such as TANF, employment training programs, senior services, medical insurance, and more. The lead agency also uses public notices, press releases and social media to communicate helpful information regarding to families and individuals about the availability of social services in New Jersey (including SNAP).

e. **Women, Infants, and Children Program (WIC) program:**

The NJ Department of Health is responsible for the administration of WIC which provides food and nutrition assistance to women with low incomes who are pregnant, postpartum, or breastfeeding infants; and their children up to age 5. Families may apply for WIC by contacting their local WIC agency/community WIC clinic site and scheduling an appointment. Further assistance is available by calling: 8664465942 (toll free) or 8003283838 (24hour tollfree referral line). Information is provided to the public on the following site: <https://www.state.nj.us/health/fhs/wic/participants/> . [The site provides information on how to](#) apply for WIC; how to find a New Jersey WIC Local agency, vendor or store; and, other detailed information on the WIC program and WIC benefits. Also, parents and the general public may access information on the above program on the Child Care website's Resources page at: [www.ChildCareNJ.gov/resources](http://www.ChildCareNJ.gov/resources) or by contacting NJ 211 by phone or online.

f. **Child and Adult Care Food Program(CACFP):**

In partnership with the NJ Department of Agriculture, DHS/DFD refers those that may be eligible for CACFP to [https://www.nj.gov/agriculture/divisions /fn/childadult/food.htm](https://www.nj.gov/agriculture/divisions/fn/childadult/food.htm) | [where there are useful hints](#), resources, eligibility information and contacts regarding the program. For services specific to early childcare (preschool) and family day care homes, the website provides income eligibility information, applications, menus, handbooks, and other pertinent resources. There are also additional informational resources provided about the Department of Agriculture's Farm to Preschool Initiative at <https://farmtoschool.nj.gov/agriculture/farmtoschool/summer-preschool/ece/>. Parents and the general public may also access information on the above program on the Child Care website's Resources page at: [www.ChildCareNJ.gov/resources](http://www.ChildCareNJ.gov/resources).

g. **Medicaid and Children's Health Insurance Program (CHIP):**

NJ Family Care is New Jersey's publicly funded health insurance program it includes CHIP, Medicaid and Medicaid expansion populations. NJ provides a comprehensive onestop portal at <http://www.njfamilycare.org/default.aspx>, [which provides information about the program](#), income eligibility information, the online application, information on choosing a health plan, help with enrolling, how to use benefits, as well as enrollment



statistics. There are English and Spanish applications available for download and all of the information on the website is available in 20 languages. There is also a Hotline 1 8007010710 (TTY: 18007010720). Also, agents and the general public may access information on the above program on the Child Care website's Resources page at: [www.ChildCareNJ.gov/resources](http://www.ChildCareNJ.gov/resources).

h. Programs carried out under IDEA Part B, Section 619 and Part C:

<https://www2.ed.gov/about/inits/ed/earlylearning/earlyinterventionspecial30th.html> website provides a one stop directory for all resources, services and programs related to IDEA Part B, Section 619 (pertaining to children aged 35 years old) and IDEA Part C (pertaining to Infants and Toddlers with Disabilities birth2 years old). CCR&Rs in all 21 counties provide written materials as well as provide consumer education to parents about available services. The written information can be downloaded from the right hand side of the web page: <http://www.childcarenj.gov/Parents/SubsidyProgram>

**2.4.3 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, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:**

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - parents
  - providers
  - the general public
- any partners in providing this information

Description:

## **What**

**DHS/DFD contract with many professional development service agencies to provide best practice training, technical assistance, and consumer education considering children's development. Information regarding developmental milestones, development screening assessments and early intervention, home visitation services, supplemental nutrition assistance education and outdoor activities. Developmental screening brochures and videos available in English and Spanish discusses the developmental milestones and highlights the importance of developmental screening**

## **How**

**Written material, brochures, consumer education, resources available on-line website, during family engagement events and through training and technical assistance, are ways best practices conveyed and made available. Child development best practices are built in the mandatory and progressive trainings.**

## **Tailored**

**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.**

**Providers - Best practices in child development are built into the mandated pre-service and progressive professional development 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 outreach strategies, collaborative partnerships, public meetings and community events and presentations and consumer education is provided to inform the public.**

**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.**

**2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues 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, are shared with families, providers, and the general public. At a minimum, include**

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

**Description:**

Best practices in child development are already built into the mandated preservice professional development health and safety trainings for CCDF child care providers. In addition, programs enrolled in Grow NJ Kids receive training and technical assistance to help them communicate effectively and inform parents about research and best practices in child development. Grow NJ Kids also includes these concepts as part of the basis of the ratings. The ChildCareNJ.gov website contains easily accessible information, resources and links for parents to obtain information on child development including the NJ Parent Link, which provides information and resources specifically for parents. DHS/DFD also utilizes the CCR&Rs<sup>1</sup>, quality initiatives contracts, and other state partners to make information widely available through the consumer education website, written publications, mailings, trainings and workshops.

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

## **and the general public.**

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. Access to highquality early learning experiences and environments has a positive impact on a child's learning and development. However, there are no beneficial shortterm or longterm outcomes for a child when he/she cannot receive the needed supportive services due to out of school disciplinary measures. The policy statement is posted on DHS/DFD 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.

## **2.5 Procedures for Providing Information on Developmental Screenings**

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include 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, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible

for individuals with limited English proficiency and individuals with disabilities.

### 2.5.1 Certify by describing:

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

The Department of Human Services, Department of Health, and Department of Education are the lead partners in conducting developmental screenings and referring families. Additionally, relevant links are listed at [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov). All Medicaid covered beneficiaries under the age of twentyone are entitled to receive any medically necessary service, including physician services that provide comprehensive developmental screenings. For those beneficiaries who receive benefits through a Managed Care Organization (MCO), the MCO provides written notification to its enrollees under twentyone years of age when appropriate periodic assessments or needed services are due. MCOs are responsible to coordinate appointments for care and any necessary follow up resulting from the appointments. The requirements of Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) services can be found at Section 1905(r) of the Social Security Act (42 U.S.C. 1396(d) and federal regulation 42 CFR 441.50. The children of families participating in evidencebased Home Visiting, Head Start/Early Head Start, statefunded Preschools, and participating Grow NJ Kids child care centers undergo routine (and mandatory) developmental screening using a standardized tool. DHS/DFD contracted with Montclair University to research and help inform the DHS/DFD policy statement regarding best practices to address the social, emotional and challenging behavior of young children. DHS/DFD's consumer education and referral service documents and brochure provide families with information regarding emotional services, supports within their communities, and disseminates information to educate about interventions and services to address challenging behaviors. These can be found on the NJ Child Care website at: <http://www.childcarenj.gov/Resources> and <http://www.childcarenj.gov/Parents/SubsidyProgram> where parents can download the Parent Brochure (which is also distributed before applying for a child care subsidy), and the Parent Handbook which is disseminated at the time of a child care subsidy eligibility determination. Additionally, DHS/DFD has contracts with training entities to provide social and emotional, developmental screening, and mental health trainings. All trainings and services are communicated through the contracted agencies, posted on the DHS/DFD child care website and published in the general information brochure which is distributed to the general public by the CCR&Rs and available on DHS/DFD Child Care and Grow NJ Kids websites. Health consultants, and mental health onsite consultations and services are now available to providers to support programs, the workforce and families of children experiencing challenging behaviors. Information about the above services and supports are shared and disseminated through DHS/DFD partners to make it available to families and the general public. It is also incorporated into all DHS/DFD quality initiatives, the professional development system, and collaboration with other state agency coordinated efforts. In addition to inperson referrals, the main points of

information on developmental screenings can be found on the NJ Parent Link portal. The NJ Parent Link initiative is the State of New Jersey's Early Childhood, Parenting and Professional Resource Center. As a statewide initiative, NJ Parent Link is a recognized best practice model for innovative IT/digital communication between government and citizens. (National Association of State Chief Information Officers, 2011). Families can access Parent Link at <https://www.nj.gov/njparentlink/developmental/infants/>

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). DHS/DFD or the CCR&Rs provide direct referrals to DMAHS and DOE. The programs are also mentioned in the "How to Apply for an NJ Child Care Subsidy" public brochure, and the "Parent Handbook." The DHS/DFD works in partnership with service providers and other state, county and municipal agencies to help families access these programs and services. Users may access information on the above programs on the DHS website: [www.ChildCareNJ.gov/Resources](http://www.ChildCareNJ.gov/Resources) .

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

Either DHS/DFD or the CCR&Rs provide direct referrals to DMAHS and DOE. The programs are also mentioned in the "How to Apply for an NJ Child Care Subsidy" public brochure, and the "Parent Handbook." DHS/DFD works in partnership with service providers and other state, county and municipal agencies to help families access these programs and services. Users may access information on the above programs on the DHS website: [www.ChildCareNJ.gov/Resources](http://www.ChildCareNJ.gov/Resources) .

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

Families are referred to the DMAHS or DOE and their related partners on this issue. For those families and children that are eligible for Medicaid, the Medicaid Managed Care Organizations have methods for coordinating care and creating linkages with external organizations, including but not limited to school districts, child protective service

agencies, early intervention agencies, behavioral health, and developmental disabilities service organizations, for those children identified with a need.

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

CCDF child care providers currently receive preservice and ongoing training on child development appropriate for the ages of children served. Training is available through the DHS/DFD workforce registry made available to all provider.

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

N.J.A.C. 10:152.4

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

### **2.6.1 Certify by describing:**

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

Parents are informed at the time of application and eligibility determination about provider requirements. Written information is provided as well as consumer education by the local Child Care Resource and Referral agencies, who informed families if their selected provider is eligible to provide child care services. Parents are provided with an information brochure and handbook that outlines requirements for families and providers.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- 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

c. Provide a link to a sample consumer statement or a description if a link is not available.

<https://www.childcare.nj.gov/Parents>

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

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

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond



12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

## 3.1 Eligible Children and Families

### 3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, 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 for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a)).

#### **3.1.1 Eligibility criteria: Age of children served**

a) The CCDF program serves children

from birth

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

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

- No  
 Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:

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

- No.  
 Yes

and the upper age is 18

(may not equal or exceed age 19)

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

i. "residing with":

Means living in permanent or temporary residence of the eligible parent, legal guardian or person standing in loco parentis.

ii. "in loco parentis":

Means serving as the primary caretaker without legal confirmation for the child(ren) on behalf of whom services are requested.

### 3.1.2 Eligibility criteria: Reason for care

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

i. Define what is accepted as "Working" (including activities and any hour requirements):

At initial eligibility, working means fulltime employment, which is employment that totals 30 or more hours per week. At redetermination, working means employment that totals 25 or more hours per week

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

Job training is fulltime training in a vocational/occupational program that includes classroom instruction, on the job training, and/or apprenticeships for 20 hours or more per week and is required for eligibility.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Education is being enrolled fulltime 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.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Attending means enrolled either in a job training vocational/occupational program that includes classroom instruction, on the job training, and/or apprenticeships or an educational program at a college, university, or other educational facility. DHS/DFD requires fulltime equivalent which can be a combination of work/school or training. Hours are verified through documentation, which DHS/DFD has a documentation checklist of approved documents. In the event that the approved list documentation is not provided, the Applicant/Co Applicant can submit the "New Jersey Verification of School and Training" form.

3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

Child Protective Services (CPS) are services on behalf of any child, under age 19, considered at risk of abuse, neglect or exploitation: or found to be abused, neglected, exploited or abandoned, as identified by the Division of Child Protection and Permanency (DCP&P). The term, unless otherwise specified, includes services provided to children in out of home settings under the supervision of DCP&P.

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

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

- No
- Yes

iv. 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

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- No
- Yes

### 3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

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

Income is defined as the amount of current gross income earned by all members of the family unit through the receipt of wages including overtime, tips, bonuses or commissions from activities in which members of the family unit are engaged as an employee and from selfemployment. Unearned income such as social security, pensions, retirement, unemployment, worker's compensation, 36.2% of child support, alimony and any other income required for federal and state tax reporting purposes is calculated in the income.

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	5,922	5,034	2,147	36.25
2	7,286	6,193	2,903	39.85
3	9,254	7,866	3,660	39.55
4	11,059	9,400	4,417	39.94
5	11,809	10,038	5,173	43.81

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

d. SMI source and year. Census Bureau Median Income by Family Size, Department of Justice, Cases Filed as of November 1, 2020, <https://www.justice.gov/>

*Reminder:* Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

[https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm\\_medium=rss](https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss).

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

The income eligibility limits are statewide.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 3/1/21

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

<https://www.childcarenj.gov/Parents/SubsidyProgram>

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

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

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

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

No.

Yes.

If yes, describe the policy or procedure and provide citation:

**3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:**

a. eligibility determination.

None

b. eligibility redetermination.

None

**3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be**

strictly based on the work, training, or education schedule of the parent (98.21 (g)).  
Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

Describe:

### 3.1.7 Fluctuation in earnings.

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

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.



Other.

Describe:

**3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.**

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

Identity is verified through US passports, naturalization papers, driver's licenses, permits or state identification cards, U.S. military cards, nonU.S. passports, or school identification cards. This documentation is required at initial application.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

Relationship 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

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

Required at Initial Determination

Required at Redetermination

Describe:

Identity and age verified by birth certificate, U.S. passport or immigration registration card.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

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 paystubs do not reflect work hours, the applicant may submit a letter from her/his employer on employer's letterhead or a New Jersey Verification of Employment.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Job training and education verified through a school registration, schedule, or a letter from the training program. The New Jersey Verification of School and Training can be utilized

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Income is verified through paystubs, employer letters, benefits statement, and court orders of support.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Household composition verified through selfcertification; however, documents such as birth certificates, custody agreements/court decrees, or tax records verifying the number of dependents in the home are also used.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Address verified by utility bills, property tax bill, mortgage documents, home owner's insurance documents, residential lease, or driver's license

Other.

Required at Initial Determination

Required at Redetermination

Describe:

**3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.**

Time limit for making eligibility determinations

Describe length of time:

The CCR&R must screen all applications within 10 days and immediately process applications that are complete and satisfy all the eligibility criteria. The CCR&R must process an application, make an eligibility determination, and notify the applicant of the decision within 45 days after it is received. During the statedeclared COVID19 public health emergency, and funding provided through the CARES Act, children in families of essential workers have been considered a priority population. Therefore, eligibility determinations in these cases are expedited and processed in accordance

with the priority of service policy timelines.

Track and monitor the eligibility determination process

Other.

Describe:

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

None

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

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

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a. Identify the TANF agency that established these criteria or definitions: DHS/DFD

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

i. "Appropriate child care":

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

ii. "Reasonable distance":

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

iii. "Unsuitability of informal child care":

If the following minimum requirements are not met, then an informal child care arrangement is unsuitable: (1) there must be satisfactory results of a Child Abuse Record Information (CARI) 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 "SelfArranged Care Inspection" and "Interview Checklists," and, 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":

A child care arrangement is considered affordable for a child care subsidy program participant as long as the cost does not exceed DHS/DFD's 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 Parent Handbook, comprehensive social assessment and communicated through the WFNJ case managers.

**d. Provide the citation for the TANF policy or procedure:**

N.J.A.C. 10:151.2 and N.J.A.C. 10:90 4.1b

### 3.2 Family Contribution to Payments

#### 3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

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

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(e)</b>	<b>(f)</b>
<b>Family Size</b>	<b>Lowest initial or First Tier Income Level</b>	<b>What is the monthly co-payment for a family of this size based on the</b>	<b>What percentage of income is this</b>	<b>Highest initial or First Tier Income Level</b>	<b>What is the monthly co-payment for a family of this size based on the</b>	<b>What percentage of income is this</b>

	(a) where family is first charged co-pay (greater than \$0)	(b) income level in (a)?	(c) co-payment in (b)?	(d) before a family is no longer eligible.	(e) income level in (d)?	(f) co-payment in (d)?
1	19,320	38.26	2.38	25,761	86.17	4.01
2	26,130	38.26	1.76	34,841	86.17	2.97
3	32,940	38.26	1.39	43,921	86.17	2.35
4	39,750	38.26	1.16	53,001	86.17	1.95
5	46,560	38.26	0.99	62,081	86.17	1.67

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

The sliding fee scale is statewide

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

c. What is the effective date of the sliding-fee scale(s)? March 1, 2021

d. Provide the link(s) to the sliding-fee scale:

<https://www.childcarenj.gov/Parents/SubsidyProgram>

### 3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

iii. The fee is per child up to a maximum per family.

- iv. No additional fee is charged after certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- vii. Other.

Describe:

- b. The fee is a percent of income and (check all that apply):

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

Describe:

- vii. Other.

Describe:

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

- No.
- Yes, check and describe those additional factors below.
  - a. Number of hours the child is in care.



Describe:

The amount of copayment differs based on the number of hours care is needed, full time care versus part time care.

- b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

- c. Other.

Describe:

Copayments are based on the number of children in care, assessed at 100% for the first child, reduced to 75% for the second child, and for the third child or more, no copayment assessed.

**3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.**

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.
- a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

DFDI 07-08-07 Policy Effective October 1, 2007 copayments for families with annual income falling at or below 100% of the FPI was eliminated. The policy eliminates any copayment for families whose income falls at or below the FPL, at initial or redetermination, during the 12-month eligibility period and while their incomes remain at or below 100% of the FPL. This means, DHS/DFD pays the full reimbursement rate.

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

For children who are in paid foster placement, the copayment is assessed. Since in most cases, the child has no income, the assessed child care copayment is almost always \$0. For children under the supervision of DCP&P who are residing with a related caregiver, parafoster care provider or in their own home with their parents, the copayment is assessed on the basis of family size and income. If it has been determined that payment of the full copayment amount will cause undue hardship to the family or place the child, the siblings or the protective service case plan in jeopardy, the DCP&P Case Manager may reduce or waive the copayment on a casebycase basis. (DFDI 16 0702). This rule is based on administrative regulations at N.J.A.C. 10:159.1(f) which can be accessed online at <https://www.state.nj.us/humanservices/providers/rulefees/regs/>. The Rule Name is entitled "10:15 Child Care Services" on the list provided.

- c. Families meeting other criteria established by the Lead Agency. Describe Describe the policy.

### **3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.**

#### 3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that 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:

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

**Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.**

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

- N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

DHS/DFD's graduated phase-out of assistance for families provides an additional twelve-months of child care for families whose income has increased at the time of re-determination to over 250% and has not exceeded the federal income limit of 85% of State Median Income (SMI).

The additional year of child care assistance promotes continuity by allowing for wage growth, and a graduate transition to help family's pathway to financial stability

B. Provide the citation for this policy or procedure.

N.J.A.C. 10:15-5

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

DFDI 21-04-01

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.

A. Provide the income level for the second tier of eligibility for a family of three:

\$54,900

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

The second tier eligibility level allows a family with increased income to receive an additional year of subsidized child care.

2. 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 \$11,000 for a family of three.

3. 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 12month eligibility period, as long as income does not exceed 85% of SMI.

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

DFDI 21-04-01

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

Only at redetermination, copayment is assessed once. This approach minimizes paperwork and reporting burdens on working families.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

Notification of Change Form" (CC198) was created to report a change at any point during the 12month eligibility period, specifically for copayment reductions or waiver or to report income that exceed 85% of SMI.

## 3.3 Increasing Access for Vulnerable Children and Families

### 3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

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

#### **3.3.1 Describe how the Lead Agency defines:**

a) "Children with special needs":

A child who is under the age of 19, who is physically or mentally incapable of selfcare; 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 pursuant to N.J.A.C. 10:151.2 (DFDI 190504).

b) "Families with very low incomes":

A family whose income is at 100% of the Federal Poverty Level (FPL) and below (DFDI 190504).

### 3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)).

Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

### **3.3.3 List and define any other priority groups established by the Lead Agency.**

Children residing with adolescent parents who are head of their household, who are not on WFNJ/TANF, and who are otherwise eligible for assistance under the CCDF Subsidy; children under DCP&P supervision who reside in their own home with their parent(s) who are employed fulltime and not on WFNJ/TANF; and, children of essential workers impacted during federal or state declared emergencies or disasters.

### **3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.**

Priority ranking for program entry, opportunity to apply without delay for child care services, granted extra time to submit paperwork.

### **3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to**



**child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).**

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

The applicant can selfattest on the child care application, or a social service agency can complete the McKinneyVento Intake Form (CC213) and submit to the CCR&R which permits enrollment and a grace period of up to six months to gather the required documentation (DFDI 190502).

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) 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

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.

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

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

Note:

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

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

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

Parents either self-identify as homeless or CCR&Rs notify parents that they have been identified as meeting the definition of homeless as per the McKinney-Vento Homeless Assistance Act and of their priority status as it relates to child care subsidy eligibility. CCR&Rs provide technical assistance to licensed and registered providers servicing families experiencing homelessness to ensure they are aware of New Jersey's immunization policy.

For foster children, the Division of Child Protection and Permanency notifies the parent of the grace period to comply with immunization requirements.

The New Jersey Department of Health sets the length of the grace period at 30 days, as per N.J.A.C. 8:57-4.5(e).

[Provide the citation for this policy and procedure.](#)

N.J.A.C. 3A:52-7.3(a)(2)(ii); N.J.A.C. 8:57-4.5(e)

ii. Children who are in foster care.

For each child not enrolled in a public or private school, upon admission, the child care center shall maintain on file at the center a Universal Child Health Record (Department of Health Form CH14) or its equivalent, updated annually, along with an immunization record, and a special care plan, if applicable. A 30 day grace period is permitted for children who are in foster care. The length of the grace period was established through DCF regulations, in alignment with DOH regulations.

[Provide the citation for this policy and procedure.](#)

N.J.A.C. 3A:527.3; N.J.A.C. 8:574.5(e)

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

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

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

No.

Yes.

Describe:

For each child not enrolled in a public or private school, upon admission, the child care center shall maintain on file at the center a Universal Child Health Record (Department of Health Form CH14) or its equivalent, updated annually, along with an immunization record, and a special care plan, if applicable. State licensing law grants a 30day grace period to comply with immunization. The length of the grace period was established through DCF regulations, in alignment with DOH immunization regulations N.J.A.C. 3A:527.3; N.J.A.C. 8:574.5(e).

## 3.4 Continuity for Working Families

### **3.4.1 Minimum 12-month eligibility.**

#### 3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

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 state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1); any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

The eligibility system is designed to allow care to be authorized retroactively (one month), current or in the future, regardless of when eligibility is determined. This allows flexibility to accommodate eligible parents with children already in care or only want seasonal care. The system automatically calculates a 12-month eligibility period. At initial eligibility, families that meet all the eligibility requirements shall have a 12-month eligibility period. At redetermination, a family is also authorized for a minimum of 12 months. Families must continue to follow the basic program requirements for the continued receipt of child care assistance. While a family's period of eligibility is authorized for no less than 12 months, a family can voluntarily receive less if the family decides that there is a shorter period of service that is more appropriately to meet their needs. Under no circumstances, can a family's income exceed 85 percent of the SMI for a family of the same size and remain eligible for assistance. Additionally, during the state-declared COVID-19 public health emergency, funding provided through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and Governor's Executive Order No. 110, the minimum 12-month eligibility period was extended to 15 months for continued child care assistance (DFDI 200405).

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. 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.

Describe or define your Lead Agency's policy:

During the 12 month eligibility period, families are not required to report a temporary change due to absence from work, interruption of work, student holiday/break, reduction of work hours or cessation of work/training. Families are only required to report if their income exceeds 85 percent (85%) of the State Median Income.

Citation:

N.J.A.C. 10:15-5

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

DFDI 21-04-01

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

During the 12 month eligibility period. families are not required to report a temporary change due to absence from work, interruption of work, student holiday/break, reduction of work hours or cessation of work/training. Families are only required to report if their income exceeds 85 percent (85%) of the State Median Income.

Citation:

N.J.A.C. 10:15-5

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

DFDI 21-04-01

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

During the 12 month eligibility period, families are not required to report a temporary change due to absence from work, interruption of work, student holiday/break, reduction of work hours or cessation of work/training. Families are only required to report if their income exceeds 85 percent (85%) of the State Median Income.

Citation:

N.J.A.C. 10:15-5

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

DFDI 21-04-01

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

During the 12 month eligibility period, families are not required to document a temporary change due to absence from work, interruption of work, student holiday/break, reduction of work hours or cessation of work/training. Families are only required to report if their income exceeds 85 percent (85%) of the State Median Income.

Citation:

N.J.A.C. 10:15-5

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

DFDI 21-04-01

- v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

During the 12 month eligibility period, families are not required to document a temporary change due to absence from work, interruption of work, student holiday/break, reduction of work hours or cessation of work/training. Families are

only required to report if their income exceeds 85 percent (85%) of the State Median Income.

**Citation:**

N.J.A.C. 10:15-5

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

DFDI 21-04-01

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

**Describe or define your Lead Agency's policy:**

Children that turn thirteen (13) years old during their family's current eligibility period are entitled to receive child care assistance for the duration of their 12 month period.

**Citation:**

N.J.A.C. 10:15-5

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

DFDI 21-04-01

- vii. Any changes in residency within the state, territory, or tribal service area.

**Describe or define your Lead Agency's policy:**

Families are not required to report changes in residency within the State that occur during their 12 month eligibility period. However, if a family does notify their CCR&R of a move to another county within the State during their 12month eligibility period, the CCR&R in the originating county must continue to provide subsidy payment until the family's 12month service end date. The originating CCR&R must transfer case information to the CCR&R in the county where the family has moved sixty (60) days prior to the family's 12month service end date.

**Citation:**

DFDI 18-11-02

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

None

### **3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.**

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

#### 3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

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

No.

Yes.

If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):



For applicants who self-identify as being homeless or who are referred by a service provider, meet the McKinney-Vento definition for homelessness, and are unable to provide the required employment documentation, the employment verification is waived and job search activity is granted a grace period of up to six (6) months to establish eligibility while their child receives child care services. Applicants will have until the end of the grace period to establish eligibility by submitting the proof that the applicant meets program eligibility requirements. The case will be re-determined using (25hrs /250% FPL) criteria for a twelve (12)-month eligibility period. This procedure applies at initial eligibility determination and redetermination of eligibility

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

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

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

iv. Provide the citation for this policy or procedure.

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

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.

A. Define 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. Note: As a result of the COVID19 public health emergency, DHS/DFD has temporarily suspended the policy. (DFDI 200405).

B. Provide the citation for this policy or procedure:

DFDI 20-04-05

iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

Child Care Services Manual 10:152.7(a)6

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

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

Substantiated instances of a program violation or a misrepresentation of information may also result in recoupment and/or termination. DFDI 21-04-01

### **3.4.3 Change reporting during the minimum 12-month eligibility period.**

#### 3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No

Yes

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

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

i. Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

Families may use the revised "Notification of Change Form" (CC198) to report a change at any point during the 12month eligibility period to reduce or waive copayment or an increase in income that exceeds 85 percent of SMI.

ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

Families must be residents of New Jersey to be eligible for child care. Child Care Services Manual 10:152.7(a)6

- iii. Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

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. Note: As a result of the health crisis, DHS/DFD has temporarily suspended the policy (DFDI 200405).

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone
- ii. Email
- iii. Online forms
- iv. Extended submission hours
- v. Postal Mail
- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

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

Families can complete a change request form to have their copayment reassessed and report income that exceeds 85% of SMI.

- ii. Provide the citation for this policy or procedure.

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

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

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and 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, states and territories 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).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone

viii. Other.

Describe:

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories 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.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

### 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent

chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

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

The parent completes the program eligibility application and submits all the required eligibility documentation. The date all the required materials are received will be the date from which the contracted agency will determine eligibility of the family and inform the family of a decision. This occurs before parent has selected a provider. The parent receives the following documents Eligibility Notification Letter, Preliminary Parent/Applicant/ Provider Agreement (PAPA), Parent Handbook and Certification acknowledgment of program rules, parental rights, provider selection, complaints, maximum rates, and copayment information at the time they are determined eligible.

**4.1.2 Identify 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; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.**

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices

- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

Parent Handbook, Provider and Parent Role and Responsibilities, Contract for Provider to complete

**4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).**

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

DHS/DFD does not limit families' parental options of eligible child care providers and includes the full range of providers to participate in the child care assistance program. DHS/DFD's full range of child care providers include licensed child care centers, registered family child care, and regulated programs, as well as license-exempted providers eligible for CCDF.

The CCDF market rate survey findings and child care resource and referral annual collection of provider data include licensing, rates, and quality information, and are collected and updated in DHS/DFD's provider management system. This information helps inform policy, payment rates, and the number and type of providers that participate in the child care programs to make sure families receiving CCDF equally access services comparable to families not receiving CCDF.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

Data from the most current market rate study (2017) indicated that 77% of the providers that serve infant , 74% that serve toddlers, 70% that serve preschool and 83% that served schoolage participated in the subsidy program



c. 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 and reports to the Lead Agency:

One barrier reported by 17.5% of providers who responded to DHS/DFD's 2017 market rate survey (MRS), indicated that DHS/DFD rates were a barrier. As of 2017, DHS/DFD has steadily increased its rates each year to become more competitive and acceptable to providers.

Another barrier reported by 67% of providers indicated that families enrolled in the child care assistance program never applied to their program. Targeted outreach, family roundtable discussions, consumer education, and grant incentives are examples of engagement activities DHS/DFD will continue to use to address provider participation barriers.

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

Parents have unlimited access to their children when they are in care. They are notified through a number of consumer education materials such as the parent handbook, the certification page, and parent orientation. The CCR&Rs also notify the parents through in person consumer education meetings.

**4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?**

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

- b. Restricted based on the provider meeting a minimum age requirement.

Describe:

- c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

- d. 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 (98.2)).

Describe:

- e. Restricted to care for children with special needs or a medical condition.

Describe:

- f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

- g. Other.

Describe:

#### **4.1.6 Child care services available through grants or contracts.**

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate

program.

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

DHS/DFD has contracts to provide child care services and comprehensive services to teen parents participating in the Parent Linking Program (PLP), located in six counties. PLPs are contracts with schoolbased agencies to provide comprehensive services, including child care to teen parents and their child(ren). Additionally, DHS/DFD has statewide 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 subsidy rate.

Yes, statewide. If yes, describe:

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

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

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

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

- To increase the supply of care
- To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

- To increase the supply of care
- To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

- To increase the supply of care
- To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

- To increase the supply of care
- To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

- To increase the supply of care
- To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

- To increase the supply of care
- To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

- To increase the supply of care
- To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

To increase the supply of care

To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

To increase the supply of care

To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

To increase the supply of care

To increase the quality of care

Describe

Teen Parents

**4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).**

a. In child care centers.

DHS/DFD is able to collect, track, and identify the number of child care centers, and early learning and preschool programs participating in GNJK and their star rating levels with the establishment of New Jersey's Quality Rating Improvement System (QRIS) data management system. Along with capturing GNJK rated programs, DHS/DFD also tracks in QRIS programs that meet high quality standards through nationally accredited agencies, public pre-school programs, and Early Head Start Programs.

Additionally, the 2017 MRS included a supply shortage study, and generated Geospatial mapping of child care providers - illustrated in Appendix of Maps (1 through 8) - that

helped identify shortages as well as excess in the supply of high quality child care providers. Pre-COVID-19, DHS/DFD put into place multiple strategies which consist of quality improvement coaches, tiered technical assistance models, professional development and grants, and tiered quality rates to increase the supply of high quality child care providers.

DHS/DFD will continue to utilize the QRIS system, information collected through the MRS (inclusive of supply shortage studies), state and county level surveys, and reports to identify high-quality providers, and progress, to improve families' access to high quality programs.

**b. In child care homes.**

DHS/DFD is able to collect, track, and identify the number of family child care programs participating in GNJK and their star rating levels with the establishment of New Jersey's Quality Rating Improvement System (QRIS) data management system.

Along with capturing GNJK rated program data through DHS/DFD's QRIS, family child care programs are accredited through the National Association agency.

The QRIS system, information collected through the MRS, state and county level surveys, and reports to identify high-quality provider service gaps will continue to be utilized to track progress to support equal access and parental choice

The QRIS system, information collected through the MRS, state and county level surveys and reports to identify high-quality provider service gaps will continue to be utilized to track progress to support equal access and parental choice.

**c. Other.**

N/A

**4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with**

disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a) Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

DHS/DFD plans are to continue offering grants targeted for infant expansion and capacity to increase the number of quality infant slots and incentivize new providers to participate in the child care assistance program. DHS/DFD will utilize data from the Market Rate Study and county-level assessments to identify underserved areas.

Program and Classroom Quality Enhancement grants also were offered to improve the quality of programs beyond basic health and safety requirements and standards. It also assisted providers 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.

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

DHS/DFD contracts with Technical Assistance (TA) Regional Centers that provide coaches, onsite consultation, quality improvement specialists and professional development

v. Recruitment of providers.

**Describe:**

Utilize CCR&Rs, Technical Assistance Regional Centers, Interdepartmental Planning Group and NJ Council for Young Children to explore strategies to increase the supply of providers, especially to increase the number of high quality providers.

vi. Tiered payment rates (as in 4.3.3).

**Describe:**

Programs that participate in New Jersey's quality rating improvement program, Grow NJ Kids, and are rated 3, 4, or 5 stars receive higher quality tiered reimbursement rates.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

**Describe:**

Strengthening business practices and shared services are critical resources and tools available to providers. Shared services strategies have been developed in seven counties so far with plans to continuing to support more of these shared service agreements throughout the state. Strengthening business practices is a new curriculum released in 2020 and available to all providers. The trainings and activities are designed to strengthen providers' foundational knowledge of sound fiscal management and business operations to improve quality.

viii. Accreditation supports.

**Describe:**

ix. Child Care Health Consultation.

**Describe:**

The Regional Child Care Health Consultants are available to provide advanced health and safety training, technical assistance, and consultation to licensed child care programs and registered family child care providers in the State of New Jersey. Child Care Health Consultants support Child Care Providers by promoting optimal health and safety in child care settings, based on the National Health and Safety Best Practice Standards. Priority service is given to providers that accept the NJ Child Care Subsidy Program and/or are enrolled in Grow NJ Kids.



x. Mental Health Consultation.

Describe:

The Center for Autism and Early Childhood Mental Health (CAECMH) 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 providers participating in the state subsidy program or Grow NJ Kids. Additionally, SocioEmotional Formation Initiative (SEFI) currently provides infant and early childhood mental health consultation to at least 24 programs to address children and families who have experienced significant trauma, relational disruption, or identifying need. SEFI is also available to provide reflective practice support groups to programs who have experienced collective stress, loss or trauma as needed.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

DHS/DFD plans to use federal funds, CCDF quality set-aside and American Rescue Plan (ARP) funds to continue to increase the number of quality infant slots and incentivize new providers to participate in the subsidy program.

Targeted outreach strategies and an environmental scan are necessary to determine need and supply, especially because of COVID-19, which has greatly affected the landscape of child care. DHS/DFD plans to focus in underserved areas and areas significantly impacted by COVID-19.

Provider data from 2021 Market Rate Survey will also provide critical information to help inform what strategies, activities, and investments are effective to build supply and improve quality.

DHS/DFD will engage in stakeholder discussions and review best practices to help inform what quality activities are yielding positive outcomes. DHS/DFD plans to engage in the following: 1) resume discussions with Head Start programs and determine how to strengthen and increase the Child Care Early Head Start Partnerships; 2) explore ways to expand the parenting linking programs, which are designed to provide comprehensive services and supports to teen parents; 3) revisit increased rates to incentivize and support providers interested in increasing quality infant/toddler slots; and 4) offer supports and resources to help providers prepare and enroll in Grow NJ Kids.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

DHS/DFD contracts with TA Regional Centers that provide coaches, onsite consultation, quality improvement specialists and professional development are available to support programs.

v. Recruitment of providers.

Describe:

Utilize CCR&Rs, Technical Assistance Regional Centers, Interdepartmental Planning Group and NJ Council for Young Children to explore strategies to increase the supply of providers, especially to increase the number of high quality providers.

vi. Tiered payment rates (as in 4.3.3).

Describe:

DHS/DFD provide higher rates for infant care, and tiered higher for special needs. Additionally, programs that participate in New Jersey's quality rating improvement program Grow NJ Kids, and rated 3, 4, or 5 stars receive higher quality tiered reimbursement rates.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Strengthening business practices and shared services are critical resources and tools available to providers. Shared services strategies have been developed in seven counties so far with plans to continuing to support more of these shared service agreements throughout the state. Strengthening business practices is a new curriculum released in 2020 and available to all providers. The trainings and activities are designed to strengthen providers' foundational knowledge of sound fiscal management and business operations to improve quality.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

The Regional Child Care Health Consultants are available to provide advanced health and safety training, technical assistance, and consultation to licensed child care programs and registered family child care providers in the State of New Jersey. Child Care Health Consultants support Child Care Providers by promoting optimal health and safety in child care settings, based on the National Health and Safety Best Practice Standards. Priority service is given to providers that accept the NJ Child Care Subsidy Program and/or are enrolled in Grow NJ Kids.

x. Mental Health Consultation.

Describe:

The Center for Autism and Early Childhood Mental Health (CAECMH) 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 providers participating in the state subsidy program or Grow NJ Kids.

Additionally, SocioEmotional Formation Initiative (SEFI) currently provides infant and early childhood mental health consultation to at least 24 programs to address children and families who have experienced significant trauma, relational disruption, or identifying need. SEFI is also available to provide reflective practice support groups to programs who have experienced collective stress, loss or trauma as needed.

xi. Other.

Describe:

DHS/DFD will utilize ARP funds to implement Stabilization Grants beginning FY 2022. The grants are specifically designed for child care providers to help address their financial struggles during COVID-19 and provide resources necessary to help stabilize the child care sector.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

DHS/DFD contracts with 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 family or other special circumstances.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

DHS/DFD contracts with TA Regional Centers that utilize coaches, onsite consultation, quality improvement specialists and professional development to support programs and improve the quality services.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

DHS/DFD provides a higher reimbursement rate for children with special needs.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

The Regional Child Care Health Consultants are available to provide advanced health and safety training, technical assistance, and consultation to licensed child care programs and registered family child care providers in the state of New

Jersey. Child Care Health Consultants support Child Care Providers by promoting optimal health and safety in child care settings, based on the National Health and Safety Best Practice Standards. Priority service is given to providers that accept the NJ Child Care Subsidy Program and/or are enrolled in Grow NJ Kids.

x. Mental Health Consultation.

Describe:

The Center for Autism and Early Childhood Mental Health (CAECMH) 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 providers participating in the state subsidy program or Grow NJ Kids. Additionally, SocioEmotional Formation Initiative (SEFI) currently provides infant and early childhood mental health consultation to at least 24 programs to address children and families who have experienced significant trauma, relational disruption, or identifying need. SEFI is also available to provide reflective practice support groups to programs who have experienced collective stress, loss or trauma as needed.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

DHS/DFD will be implementing stabilization grants necessary to support providers meet increased expenses and operational costs, as well as address workforce

hiring and retention challenges.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

**DHS/DFD plans to use ARP funds for technical assistance activities to help providers easily and successfully access stabilization grants.**

.

v. Recruitment of providers.

Describe:

Through the resource and referral services CCR&Rs engage and encourage providers to extend their hours to meet the needs of working families that need non traditional care

vi. Tiered payment rates (as in 4.3.3).

Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

The Regional Child Care Health Consultants are available to provide advanced health and safety training, technical assistance, and consultation to licensed child

care programs and registered family child care providers in the State of New Jersey. Child Care Health Consultants support Child Care Providers by promoting optimal health and safety in child care settings, based on the National Health and Safety Best Practice Standards. Priority service is given to providers that accept the NJ Child Care Subsidy Program and/or are enrolled in Grow NJ Kids.

x. Mental Health Consultation.

Describe:

The Center for Autism and Early Childhood Mental Health (CAECMH) 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 providers participating in the state subsidy program or Grow NJ Kids. Additionally, SocioEmotional Formation Initiative (SEFI) currently provides infant and early childhood mental health consultation to at least 24 programs to address children and families who have experienced significant trauma, relational disruption, or identifying need. SEFI is also available to provide reflective practice support groups to programs who have experienced collective stress, loss or trauma as needed.

xi. Other.

Describe:

DHS/DFD plans to leverage ARP to continue supporting providers through grants to help stabilize the child care industry, so they may remain open and families have access to child care services. ARP supplemental funds will continue to support the implementation of CCDBG and quality activities. DHS/DFD's review of stakeholder input will be used to examine how to continue activities to address family needs for 1) non-traditional hours support, 2) access to higher-quality programs, and 3) increased quality services in underserved areas.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is



focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

DHS/DFD plans to use ARP funds to implement stabilization grants, in accordance with CCDF- ACF-IM-2021-02 guidance. Statewide grants will be made available to the full range of CCDF-eligible providers, center, school-age programs and family child care providers, licensed regulated, registered and approved.

The stabilization grant will distribute funds to providers for a variety of key operating expenses, including wages and benefits, rent and utilities, cleaning and sanitization supplies and services, and many other goods and services necessary to maintain or resume child care services. Grants will be distributed in three installments over a multi-year, and the first grant release scheduled late Fall 2021.

To leverage the ARP grant with other funds, DHS/DFD will make available retention and recruitment grants to support child care workers. The funds are designed to help providers attract new hires and retain existing quality staff to help keep their doors.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

DHS/DFD will use outreach and communication strategies, including technical assistance agencies, stakeholders and collaborative partners to target providers. Technical Assistance will be available to help providers access and apply for DHS/DFD's grants and initiatives

v. Recruitment of providers.

Describe:

Quality incentive grants to recruit programs to enroll in Grow NJ Kids, New Jersey's Quality Rating Improvement System (QRIS) will become available to increase the number of high quality programs, for centers and family child care.

vi. Tiered payment rates (as in 4.3.3).

Describe:

Grow NJ Kids (GNJK) tiered reimbursement will be established as an incentive for family child care to increase the number of quality slots for CCDF eligible families. FCC providers enrolled and rated 3 stars and above will receive higher rates.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

DHS/DFD plans to use American Recovery Plan to continue supporting providers through grants to help stabilize the child care industry, so they may remain open and families have access to child care services. Additionally, DHS/DFD will review all recommendations provided, review data and assessment surveys, as well as obtain direct feedback from providers and stakeholders to determine what supports and resources are critically to help improve and expand quality slots for

underserved areas and support family needs. Activities necessary to meet these goals include - operational expense grants, environmental landscape surveys, family and provider relief and quality supply building initiatives.

**4.1.9 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 (658 E(c)(2)(M); 98.16 (x);98.46(b)).**

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

Formerly known as "Abbott" districts are school districts in New Jersey covered by a series of New Jersey Supreme Court rulings, that found that the education provided to school children in poor communities was inadequate and unconstitutional and mandated that state funding for these districts be equal to that spent in the wealthiest districts in the state. The Court identified the specific factors used to designate districts as "Abbott districts." These districts: must be those with the lowest socioeconomic status, thus assigned to the lowest categories on the New Jersey Department of Education's District Factor Groups (DFG) scale; "evidence of substantive failure of thorough and efficient education;" including "failure to achieve what the DOE considers passing levels of performance on the High School Proficiency Assessment (HSPA);" have a large percentage of disadvantaged students who need "an education beyond the norm;" existence of an "excessive tax [for] municipal services" in the locality where the district is located. Additionally, New Jersey market price study reflects variations in the cost of child care services by geographic area, type of provider, and age of child and has been used to investigate shortages of quality child care and identify geographic areas with a supply shortage issue. The findings in the study revealed that: Child care supply shortage exists in less populous and/or poor school districts with limited resources, across the state. Most slots were highly concentrated in urban districts. Distribution of child care slots show that school districts with a child care supply shortage issue are concentrated in areas with a low population density.

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

New Jersey utilize various grants, contracts, scholarships and supports to increase the supply and access to high quality child care to children that live in areas with high concentrations of poverty. The investment includes a specific emphasis on expanding centers' capacity to serve infants and increasing children's access to quality programs and providers. Expansion and Increased Capacity Grants to increase the number of infant quality slots and incentivized new providers to participate in the subsidy program. Providers that created a new infant slot were eligible for an additional \$100 per month for 12 months. Program and Classroom Quality Enhancement grants also were offered to improve the quality of programs beyond basic health and safety requirements and standards. It also assisted providers in selecting ageappropriate materials and supplies that align with the Environment Rating Scales, (ECERS 3, ITERS 3, FCCERS R), or other evidence based improvement assessments. Health and Safety Grants awarded to support providers abate health and safety violation codes to meet state licensing standards and requirements. Remediation Grants to help license exempt providers with environmental requirements meet the licensing standards to become a licensed provider. In addition, through a Department of Education (DOE) and Department of Human Services (DHS) partnership, public preschool classrooms combine a DOEfunded sixhour, 180day component with a DHSfunded wraparoundprogram that provides daily beforeand aftercare and summer programs for eligible children. In total, the fullday, fullyear program is available up to 10 hours per day, 245 days a year.

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

### 4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to

parents of childcare 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 (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

#### **4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.**

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS. DHS/DFD plans to conduct a market rate study that will include the full diversity of providers beginning Spring of 2021 . Additionally,DHS/DFD will also conduct a narrow cost analysis immediately following the completion of the Market Rate Study. The Market Rate Study and the Narrow Cost Analysis will be used to assess child care prices and the cost of care.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

**4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.**

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

DHS/DFD is represented on the State Advisory Council and presented to the council the MRS for input and recommendations, which was incorporated into the final document

b) Local child care program administrators:

Prior to administering the 2017 survey, the MRS was shared with a group of administrators for feedback and recommendations

c) Local child care resource and referral agencies:

The draft MRS instruments were presented to the CCR&Rs for input and recommendations which were incorporated into the final instrument.

d) Organizations representing caregivers, teachers, and directors:

The 2017 MRS was shared with the child care resource and referral agencies for input and recommendations which was incorporated into the final document.

e) Other. Describe:

N/A

**4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative**

## methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

The MRS was distributed to child care centers, private and public early care education programs, and school-age child care providers which represent approximately over 90% of the types of providers utilized by families receiving CCDF. 3,910 child care centers licensed by the Office of Licensing across New Jersey in 2017 represented the majority of the child care provider data collected.

ii. Provide complete and current data:

Providers were asked to provide current price data for each age group they serve. Approximately 92.35% (3,611 centers) was contacted for this study. Of those, 2,132 centers (approximately 60% of 3,611 centers) participated in the survey. Public free programs that did not charge child care service fees were removed from the study and the analysis. This left 1,918 licensed child care centers (53% of 3,611 centers) eligible for the analytic sample of this study. Of the 1,918 centers, approximately 94% (1,804 centers) completed the survey, and close to 76% (1,370 centers) provided at least one price data in the survey. 2017 survey - Table 1 in Appendix A - represents the survey data of providers that responded to the survey.

iii. Use rigorous data collection procedures:

DHS/DFD utilized multiple methods to collect data, which consisted of using a vendor, DHS/DFD staff and child care resource and referral agencies. Child care provider email addresses were compiled and DHS/DFD along with CCR&Rs distributed the survey link to the centers and repeatedly followed up via email and phone calls to increase the survey response rate.



The vendor and DHS/DFD staff coordinated efforts and employed multiple outreach efforts, inclusive of collaborating with the Child Care Resource and Referral (CCR&Rs), Office of Licensing and Department of Education to increase the survey response rate and obtain additional information to investigate capacity, accessibility, and supply.

Providers received multiple communications through various methods, emails, phone calls, letters, flyers and announcements via websites and meetings. The vendor also identified and communicated non-responsive providers to DHS/DFD on a weekly basis to increase and target outreach efforts.

While the data collection was being collected via online survey, the vendor research team performed preliminary data cleaning and designed and conducted a child care DHS/DFD staff conducted a number of outreach efforts to increase survey participation including written notice via email and letter, phone calls, and incentives for survey participation, etc.

#### [iv. Reflect geographic variations:](#)

The universe of the provider data study came from the list of a total of 3,910 statewide child care centers licensed by the Office of Licensing across New Jersey in 2017. Of all eligible centers that responded to the survey (N=1,918) 908 centers served infants, 1,066 centers served toddlers, 1,432 centers served preschoolers and 1,094 centers served school-age children. More than 90% of centers that served infants, toddlers, and preschoolers provided at least one price data.

Price cluster and zip code groupings were done to reflect geographic variations in child care prices and the MRS examined the range of prices by cluster for each age group.

#### [v. Analyze data in a manner that captures other relevant differences:](#)

Price modes frequency - Both weekly and monthly price modes were collected. The monthly price mode was the most common pricing mode reported by centers. More than 90% of the centers, regardless of the child age group reported they collected monthly tuition. Pricing mode variations by child age groups are detailed in Table 5 in Appendix A.

Cluster prices by zip codes - Weekly and monthly prices by zip code were created into four price clusters. For example, if a child care center charges between \$226 and

\$260 weekly for infant care, the center was assigned 2nd price cluster for infant care. The list of matched counties, cities, zip codes, and price clusters for all zip codes are presented in Appendix B.

Quality variation - The percentages of centers that were accredited were 16% for those serving infants, 15% for those serving toddlers, and 14% for those serving preschoolers. About half of those accredited centers were accredited by National Association for the Education of Young Children (NAEYC).

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

N/A

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

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

The 2017 MRS collected data from the licensed child care providers statewide. The data analyses showed detailed price variations by geographic locations, e.g., county, zip code, school district and poverty and population density areas. A waiver is being requested for the 2021 MRS.

b) Type of provider. Describe:

The MRS included licensed child care centers, private and public early care and education programs and school-age child care providers. High quality providers are defined as participating in New Jersey's quality rating improvement program, being nationally accredited, or being enrolled in Head Start. Providers caring and servicing children from infant to school-age. A waiver is being requested for the 2021 MRS.

c) Age of child. Describe:

The 2017 MRS collected data on children ages birth to 13 years old, for all age groups.

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

N/A

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

**4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)**

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

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 (98.45(f)(1)) by responding to the questions below.

- a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. September 2018
- b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The MRS report is posted on DHS/DFD's website

<https://www.childcarenj.gov/Resources/Reports> and stakeholders were informed through meetings and email notices on how to access report.

- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

Through discussions, feedback and recommendations, and sharing a draft copy of the report with stakeholders, DHS/DFD considered stakeholders' comments.

### 4.3 Establish 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, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

#### **4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.**

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. 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 children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, 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.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:236.55

Full-time weekly base payment rate: 236.55

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? N/A

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:196.48

Full-time weekly base payment rate: 196.48

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? N/A

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:163.26

Full-time weekly base payment rate: 163.26

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? N/A

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:150.15

Full-time weekly base payment rate: 150.15

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? N/A

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:154.80

Full-time weekly base payment rate: 154.80

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? N/A

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:154.80

Full-time weekly base payment rate: 154.80

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? N/A

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:121.60

Full-time weekly base payment rate: 121.60

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? N/A

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:121.60

Full-time weekly base payment rate: 121.60

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? N/A

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

N/A

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Providers are paid based on the authorized care type. 'Full Time Care' is 6 hours per day or more (for a minimum of 5 days a week or 30 hours per week for a minimum of three



days) and 'Part Time Care' is less than 6 hours per day.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). March 2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

N/A

f. Provide the citation, or link, if available, to the payment rates

<https://www.echildcarenj.org/eccpw/>

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

#### 4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

b. Type of provider.

Describe:

Rates are differentiated based on provider type, center, registered family child care and approved homes

c. Age of child.

Describe:

Infant, toddler, preschool and schoolage care categories.

d. Quality level.

Describe:

Quality Tiered Levels 3, 4, and 5 stars, and accreditation for FCC

e. Other.

Describe:

Higher rate for special needs care across all provider types.

**4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).**

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No.

Yes. 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.

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

Special needs rates for all age groups and provider types.

- d. 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:

DHS/DFD separated out infant from toddler, and provides a higher reimbursement for infant care.

- e. 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:

- f. Differential rate for higher quality, as defined by the state/territory.

Describe:

Center based programs in Grow NJ Kids rated at 3, 4, or 5

- g. Other differential rates or tiered rates.

Describe:

#### 4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action

against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The 2017 MRS informed that DHS/DFD reimbursement rates were lower than the market price rates. In response, annual rate increases occurred over the past four years to close the market price gap. The MRS also informed that infant rates had the biggest rate disparity compared to the other age groups. Actions taken to increase the rates based on 2017 MRS included detaching infant from combined infant and toddler rate, and allocating a larger funding amount parentage towards the infant care. The result of annual rate increase has moved reimbursement rates closer to the 75TH percentile benchmark based on 2017 MRS. In certain regions of the state, especially the south, DHS/DFD rates meet and exceed the 75th percentile.

b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

DHS/DFD most current market rate study data (2017), provider assessment surveys, review of reports, meetings and collection of provider rates were all factors considered to set provider payment rates. Over the past three years (2018 to present), New Jersey annually increased its reimbursement rates and made health and safety grants available to all CCDF eligible providers.

Due to the economic fragility of the child care market because of COVID-19, DHS/DFD provided an additional \$300 dollar supplemental payment per month per child from September 2020 to present. Additionally, providers received ongoing health and safety grants, and supplies to address the increased costs and expenses.

These additional payments and health and safety grants were the result of taking into consideration factors that contribute to increased cost, conveyed through provider input and supported with state and federal funds. Over the past three years, payment rates have increased over 40% for infant care, which is the most expensive care type based on the MRS. Based on 2017 MRS, the statewide 75th percentile infant rate was \$1300 compared to DHS/DFD current reimbursement rates of \$ 1,074 which is 79% of the 75th percentile. Over the past three years, rates have progressively moved towards the 75th percentile.

**4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).**

DHS 2017 Market Rate Study (MRS) captured price data for centers enrolled in New Jersey's quality rating improvement system, Grow NJ Kids. Grow NJ Kids is a five star level system and starting at level three, providers receive a higher increase rate at each level.

The limited sample size allowed for a small study which, weighted 50th and 75th percentile monthly prices by Grow NJ Kids program. For example, 283 centers serving infants participated in Grow NJ Kids but only 170 provided their price data; 319 centers serving toddlers participated in the system but only 200 provided their prices; and 250 out of 360 centers serving preschoolers participated in the system provided their price data.

Child care centers participating in Grow NJ Kids, rated three stars or above are required to meet higher standards at each quality benchmark level (3, 4, and 5 stars). DHS/DFD established quality tiered increased rates, which take into consideration higher cost for centers to meet quality standards (i.e. curriculum, and degreed teachers). DHS/DFD payment rate structure allows for increased amount at each level, to align with higher quality standards from 3 to 5 stars. In addition to quality tiered payment rates, DHS/DFD leverages increased rates with educational scholarships and grants to help offset additional expenses incurred by high quality programs.

**4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.**

DHS/DFD increased infant rates by approximately 40 percent since 2018 based on 2017

MRS' findings which indicated infant care rates as the largest payment disparity age group.

May 2019, DHS/DFD established a special care payment rate, approximately 20% above baseline rate, to support child care providers and children needing special services.

July 2019, New Jersey's minimum wage increase took effect, raising the hourly wage to \$10 and one dollar annually thereafter to \$15 an hour 2024. In 2020 and 2021, New Jersey allocated \$30 million and \$54 million respectively, specifically to increase child care reimbursement rates. Additionally, as of September 2020, providers receive up to \$300 per child per month above the reimbursement baseline rates to help offset families tuition cost and increased expenses because of COVID-19

All of these initiatives and rate increases have pushed DHS/DFD reimbursement rates very close to the 75th percentile for all age groups, based on 2017 Market Rate Study prices.

#### 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

##### 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded

assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

#### **4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.**

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

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

DHS/DFD utilizes an automated time and attendance system, which tracks attendance and automatically issued bi-weekly ACH payments to providers. Payments are scheduled and issued within no more than 21 calendar days.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

- i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

Payment policies are based on attendance. However, since March 2020, due to COVID19, providers temporarily have been paid based on enrollment.

- ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

Payment policies allow fulltime payment based on 80% of the authorized time. However, since March 2020, due to COVID19, providers temporarily have been paid based on enrollment.

- iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

Payment policies allow for five consecutive documented absences within a twoweek pay cycle. However, since March 2020, due to COVID19, providers temporarily have been paid based on enrollment.

- iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

The above payment policies, based on enrollment, have been enacted due to the federal and state Public Health Emergency due to COVID and as an effort to respond to the needs of providers in order to remain operational and sustainable.

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

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).



Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

DHS/DFD has two payment structures; parttime (less than 6 hours per day) and full time (6 hours or more per day). The two increments align more with families' work schedules and operational expense support for providers rather than smaller increments of time.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

Before the most common fees more than 75% of the centers surveyed charge, based on 2017 Market Rate Study was registration fee collected annually with the median amount of \$65.00 Providers are paid a onetime initial registration fee, for a WFNJ/TANF participant's child care services. Providers also receive a transportation fee for WFNJ/TANF participants. Additionally, an annual registration fee is provided to Family Child Care Providers. As of September 2021 DHS/DFD implimented the family differential payment of \$300 per month to help offset the cost and expense of any parental tuition and fees.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

All providers are required to sign Parent Applicant Provider Agreements (PAPAs) which reflect the maximum daily rate, daily copayment, and the daily rate. The Agreement clearly authorizes payments only for the period of service indicated on the agreement. It contains the parent/child information; child care start date and stop date for each child; summary of payment information for each child; and provider information. It also includes the Parent/Provider/Agency Certification page that fully explains the agency, parent, and provider responsibilities affecting the child care services.

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

**Describe:**

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

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

If the provider has a payment issue, the provider can request a case review by the CCR&R and/or DFD. The CCR&R 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 CCR&R review, the provider can request a review by DHS/DFD. Additionally, providers are granted 60 days to identify payment discrepancies.

**g. Other. Describe:**

N/A

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

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

**4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.**

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 over burdening providers with paper invoices.

DHS/DFD's payment policy allows providers to receive full payment when children are in

attendance 85% of authorized time and when children are out sick. Additionally, to support the fixed operational costs, DHS/DFD offers either full-time or part-time rates, instead of hourly rates. To provide stable funding and encourage more child care providers to participate in the subsidy program, DHS/DFD pays providers for twenty-two (22) closures days.

Additionally, since the onset of COVID-19, and currently, DHS/DFD pays providers based on enrollment. Collectively, all these payment practices and policies are measures put in place to support families and ensure they have equal access to the full range of providers. These policies help promote financial stability to providers and equal access by providing consistent and adequate resources to incentivize providers to accept families receiving child care assistance.

#### 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

- a. Limit the maximum co-payment per family.

Describe: .

Copayments are assessed only to the first and second child. Copayment is assessed at 100% for the first child, and at 75% for the second child. If more than two children in a family are receiving child care services, no copayment shall be required for the third and subsequent children in the family. Co-payment is only

assessed once at the redetermination period, during the graduated phase out period.

- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and
- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

DHS/DFD's graduated phase-out of assistance for families provides an additional twelve-months of child care for families whose income has increased at the time of re-determination to over 250% and has not exceeded the federal income limit of 85% of State Median Income (SMI).

The additional year of child care assistance promotes continuity by allowing for wage growth, and a graduate transition to help family's pathway to financial stability. Co-payment is only assessed once at the redetermination period, during the graduated phase out period.

- d. Other.  
Describe:

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

- No
- Yes. If yes:

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 promotes affordability and access for families. The rationale to allow providers to charge families above the state reimbursement rates is to allow families greater parental choice and provider selection options.

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.

DHS/DFD does not collect this data and plans to collect in the 2021 market rate study.

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

DHS/DFD has not performed this type of analysis but plans to conduct a study to determine how additional amounts or families out of pocket expense affect access to care.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements;

standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). 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. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

**5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.**

a. Center-based child care.

i. Identify the providers subject to licensing:

Centerbased child care provider types includes: Day Care Centers, DropIn Centers, Nighttime 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; schoolage child care programs; employmentrelated 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 prekindergartens that are not an integral part of a private educational institution or system offering elementary education in grades kindergarten through sixth.

ii. Describe the licensing requirements:

The child care center site cannot be a serious risk to the health, safety or wellbeing of the children and must achieve full compliance with all applicable provisions of the Manual of Requirement, which include but not limited to the following: Compliance with physical facility, including state building and fire codes; Compliance with Criminal Background and Child Abuse Record Information Staffing requirements, i.e. minimum staff, qualifications, and criminal background check procedures requirements; Supervision, maintaining required staff/child ratios, provide age appropriate activities, use positive methods of guidance and discipline, and provide adequate nutrition and rest; Clean and safe indoor and outdoor environments; Environmental sanitation; Proper record management, including comprehensive criminal background checks for all staff; Requirements for serving special needs, sick children and transportation; Administration and control of medication; Discipline; Communicable disease reporting.

iii. Provide the citation:

New Jersey Administrative Code (N.J.A.C.) 3A:52 Manual of Requirements for Child Care Centers

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

This is a provider who cares for no fewer than 3 no more than five children at any one time in his or her home and has received an initial, renewal or temporary Certification of Registration demonstrated to the satisfaction of the sponsoring organizations (Child Care Resource and Referral Agencies) and Office of Licensing.

ii. Describe the licensing requirements:

Family Child Care programs/providers must meet all safety, health and program requirements, which includes but is not limited to: Meet all Staffing Requirements, Demonstrate compliance with state building and fire codes; Provide adequate supervision maintaining required staff/child ratios, provide age appropriate activities, use positive methods of guidance and discipline, and provide adequate nutrition and rest; maintain clean and safe indoor and outdoor environments; maintain proper records and obtain comprehensive criminal background checks for all staff and household members; meet all requirements for serving special needs, sick children and transportation; comply with annual OOL unannounced inspections and complaint investigations; and complete preservice health and safety trainings.

iii. Provide the citation:

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); Draft CCDBG Comprehensive Criminal Background Check Requirements (FCC and Approved Homes

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

This provider is an individual who has been evaluated and approved by the NJ Division of Family Development (DFD) or its designee and serves no more than two unrelated children for fewer than 24 hours of care per day.



ii. Describe the licensing requirements:

DFD Approved Home Providers are child care providers that are not registered pursuant to the Family Child Care Provider Registration Act (N.J.A.C. 3A:54), but whose home has been evaluated and authorized for payment through the CCR&Rs using the SelfArranged Care Inspection and Interview Checklist (N.J.A.C.). Approved Home providers must meet all safety, health and program requirements, which includes but is not limited to: meet all Staffing Requirements demonstrate compliance with state building and fire codes; provide adequate supervision maintaining required staff/child ratios, provide age appropriate activities, use positive methods of guidance and discipline, and provide adequate nutrition and rest; maintain clean and safe indoor and outdoor environments; maintain proper records and completion of comprehensive criminal background checks as required; meet all requirements for serving special needs, sick children and transportation; comply with DFD unannounced inspections and complaint investigations; and complete preservice health and safety trainings.

iii. Provide the citation:

DFD Instruction No.: 171007 and 140403. N.J.A.C. 10:151.2 & 2.4; Draft CCDBG Comprehensive Criminal Background Check Requirements (FCC and Approved Homes)

**5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe 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. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.**

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

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

N/A - To be considered CCDF-eligible, licensing exempt center-based providers are required to meet DHS/DFD Policy pursuant to DFD Instruction 17-10-05, which requires compliance with the Manual of Requirement for Child Care Centers pursuant to N.J.A.C 3A:52. License-exempt centers have to comply with hours of care, and number of children provisions pursuant to 3A:52-1.5 Hours of care and 3A:52-4.3 Staff/child ratios and supervision.

ii. Provide the citation to this policy:

DFD Instruction 17-10-05

<https://www.childcarenj.gov/Providers/CCDBG/Child-Care-Subsidy-Program-Requirements-and-CCDBG>

<https://www.nj.gov/dcf/about/divisions/ol/licensing.html>

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

To qualify for DHS/DFD subsidy payments, providers must comply with CCDF health and safety requirements, and applicable State health and safety regulations. CCDF providers must have some form of State license, registration or DHS/DFD approval, which includes criminal background checks, preservice trainings, and unannounced annual monitoring.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. 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:

CCDF-eligible family child care providers, exempt from licensing requirements must register 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. A family child care provider is defined as a private residence of which child care services are provided to no fewer than three and no more than five children at any one time for no fewer than 15 hours per week.

ii. Provide the citation to this policy:

Family Day Care Provider Registration Act of 1987, N.J.S.A. 30:5B16 et seq. (P.L. 1987, Chapter 27)

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

To qualify for DHS/DFD subsidy payments, providers must comply with CCDF health and safety requirements, and applicable State and local health and safety regulations. Family child care providers must be registered to receive CCDF funds.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. 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.

In-home child care providers are license exempt and defined as an individual that serves no more than two children, for fewer than 24 hours of care per day.

CCDF-eligible in-home child care providers, must comply with CCDF health and safety requirements and DHS/DFD's health and safety policy. DHS/DFD policy requires providers to complete the required CCDF health and safety training and complete the comprehensive background check.

ii. Provide the citation to this policy:

N.J.A.C. 3A:54; DFD Instruction No.: 171007 and 14 0403. N.J.A.C. 10:151.2 & 2.4

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

N/A - InHome Providers must comply with CCDBG requirements.

## 5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

### **5.2.1 Describe how the state/territory defines the following age classifications. For instance, 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 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1;3

B. Group size:

4

ii. Toddler

A. Ratio:

1:6

B. Group size:

6

iii. Preschool

A. Ratio:

1:10 FOR 3 YEAR OLDS, 1:12 FOR 4 YEAR OLDS

B. Group size:

10-12

iv. School-age

A. Ratio:

1:15

B. Group size:

15

v. Mixed-Age Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

N/A

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

1:4 - NO MORE THAN 2 BELOW 1 YEAR OF AGE

B. Group size:

Four children below two years of age, of which no more than two shall be below one year of age.

ii. Infant

A. Ratio:

1:3

B. Group size:

3

iii. Toddler

A. Ratio:

1:3

B. Group size:

3

iv. Preschool

A. Ratio:

1:5

B. Group size:

5

v. School-age

A. Ratio:

1:5

B. Group size:

5

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

N/A

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A



vi. Describe the ratio and group size requirements for license-exempt in-home care.

N/A

### 5.2.3 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, including any variations based on the ages of children in care:

Specified in N.J.A.C. 3A:52-4.3, which is DHS/DFD's standard for CCDF-center-based care teacher qualifications. Teacher's qualifications 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 required head teacher requirements. At minimum, the Head Teacher must have a teaching certificate from Department of Education, along with six (6) college credits and three years of experience or nine (9) college credit and three years of experience. Group Teacher - 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 in one of the options set forth below for education and experience: Master's Degree in any field related to children or business or; Bachelor's Degree with One year of managerial or supervisory experience.

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

N/A

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

Licensed Child Care Centers: N.J.A.C 3A:526.3 <https://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf>

b. Licensed Family Child Care

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

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

1. Be at least 18 years of age;
2. Be of good character and reputation, with sufficient knowledge, intelligence, stability, energy and maturity to maintain a family child care home and to care for children;
3. Be in sufficient physical, mental and emotional health to care properly for children to be placed in the home;
4. Reside in the family child care home; and
5. Demonstrate to the satisfaction of the sponsoring organization and the Office of Licensing that he or she complies with all applicable requirements of the Manual of Requirements. See N.J.A.C. 3A:545.1 and 5.2.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

N/A

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

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

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

Must be 18 years or older and a resident of New Jersey

Must be of good character

Must disclose and complete comprehensive criminal background checks, for provider and any household member

-Must certify that provider is in good health to care for children

Must meet all DHS/DFD CCDBG Health and Safety Requirements.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

## 5.3 Health and Safety Standards and Training for CCDF Providers

### 5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) 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 (98.41(a)). 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 in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

### **5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care providers must meet health requirements around infectious diseases as specified in N.J.A.C 10:122 - Subchapter 7. This includes topics such as, Illness/communicable diseases; Attendance by children and/or staff memberchildren; Health Requirements for Staff members; Administration and control of prescription and nonprescription medicines and health care procedures; Injury to a child while in the center's care; environmental sanitation requirements; personal hygiene requirements; illness log for early childhood programs; reporting of illnesses, injuries and reportable diseases; and, information to parents regarding the management of communicable diseases.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 180301

DFD Instruction No.: 171007

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1; N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:122 -Subchapter 7 all

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3 (a)

[https://www.nj.gov/dcf/provide\\_rs/licensing/laws/CCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/CCCmanual.pdf)

Family Child Care Homes: N.J.A.C. 3A:54 4.7, 3A:546.8 [https://www.nj.gov/dcf/provide\\_rs/licensing/laws/FCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/FCCmanual.pdf)

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards) Summer Youth Camps: N.J.A.C. 8:25(3)(d)(1) N.J.A.C. 8:25(3)(d)(1)

N.J.A.C. 8:255.5(d)

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

FD Instruction No.: 171007

DFD Instruction No.: 180301

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration);

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status

(i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on the New Jersey Childcare Information System NJCCIS/NJ Workforce Registry <https://njccis.com> . Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcarenj.gov/Providers/Training>. If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce <https://njccis.com>. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry, including: email, website <https://www.nj.gov/health/ceohs/sanitation/safety/youthcamps.shtml#3>, mail to providers of program updates - Youth Camps

### 5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All teaching staff, providers, caregivers and individuals responsible for the direct care and supervision of children must complete the health and safety trainings. The trainings must meet Division of Family Development (DFD) requirements and standards and be documented and on file. New hires must complete training within two weeks of hire. Providers must complete Health and Safety Basic Training, is a six-hour online course offered in English and Spanish.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 180301

DFD Instruction No.: 171007

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C 10:122 -Subchapter 7 all

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

[https://www.nj.gov/dcf/provide\\_rs/licensing/laws/CCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/CCCmanual.pdf)

Family Child Care Homes: N.J.A.C. 3A54 4.7, 3A:546.8 [https://www.nj.gov/dcf/provide\\_rs/licensing/laws/FCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/FCCmanual.pdf)

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

Summer Youth Camps: N.J.A.C 8:25(3)(d)(1) N.J.A.C. 8:25(3)(d)(1) N.J.A.C. 8:25

5.5(d)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 171007

DFD Instruction No.: 180301

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6);

N.J.A.C. 10:1510.2

N.J.A.C. 10:151.1

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for FamilyChild Care Registration);

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are



able to maintain and update the health and safety practices as described in the standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com>.

Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcarenj.gov/Providers/Training>. If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. Also, including: email, website <https://www.nj.gov/health/ceohs/sanitation/safety/youthcamps.shtml#3>, mail to providers of program updates - Youth Camps

### **5.3.3 Administration of medication, consistent with standards for parental consent.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All NJ Child Care Programs/Providers are required to develop and follow applicable policy on the administration of medication and health care procedures to children. Medication shall be administered only after receipt of written approval from the child's parents or legal guardian.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. DFD Instruction No.: 170205

DFD Instruction No.: 180301  
DFD Instruction No.: 171007  
N.J.A.C. 10:1221.2; N.J.A.C. 10:126;  
N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1  
.J.A.C. 10:151.2 & 2.4  
N.J.A.C. 3A:521.3(a)(6);  
N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1  
N.J.A.C 10:122 -Subchapter 7 all  
Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)  
<https://www.nj.gov/dcf/provide rs/licensing/laws/CCCmanual.pdf>  
Family Child Care Homes: N.J.A.C. 3A:54 4.7, 3A:546.8 <https://www.nj.gov/dcf/provide rs/licensing/laws/FCCmanual.pdf> New Jersey Administrative Code (N.J.A.C.)  
3A:52 (Manual of Requirements for Child Care Centers);  
New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family  
Child Care Registration)  
New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety  
Standards)

**b. Pre-Service and Ongoing Training**

**i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.**

DFD Instruction No.: 170205  
DFD Instruction No.: 171007  
DFD Instruction No.: 180301  
N.J.A.C. 10:1221.2; N.J.A.C. 10:126;  
N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1 N.J.A.C. 10:151.2 & 2.4  
N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1  
New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child  
Care Centers);  
New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family  
Child Care Registration)  
New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety  
Standards)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com>. Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcarenj.gov/Providers/Training>. If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry.

Also, including: email, website <https://www.nj.gov/health/ceohs/sanitation/safety/youthcamps.shtml#3>, mail to providers of program updates - Youth Camps.

### **5.3.4 Prevention of and response to emergencies due to food and allergic reactions.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All Child Care Programs/Providers are required to maintain an individual record for each child in care, including allergies. The provider is required to recognize and respond to the prevention of and response to emergencies due to foodrelated allergies and other allergic reactions.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 180301

DFD Instruction No.: 171007

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C 10:122 -Subchapter 7 all

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

<https://www.nj.gov/dcf/provide rs/licensing/laws/CCCmanual.pdf>

Family Child Care Homes: N.J.A.C. 3A54 4.7, 3A:546.8

<https://www.nj.gov/dcf/provide rs/licensing/laws/FCCmanual.pdf>

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration);

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

Summer Youth Camps: N.J.A.C 8:25 N.J.A.C. 3A:546.14(i)1 and 2

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 180301

DFD Instruction No.: 171007

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:122 -Subchapter 7 all

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

[https://www.nj.gov/dcf/provide\\_rs/licensing/laws/CCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/CCCmanual.pdf)

Family Child Care Homes: N.J.A.C. 3A:54 4.7, 3A:546.8 [https://www.nj.gov/dcf/provide\\_rs/licensing/laws/FCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/FCCmanual.pdf)

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

Summer Youth Camps: N.J.A.C. 8:25 N.J.A.C. 3A:546.14(i)1 and 2

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com>. Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcarenj.gov/Providers/Training>. If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry. Also, including: email, website <https://www.nj.gov/health/ceohs/sanitation/safety/youthcamps.shtml#3>, mail to providers of program updates - Youth Camps.

### **5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Providers must ensure compliance with health, safety, building, state and local laws.

This is demonstrated by:

Life/Safety Inspection with Department of Children and Families, Office of Licensing (DCF/OOL);

Current Fire Safety Inspection Certificate; and Certificate of Occupancy (CO).

Licensed Child Care Centers

Building premises safety in child care centers is guided by DCF regulations. The rules provide guidance on such things as floors and carpets, waste receptacles, storage of

hazardous materials, window guards, electrical outlets, lead paint, building code compliance, etc.

#### Family Child Care

Family child care premises safety is controlled by DCF regulations. The rules cover such effects as floors and walls, play equipment, electricity, sanitation, the fire code, the Uniform Construction Code, etc.

#### Approved Home Providers

Approved Home Providers premises safety is controlled by DHS/DFD regulations. The rules cover such effects as floors and walls, play equipment, electricity, sanitation, the fire code, Building Code compliance, etc.

#### Summer Youth Camps

Summer youth camp premises safety is guided by DOH regulations. The rules cover issues such as hazardous materials, certificates of occupancy, hot water, pools and power equipment .

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations as all subsidy participating providers must meet mandated DHS/DFD CCDBG requirements. In addition, Providers are required to meet their own Agency regulated specific requirements as cited within either the NJ Manual of Requirements for Child Care Centers, NJ Manual of Requirements for Family Child Care Providers or NJ Youth Camp Safety Standards

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

FD Instruction No.: 171007

DFD Instruction No.: 180301

Licensed Child Care Centers: N.J.A.C. 3A:525.3 N.J.A.C. 62612

Family Child Care Homes: N.J.A.C. 3A:544

Summer Youth Camps: N.J.A.C. 8:254

Approved Homes: N.J.A.C. 10:152.4 N.J.A.C. 3A:546.3 through 6.6

Licensed Child Care Centers: N.J.A.C. 3A:524.8 and N.J.A.C. 62612, 3A:546.11

Family Child Care Homes: N.J.A.C. 3A:544.2 and N.J.A.C. 3A:546.4, 3A:527.8

Youth Camps: N.J.A.C. 8:25-6.1 and N.J.A.C. 8:2515.1 N.J.A.C. 8:2515.2

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

[https://www.nj.gov/dcf/provide\\_rs/licensing/laws/CCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/CCCmanual.pdf)

Family Child Care Homes: N.J.A.C. 3A54 4.7, 3A:546.8 [https://www.nj.gov/dcf/provide\\_rs/licensing/laws/FCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/FCCmanual.pdf)

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration)

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 171007

DFD Instruction No.: 180301

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.



iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com> .

Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcarenj.gov/Providers/Training> . If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry.

Also, including: email, website <https://www.nj.gov/health/ceohs/sanitation>, email to providers of program updates - Youth Camps.

### **5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

CCDBG Policies and procedures for the standard is a requirement of mandatory

training. All caregivers/teachers who are in direct contact with children, including substitute caregivers/teachers and volunteers are required to receive training on preventing shaken baby syndrome and abusive head trauma; recognition of potential signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with a crying, fussing, or distraught child; and the development and vulnerabilities of the brain in infancy and early childhood.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 180301

DFD Instruction No.: 171007

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C 10:122 -Subchapter 7 all

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

[https://www.nj.gov/dcf/provide\\_rs/licensing/laws/CCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/CCCmanual.pdf)

Family Child Care Homes: N.J.A.C. 3A54 4.7, 3A:546.8 [https://www.nj.gov/dcf/provide\\_rs/licensing/laws/FCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/FCCmanual.pdf)

provide [rs/licensing/laws/FCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/FCCmanual.pdf)

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration)

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

## b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 171007

DFD Instruction No.: 180301

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com>. Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcarenj.gov/Providers/Training>. If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry.

Also, including: email, website <https://www.nj.gov/health/ceohs/sanitation> email to providers of program updates - Youth Camps.

**5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All providers are required to ensure the safety of children and communicating with parents in the event of an evacuation, lockdown, natural or civil disaster, and other emergencies. The requirements include: a plan for informing parents of their children's whereabouts; details of connections to the appropriate local law enforcement agency or emergency management office; and conducting lockdown drills. Emergency procedures shall be readily accessible in a designated location.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Child care centers, family child care providers and Inhome are required to have written plans and comply with emergency procedures, the variation is related to care type setting.

Specifically, centers are required to have evacuation cribs and in some instances, supplementalevacuation requirements that involve additional staff based on the number of children under 2 ½ and room location, and sleeping equipment space arrangement must allow for 3 feet wide aisle.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

FD Instruction No.: 171007

DFD Instruction No.: 180301

Licensed Child Care Centers: N.J.A.C. 3A:524.8 and N.J.A.C. 62612

Family Child Care Homes: N.J.A.C. 3A:544.2 and N.J.A.C. 3A:546.4

Youth Camps: N.J.A.C. 8:25-6.1 and N.J.A.C. 8:2515.1 N.J.A.C. 8:2515.2

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

[https://www.nj.gov/dcf/provide\\_rs/licensing/laws/CCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/CCCmanual.pdf)

Family Child Care Homes: N.J.A.C. 3A54 4.7, 3A:546.8 [https://www.nj.gov/dcf/provide\\_rs/licensing/laws/FCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/FCCmanual.pdf)

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 171007

DFD Instruction No.: 180301

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations as all subsidy participating providers must meet mandated DHS/DFD CCDBG training requirements. In addition, providers are required to meet their own Agency regulated specific training

requirements as cited within either the NJ Manual of Requirements for Child Care Centers, NJ Manual of Requirements for Family Child Care Providers or NJ Youth Camp Safety Standards.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.



Pre-Service



Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?



Yes



No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the

standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com> .

Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcarenj.gov/Providers/Training> . If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry.

Also, including: email, website <https://www.nj.gov/health/ceohs/sanitation> email to providers of program updates - Youth Camps.

### 5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

**Licensed Child Care Centers:** In general, all corrosive agents, insecticides, bleaches, detergents, polishes, any products under pressure in an aerosol can, and any toxic substance shall be stored in a locked cabinet or in an enclosure located in an area not accessible to children.

**Family Child Care:** All items that may be hazardous to children, including medicines, poisonous plants, toxic substances, tobacco products, matches and sharp objects, must be stored out of the reach of children. The provider must ensure that play equipment, materials, and furniture for indoor and outdoor use are of sturdy and safe construction, nontoxic, easy to clean, and free of hazards that may be injurious to young children including any hazardous equipment.

**Summer Youth Camps:** The camp director must ensure that the storage and handling of flammable liquids and hazardous substances conforms to the requirements of the New Jersey Uniform Construction Code at N.J.A.C.5:23 and applicable local laws and ordinances. N.J.A.C. 8:256.2

**Approved Home Providers:** Approved Providers must ensure that children wash their hands with soap and running water after coming in contact with bio-contaminates, such as blood, saliva and other body secretions/fluids, after caring for animals, contact with animals, after contact with animal's body secretions. Approved Home Providers must wash with commercial cleaners and disinfectants, and ensure soiled diapers or

clothing are changed promptly. The provider must also ensure that play equipment, materials, and furniture for indoor and outdoor use are of sturdy and safe construction, nontoxic, easy to clean, and free of hazards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed Child Care Centers - The variation for licensed centers regarding hazards indicate that a center shall not be located near or adjacent to areas determined by the Office of Licensing to be hazardous to the physical health and safety of the children, as pursuant to the Manual of Requirements 3A:50 - 2.3.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DDFD Instruction No.: 170205

DFD Instruction No.: 171007 DFD Instruction No.: 180301

Licensed Child Care Centers: N.J.A.C. 3A:524.8 and N.J.A.C. 62612, 3A:546.11

Family Child Care Homes: N.J.A.C. 3A:544.2 and N.J.A.C. 3A:546.4, 3A:527.8 Youth

Camps: N.J.A.C. 8:25-6.1 and N.J.A.C. 8:2515.1 N.J.A.C. 8:2515.2

DFD Instruction No.: 170205 DFD Instruction No.: 171007

DFD Instruction No.: 180301 N.J.A.C. 9:68.9 (CCDF list citation Section 9:6-8, 90),

8.10, 8.13 and 8.14 N.J.A.C. 3A:524.9; N.J.A.C. 3A:543.4 N.J.A.C. 8:253.13.2

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

[https://www.nj.gov/dcf/provide rs/licensing/laws/CCCmanual.pdf](https://www.nj.gov/dcf/provide/rs/licensing/laws/CCCmanual.pdf)

Family Child Care Homes: N.J.A.C. 3A:54 4.7, 3A:546.8 [https://www.nj.gov/dcf/provide rs/licensing/laws/FCCmanual.pdf](https://www.nj.gov/dcf/provide/rs/licensing/laws/FCCmanual.pdf)

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)



b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 171007

DFD Instruction No.: 180301

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1  
N.J.A.C.

10:151.2 & 2.4 N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child  
Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family  
Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety  
Standards)

ii. Describe any variations in training requirements for the standard(s). Do training  
requirements vary by category of care (i.e. Center, FCC, In-home), licensing status  
(i.e. licensed, license-exempt), or the age of the children in care?

No Variations

iii. To demonstrate compliance, certify by checking below how the state/territory  
requires this training topic be completed by providers during either pre-service or  
during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before  
caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the  
standard(s)? This description should include methods to ensure that providers are  
able to maintain and update the health and safety practices as described in the

standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com>.

Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcarenj.gov/Providers/Training>. If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry. In addition, Youth Camps email, website <https://www.nj.gov/health/ceohs/sanitation>, email to providers of program updates.

### **5.3.9 Precautions in transporting children (if applicable).**

#### **a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

All Child Care Programs/Providers that offer transportation, if applicable, are required to take appropriate precautions in transporting children and must meet all mandatory CCDBG training requirements. In addition, Child Care Programs/Providers must meet their Agency regulated/oversight specific requirements either the NJ Manual of Requirements for Child Care Centers, NJ Manual of Requirements for Family Child Care Providers or NJ Youth Camp Safety Standards.

**ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.**

No variations, as all subsidy participating providers must meet mandated DHS/DFD CCDBG training requirements. In addition, Providers are required to meet their own Agency regulated specific training requirements as cited within either the NJ Manual of Requirements for Child Care Centers, NJ Manual of Requirements for Family Child Care Providers or NJ Youth Camp Safety Standards.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 180301

DFD Instruction No.: 171007

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1  
N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C 10:122 -Subchapter 7 all

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

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

Family Child Care Homes: N.J.A.C. 3A:54 4.7, 3A:546.8 <https://www.nj.gov/dcf/providers/licensing/laws/FCCmanual.pdf>

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 171007

DFD Instruction No.: 180301

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1  
N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family

Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com>. Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcare.nj.gov/Providers/Training>. If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry.

Also, including: email, website <https://www.nj.gov/health/ceohs/sanitation>, mail to providers of program updates - Youth Camps.

### 5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DHS/DFD requires current First Aid and CPR Training for CCDF eligible Providers. DFD requires at least two staff members who have current certified basic knowledge of first aid principles and cardiopulmonary resuscitation (CPR), as defined by a recognized health organization shall be in the center at all times when enrolled children are present. DHS/DFD works in partnership with American Red Cross to provide training to all the Lead Trainers from each CCR&R. Therefore, CCR&R Lead Trainers become certified to train CCDF eligible Providers on Pediatric CPR and First Aid. The trainings are offered statewide to all providers.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations, as all subsidy participating providers must meet mandated DHS/DFD CCDBG requirements. In addition, Providers are required to meet their own Agency regulated specific requirements as cited within either the NJ Manual of Requirements for Child Care Centers, NJ Manual of Requirements for Family Child Care Providers or NJ Youth Camp Safety Standards.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 180301

DFD Instruction No.: 171007

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:15 1.1

N.J.A.C 10:122 -Subchapter 7 all

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

[https://www.nj.gov/dcf/provide\\_rs/licensing/laws/CCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/CCCmanual.pdf)

Family Child Care Homes: N.J.A.C. 3A54 4.7, 3A:546.8

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

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards) Summer Youth Camps: N.J.A.C 8:25(3)(d)(1)

N.J.A.C. 8:25(3)(d)(1) N.J.A.C. 8:255.5(d)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 171007

DFD Instruction No.: 180301

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com>

Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcarenj.gov/Providers/Training>.

Communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry.

Also, including: email, website <https://www.nj.gov/health/ceohs/sanitation/safety/youthcamps.shtml#3>, mail to providers of program updates - Youth Camps.

**5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

By New Jersey law, staff is required to report child abuse or neglect if it is suspected. Staff must be trained on this law. CCDBG policies and procedures related to trainings

on the topic of recognizing and reporting child abuse or neglect are mandatory for all providers. In addition, pursuant to the reporting requirements specified above, the sponsor, sponsor representative, director, or any staff member shall advise the parent(s) of the occurrence of any unusual incident(s) that occurred and that might indicate possible abuse or neglect involving the child. Such notification shall be made on the same day on which the incident occurred. Orientation trainings on the topic of recognizing and reporting child abuse or neglect are mandatory and required for all providers.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DFD Instruction No.: 171007

DFD Instruction No.: 180301

N.J.A.C. 9:68.9, 8.10, 8.13 and 8.14 N.J.A.C. 3A:524.9;

N.J.A.C. 3A:543.4

N.J.A.C. 8:253.13.2

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

[https://www.nj.gov/dcf/provide\\_rs/licensing/laws/CCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/CCCmanual.pdf)

Family Child Care Homes: N.J.A.C. 3A54 4.7, 3A:546.8

[https://www.nj.gov/dcf/provide\\_rs/licensing/laws/FCCmanual.pdf](https://www.nj.gov/dcf/provide_rs/licensing/laws/FCCmanual.pdf) New Jersey

Administrative Code (N.J.A.C.) 3A:52

(Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54

(Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

Summer Youth Camps: N.J.A.C 8:25(3)(d)(1) N.J.A.C. 8:25(3)(d)(1) N.J.A.C. 8:25 5.5(d)

b. Pre-Service and Ongoing Training



i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

DFD Instruction No.: 170205

DFD Instruction No.: 171007

FD Instruction No.: 180301

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

N.J.A.C. 10:151.2 & 2.4

N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 (New Jersey Youth Camp Safety Standards)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com>. Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcarenj.gov/Providers/Training>. If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry.

Also, including: email, website <https://www.nj.gov/health/ceohs/sanitation>, mail to providers of program updates - Youth Camps.

**5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b**

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

DHS/DFD Health, Safety, and Child Growth and Development provides an overview of

nine of the required health and safety topics plus basic child development information for the Child Care and Development Block Grant (CCDBG). Child Growth and Development are topics covered in this training. Through this training, participants access important health and safety information and resources, view and reflect upon videos and animations, engage in interactive activities, complete quick knowledge checks, and, make plans to apply what they have learned in their work with infants, toddlers, preschoolers, or schoolage children.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

DHS/DFD requires that training agencies contracted to provide professional development services post all training offerings on NJCCIS/NJ Workforce Registry <https://njccis.com> . Updates and communication regarding CCDBG required trainings are kept up to date on the NJ Child Care Website found at <https://www.childcare.nj.gov/Providers/Training> . If needed, communication regarding changes or important information can be sent via the NJ Workforce Registry to the workforce. In addition, direct links to CCDBG required training can be found on NJCCIS/NJ Workforce Registry as pictured in the attachment named "CCDBG Required Training Direct

Links".

**5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):**

a. Licensed child care centers:

20 hours

b. License-exempt child care centers:

N/A

c. Licensed family child care homes:

8 hours

d. License-exempt family child care homes:

N/A

e. Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

N/A

**5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)**

a. Nutrition:

Describe:

Licensed child care centers are subject to nutrition standards specified in N.J.A.C. 3A:52-6.3, and registered family child care providers are subject to nutrition standards

specified in N.J.A.C. 3A:54-6.14. Both sets of standards require the provider to: (1) serve meals and snacks to children at appropriate times; (2) maintain a supply of food for children at the center; and (3) make drinking water available to children. Licensed child care centers are subject to several additional nutrition standards set forth in N.J.A.C. 3A:52-6.3.

For registered family child care providers, nutrition and developmentally appropriate and age-appropriate feeding is one of the subjects included in the 18 hours of pre-service training that providers are required to take. N.J.A.C. 3A:54-4.2.

**b. Access to physical activity:**

**Describe:**

Licensed child care centers are subject to physical activity standards specified in N.J.A.C. 3A:52-6.1. These standards require that children be provided with daily structured and unstructured developmentally appropriate indoor and outdoor energetic physical activity for certain minimum periods of time. The standards also provide that children may not be inactive for more than 30 minutes, unless the child is eating, sleeping, needs to complete a seated activity, or is ill. Physical activity is one of the recommended topics included in the 20 hours of staff development required each year for the director, head teacher(s), group teacher(s), and program supervisor(s). N.J.A.C. 3A:52-4.8.

Registered family child care providers are subject to physical activity standards specified in N.J.A.C. 3A:54-6.12. These standards require that activities for children include active play, small and large muscle development, and supervised tummy time. Developmentally appropriate program activities is one of the subjects included in the 18 hours of pre-service training that providers are required to take. N.J.A.C. 3A:54-4.2.

**c. Caring for children with special needs:**

**Describe:**

Family Child Care: 3A:546.12 3A:546.17

Licensed Child Care Centers: 3A:526.1 Activities (6)

Registered family child care providers are subject to standards regarding children with

special needs that are specified in N.J.A.C. 3A:54-6.18. These standards require that the provider request a special needs care plan from the parent and make reasonable accommodations to serve a child with special needs unless such accommodations impose an undue hardship on the family child care home. The standards also specify what must be included in a special needs care plan. Including children with special needs in the family child care home is one of the subjects included in the 18 hours of pre-service training that providers are required to take. N.J.A.C. 3A:54-4.2.

For licensed child care centers, there are standards relating to staff/child ratios, N.J.A.C. 3A:52-4.2 and 3A:52-4.3, and the use of a television, computer, or other video equipment. N.J.A.C. 3A:52-6.1. Including children with special needs in the center's program is one of the topics included in the orientation training and annual retraining for staff. In addition, special needs programming and program development is one of the recommended topics included in the 20 hours of staff development required each year for the director, head teacher(s), group teacher(s), and program supervisor(s). N.J.A.C. 3A:52-4.8

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

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 available either in person (pre pandemic) and virtually. Due to the pandemic, training has been transitioned to online. All training offerings are posted on the NJCCIS/NJ Workforce Registry. Quality partners include: The CCR&Rs that offer the CCDBG required training along with other topics that include Dual Language Learners and Cultural Competency. The 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. The Montclair University Center for Autism and Early Childhood Mental Health provides coaching and training on topics related to socialemotional development, "Pyramid Model", and supporting the workforce on working with children with special needs. Rutgers University, GNJK Training Services, provides a variety of topics which

include but are not limited to: 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 the Health and Safety Basics Refresher.

The 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 Monitoring and Enforcement Policies and Practices for CCDF Providers**

### **5.4.1 Enforcement of licensing and health and safety requirements.**

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

#### **a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.**

NJ implemented a joint Provider Portal system, known as New Jersey Child Care Information System (NJCCIS), that allows for the automation and standardization of DHS/DFD and DCF processes. The New Jersey Child Care Information System (NJCCIS) increased the use of automation in the licensing process, by: (1) communicate with administrative staff via dashboard notification. NJCCIS allows DFD and DCF staff to collect, manage and track programs and providers quality improvement efforts, licensing and all inspection report and inspection activities, background checks, and completion of training standards and training progress. NJCCIS tracks the activities of all CCDF licensed, regulated and registered providers; such as licensed centers, family child care, approved and in-home providers, public and private schools, and camps in the state. Providers log into NJCCIS in order to register for CCDF health and safety trainings to receive CCDF funding. CCDF Trainings are reviewed through NJCCIS by DFD and CCR&R staff. All CCDF participating providers must have an active NJCCIS provider record in order to receive CCDF funding.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

NJ implemented a joint Provider Portal system, known as New Jersey Child Care Information System (NJCCIS), that allows for the automation and standardization of DHS/DFD and DCF processes. The New Jersey Child Care Information System (NJCCIS) increased the use of automation in the licensing process, by: (1) Allowing providers to apply for licenses online (2) Allowing users to communicate with administrative staff via dashboard notification. NJCCIS allows DFD and DCF staff to collect, manage and track programs and providers quality improvement efforts, licensing and all inspection report and inspection activities, background checks, and completion of training standards and training progress. NJCCIS tracks the activities of all CCDF licensed, regulated and registered providers; such as licensed centers, family child care, approved and inhome providers, public and private schools, and camps in the state. All CCDF participating providers must have an active NJCCIS provider record in order to receive CCDF funding.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Annual inspection processes for CCDF providers includes provisions that all aspects of health, safety, and fire standards are inspected. Violations in those areas are cited on inspection violation reports.

#### **5.4.2 Inspections for licensed CCDF providers.**

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).



Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

CCR&Rs are required to conduct an inspection to ensure that each family child care provider's home comply with all health, safety and fire requirements in accordance with the manual of requirement standards for Family Child Care Providers. Before granting a Certificate of Completion, family child care providers must meet health and safety standards pursuant to N.J.A.C 3A; 54.

Family Child Care Providers, must comply with all CCDF health and safety requirements, to qualify as CCDF eligible provider.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Monitoring of family child care providers is conducted annually by CCR&Rs who are the Family Child Care Sponsoring Organizations. Unannounced complaint investigations are conducted as needed. The sponsoring organization shall conduct annual, unannounced monitoring inspections prior to renewing the Certificate. The sponsoring organization shall monitor each provider prior to renewing the provider's Certificate of Registration. The sponsoring organization shall maintain on file a written report of each monitoring visit to the provider's home.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

N.J.A.C. 3A:544.7

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

#### **b. Licensed CCDF family child care home**

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

CCR&Rs are required to conduct an inspection to ensure that each family child care provider's home comply with all health, safety and fire requirements in accordance with the manual of requirement standards for Family Child Care Providers. Before granting a Certificate of Completion, family child care providers must meet health and

safety standards pursuant to N.J.A.C 3A; 54.

Family Child Care Providers, must comply with all CCDF health and safety requirements, to qualify as CCDF eligible provider.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

Monitoring of family child care providers is conducted annually by CCR&Rs who are the Family Child Care Sponsoring Organizations. Unannounced complaint investigations are conducted as needed. The sponsoring organization shall conduct annual, unannounced monitoring inspections prior to renewing the Certificate. The sponsoring organization shall monitor each provider prior to renewing the provider's Certificate of Registration. The sponsoring organization shall maintain on file a written report of each monitoring visit to the provider's home.

iii. Identify the frequency of unannounced inspections:

- A. Once a year  
 B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N.J.A.C 3A:544.7 Monitoring Family Child Care Providers

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

N.J.A.C. 3A:544.7

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed

CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

CCR&Rs are required to conduct an inspection to ensure that each Approved Home provider, which they are not licensed but home is inspected and must comply with all health and safety requirements before granting approval to care and receives a Certificate of Completion. The home is inspected using the SelfArranged Care Inspection and Interview Checklist.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

Approved Home Providers are subject to an annual monitoring and unannounced inspection which are conducted by CCR&Rs.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

Regulatory References: N.J.A.C. 10:151.2 & 2.4

DFD Instruction No.: 171007

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

DCF Office of Licensing Child Care Centers

Child Care Resource and Referral Agencies – Family Child Care Providers and Approved Homes

Department of Health – Youth Camps

### 5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

License-exempt center-based CCDF providers must meet New Jersey's State licensing requirement, which includes annual unannounced inspections, and investigative/complaint monitoring.

i. Provide the citation(s) for this policy or procedure

DFD Instruction 17-10-05 and N.J.A.C 3A:52

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Registered Family Child Care Providers are subject to unannounced annual monitoring's and unannounced investigative complaint inspections by CCR&Rs.

i. Provide the citation(s) for this policy or procedure

N.J.A.C. 3A:54-4.7 and DFD Instruction 17-02-05

#### 5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

All CCDF-eligible in-home child care providers are subject to an annual unannounced monitoring and investigative/ complaint inspections. CCR&Rs conduct annual pre-approval home inspection and evaluate the home, using the Self-Arranged Care Inspection and Interview Checklist. Home must meet DHS/DFD requirements before authorization of payment.

b. Provide the citation(s) for this policy or procedure.

DFD Instruction 170205

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

DHS/DFD contracts with CCR&Rs to conduct inspections for inhome providers and family child care. DHS/DFD have an agreement with Department of Health to conduct inspections for youth camps and an agreement with Department of Children and Families, Office of Licensing to conduct inspections for licensed exempt center based programs who receive CCDF funds.

#### **5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).**

Lead Agencies will have policies and practices that 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. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

Licensed Child Care Inspectors and Family Child Care Inspectors are trained and qualified to inspect child care providers and facilities. An individual must possess the following education and experience in order to qualify as an inspector: graduation from an accredited college or university with a Bachelor's degree; three (3) years of experience in the licensing, regulation, inspection or evaluation of child care centers, family day care homes, child placement agencies, residential or shelter facilities, group homes, resource family homes, or other facilities or homes for children or, as a manager, director, administrator, supervisor or comparable position in a child care placement agency, child care center, residential facility, shelter, group home or other facility/home for children, or, three (3) years of experience in social services, direct support counseling, guidance and/or casework involving high risk child abuse and neglect or other problematic socioeconomic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and supporting and/or carrying out treatment plans.

DHS/DFD in their MOA with DOHYouth Camp Safety Project has written in a clause requiring inspectors be licensed Registered Environmental Health Specialists (REHS). The REHS license is required pursuant N.J.A.C. 8:524.2(c) New Jersey Public Health Practice Standards Licensing and N.J.A.C. 8:7 Licensure of persons for public health positions.



b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

The Office of Licensing and Division of Family Development in the Department of Human Services hold monthly meetings and trainings for the sponsoring agencies. These trainings include new policies, refresher training and many various training topics. Licensed Child Care Inspectors (CCQAI): CCQAI's 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 begins doing inspections under the mentor's guidance. Inspectors are then evaluated to see if they need more training. The Office of Licensing also conducts staff meetings and training monthly on various topics and updated policies including health and safety requirements.

Family Child Care Providers: 3A:543.2 Types and responsibilities of staff

1. Each sponsoring organization shall have an executive director or administrator who is responsible for the overall management and administration of the sponsoring organization's

family child care registration program. The executive director or administrator shall designate a

person to assume this responsibility in his or her absence.

1. Each sponsoring organization shall have an onsite manager for each Department of Human Services (DHS) contracted county who is responsible for the daily operation for family child care registration in that county. The executive director or administrator may serve as the onsite manager.
2. The sponsoring organization shall have sufficient staff to carry out the family child care registration program.
3. The executive director/administrator may also serve as a staff member. (e) The executive director/administrator or designee shall ensure:
  1. That the sponsoring organization operates in full compliance with all applicable requirements of the Manual of Requirements;
  2. That each provider operates in full compliance with all applicable requirements of the Manual of Requirements;
  3. The supervision of all staff members assigned to the sponsoring organization's family child care registration program;

4. The development and implementation of policies and procedures for the day to day operation of the sponsoring organization's family child care registration program;
5. The orientation of staff members to the policies and procedures of the sponsoring organization;
6. The development and maintenance of administrative, fiscal and program records;
7. The training of staff members, as specified in N.J.A.C. 3A:543.4, and providers, as specified in N.J.A.C. 3A:544.2; and 8. The development and implementation of a program of outreach and public relations, as specified in N.J.A.C. 3A:544.11, and technical assistance, as specified in N.J.A.C. 3A:544.8. DOH Licensure requires inspectors to pass a state issued exam on public health topics ranging from communicable disease identification and monitoring to facility and building code assessments. Licensed REHS must then submit documentation of continued education credits for training received under the public health umbrella. Licensure requires at least 15 CEU's annually for renewal of license pursuant N.J.A.C. 8:524.2(c) New Jersey Public Health Practice Standards Licensing and N.J.A.C. 8:7 Licensure of persons for public health positions

c. Provide the citation(s) for this policy or procedure.

DFD Instruction No.: 171007

DFD Instruction No.: 180301

DFD Instruction No.: 180301

Child Care Licensing Act (NJSA 30:51) and the Resource Family Parent Licensing Act (NJSA 30:4C 27.3). Requirements noted in job description for inspectors.

N.J.A.C. 10:1221.2; N.J.A.C. 10:126; and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

DFD Instruction No.: 170205

N.J.A.C. 10:151.2 & 2.4 N.J.A.C. 3A:521.3(a)(6); and N.J.A.C. 10:1510.2, N.J.A.C. 10:151.1

Licensed Child Care Centers: N.J.A.C. 3A:527.3, N.J.A.C. 3A:527.3(a)

<https://www.nj.gov/dcf/provider/licensing/laws/CCCmanual.pdf>

Family Child Care Homes: N.J.A.C. 3A:544.7, 3A:546.8

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

New Jersey Administrative Code (N.J.A.C.) 3A:52 (Manual of Requirements for Child Care Centers);

New Jersey Administrative Code (N.J.A.C.) 3A:54 (Manual of Requirements for Family Child Care Registration); and

New Jersey Administrative Code (N.J.A.C.) 8:25 N.J.A.C. 5:23; 8:524.2; N.J.A.C. 8:7 (New Jersey Youth Camp Safety Standards)

**5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).**

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of 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.

No ratio is defined in state law, however inspections and monitoring are completed annually, through terms established in a Memorandum of Agreement, DHS/DFD provides DCF additional annual funding to help ensure a sufficient amount of fulltime employee positions for monitoring centers that accept CCDF families.

For the DOH - Youth Camps The calculation used to determine adequate staff is the following: Period of Summer =11 weeks; Staff work 35 hrs. per week; Approximate 380 CCDF providers; Insp time/facility=4.2 hrs. Total =385 hrs. Requiring 4 inspectors to accomplish annual inspection requirements.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

NJ Statute concerning child care licensing inspection intervals are found in the Child Care Licensing Act (N.J.S.A. 30:51) and the Resource Family Parent Licensing Act (N.J.S.A. 30:4C 27.3). There are 4,091 Child Care Centers which are on a triennial licensing cycle but are also subjected to annual monitoring inspections. There are currently 53 Child Care Inspector positions adequate to meet an annual monitoring schedule. DOH utilizes a formula for youth camps to determine adequate staff as a means of best practices for evaluating program effectiveness/efficiency.

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

### a. Components of In-State Background Checks

#### i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

N.J.S.A.C. 9:68.10a, 30:5B 116 et seq.; and N.J.A.C.3A:524.10 and 4.11, 3A:54  
5.3.

All other providers eligible to deliver CCDF Services

Citation:

NJ was approved for a waiver to come into compliance by September 2021- Youth Camps.

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

N.J.A.C. 3A:524.10 and 4.11, 3A:545.3.

All other providers eligible to deliver CCDF Services

Citation:

NJ was approved for a waiver to come into compliance by September 2021- Youth Camp.

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

N.J.S.A. 9:68.10a, 30:5B116 et seq.; and N.J.A.C. 3A:524.10 and 4.11, 3A:545.3.

All other providers eligible to deliver CCDF Services

Citation:

NJ was approved for a waiver to come into compliance by September 2021- Youth Camp

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check**

**components, ensuring that these requirements are in place for**

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2)

and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

N.J.S.A.C. 9:6 8.10a, 30:5B 116 et seq.; and N.J.A.C. 3A:524.10 and -4.11, 3A:54 5.3.

All other providers eligible to deliver CCDF Services

Citation:

NJ was approved for a waiver to come into compliance by September 2021- YouthCamp

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

N.J.S.A.C. 9:6 8.10a, 30:5B 116 et seq.; and N.J.A.C. 3A:524.10 and 4.11, 3A:54 5.3.

All other providers eligible to deliver CCDF Services

Citation:

NJ was approved for a waiver to come into compliance by September 2021- YouthCamp

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check**

**components, ensuring that these requirements are in place for**

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2)

and 98.16(o).

### c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

N.J.S.A.C.9:68.10a, 30:5B 116 et seq.; and N.J.A.C. 3A:524.10 and 4.11, 3A:54 5.3.

All other providers eligible to deliver CCDF Services

Citation:

NJ was approved for a waiver to come into compliance by September 2021- Youth Camp

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

N.J.S.A.C. 9:68.10a, 30:5B 116 et seq.; and N.J.A.C. 3A:524.10 and 4.11, 3A:54 5.3

All other providers eligible to deliver CCDF Services

**Citation:**

NJ was approved for a waiver to come into compliance by September 2021- Youth Camp

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

**Note:** This is a name-based search

Licensed, regulated, or registered child care providers

**Citation:**

N.J.S.A.C. 9:68.10a, 30:5B 116 et seq.; and N.J.A.C. 3A:524.10 and 4.11, 3A:54 5.3.

All other providers eligible to deliver CCDF Services

**Citation:**

NJ was approved for a waiver to come into compliance by September 2021- Youth Camp.

### **5.5.2 Procedures for a Provider to Request a Background Check.**

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.



New Jersey Department of Human Services (DHS)' Employment Controls and Compliance Unit (ECCU) is the authorizing agency responsible for managing the comprehensive criminal background fingerprint process for Licensed Child Care Centers, Family Child Care Home Providers, and Approved Homes (Family, Friend and Neighbor). For Licensed Child Care Centers - DHS/ECCU conducts the criminal history background checks (CHRI) that includes all required national and state background checks, in addition to reaching to all states an applicant may have lived in the previous five years to conduct comprehensive interstate background checks. In order to complete these comprehensive background checks, DHS/ECCU through an authorized state vendor uses an electronic fingerprint system. However, it is the child care provider/director that is responsible for making sure eligible staff and individuals schedule required the background checks and are provided with a unique service code fingerprint request form, along with instructions from the child care provider/director. An applicant can apply via phone or web, and must provide the identifying information on the form. Once an individual is finger printed, the Criminal History Record Information (CHRI) is sent from the New Jersey State Police to DHS/ECCU for review and fitness determination. DHS/ECCU is responsible for checking each applicant against the New Jersey Sex Offender Registry by fingerprint as well as checking the New Jersey State Police's web page. DHS/ECCU works with DHS Human Services Police to check each applicant for the NCIC NSOR requirement. For Family Child Care and InHome Providers DHS/ECCU and Child Care Resource and Referral (CCR&R) agencies coordinate the scheduling of the criminal history background checks. Policies require CCR&Rs to inform the provider, staff and household members with the required unique service code fingerprint form, along with instructions to schedule an appointment. An applicant can make an appointment either via phone or web, and must provide the identifying information on the form. The CHRI results are sent from the New Jersey State Police to DHS/ECCU, who is then responsible for checking each applicant against the New Jersey Sex Offender Registry by fingerprint as well as checking the New Jersey State Police's web page. DHS/ECCU works with DHS Human Services Police to check each applicant for the NCIC NSOR requirement.

New Jersey Department of Children and Families (DCF) - Child Abuse Record Information (CARI) Unit performs all the required background checks for child abuse/neglect for Licensed Child Care Centers, Family Child Care Home Providers, and Approved Homes (Family, Friend and Neighbor). All eligible applicants (those 14 years and older) are required to complete an online application for the CARI background check.

The Department of Children and Families/CARI unit manages the licensed center-based process. The child care provider/director is responsible to ensure all eligible individuals receive an invitation (the link) to complete the online CARI process. It is the CCR&Rs that manage the Family Child Care Providers. To this end, New Jersey policy requires the providers to list the names of eligible applicants and inform the CCR&Rs of new individuals required to complete the CARI background check, and also advise as to which household members have moved or are no longer active. CCR&Rs have access to the online CARI system and complete the CARI background check on behalf of the eligible Applicants. DHS/DFD receives monthly reports from all CCR&Rs of FCC providers that have completed the criminal background check process.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

CCDBG fingerprint background check fees is covered by the State of New Jersey, with the exception of a \$15 CARI administrative fee for each CARI check.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Pursuant to NJAC 3A:524.11 center sponsors and directors must complete criminal (CHRI) and child abuse (CARI) background checks prior to the issuance of a license. New staff are prohibited from working unsupervised with children in care prior to completing all required components of the background check process.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

All providers, staff, volunteers and household members who have resided in one or more states outside of New Jersey in the previous five (5) years from the date of application must clear both CARI and CHRI background checks in that state(s). To ensure compliance, the provider and all required individuals subject to complete a background check must inform if they resided in another state within the past five years. DHS/DFD Employment Controls and Compliance (ECCU) Unit is the central point and law enforcement liaison responsible for managing the fingerprinting process DHS/ECCU. ECCU will request a background check from the residing State on behalf of eligible Applicants and coordinate with DCF/CARI unit. Family Child Care Providers are required to complete an Out of State Background Check Disclosure Form. CCR&R and DHS/ECCU coordinate and communicate regarding those individuals required to complete the Out of State.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

A comprehensive background check is completed for staff members in licensed centers, family child care providers and approved homes, under the CCDBG statute which includes all required eight (8) checks. Upon completion of scheduling the fingerprint component of the background check, each staff member is issued a receipt indicating the date the fingerprint was completed which is tracked and documented by the Department of Human Services/ECCU. New Jersey also participates in the Rap Back InState program. This InState program "flags" if someone who was previously fingerprinted for one of these programs is subsequently arrested and fingerprinted. Specifically, during the arrest process, the New Jersey State Police sends a flag arrest notification to DHS/ECCU to notify of the new arrest. When notifications of subsequent arrests and convictions after the initial background check occurs, there is coordination among the respective authorizing state government agencies to take necessary actions. For example, a notification notice is issued, to DHS/DFD, who in turn follows up to make sure appropriate action was taken and documented in New Jersey's Child Care Information System (NJCCIS). Comprehensive checks are completed when staff relocates to another center therefore there are instances where checks are completed less than 5 years. DHS/DFD plans to enhance the NJCCIS and add alert schedule features. NJ is not enrolled in the FBI rap back program at this time. Because of this, all eligible individuals

falling under these programs will be required to be submitted to DHS/ECCU to be "archived" once every 5 years. This is a process where the licensed child care centers and CCR&Rs will submit to DHS/ECCU a list of people who are required to go through the National FBI Fingerprint Criminal History Check. DHS/ECCU will submit this list to the state vendor for fingerprinting who will re-run the fingerprints. DHS/ECCU will receive the updated FBI fingerprint CHRI for review. DHS/ECCU will also be responsible for coordinating any interstate CHRI for states of residence within past 5 years. DHS/ECCU will then also check the individuals against the NJ Sex Offender Registry as well as submit them to DHS Human Services Police to run the NCIC NSOR check. The licensed child care center directors and CCR&Rs will be responsible for submitting the updated CARI checks to DCF/CARI Unit.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

State regulation requires all providers to ensure eligible individual and staff who are separated from employment for more than 180 consecutive days to complete all 8 required CHRI and CARI components of the background check process. DHS/DFD, performs random provider file audits to ensure compliance with these regulations.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

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

<https://www.nj.gov/humanservices/staff/opia/cfu/>

<https://www.nj.gov/DCF/pr oviders/licensing/>

### **5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.**

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead

Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Department of Human Services, Employment Control and Compliance Unit DHS/ECCU is the State agency responsible for overseeing the Criminal History Record Information (CHRI) Background Check (CHRI) and collaborates with New Jersey's State Police. Providers initiate the request to apply for criminal background check and must submit their request using an online system. Prior to scheduling an appointment, providers receive a scheduling form, which includes detailed instruction, unique provider service code, and contact information, if technical assistance is needed.

All applicants (recipient fingerprinted) are required to use New Jersey's authorized vendor to complete their CHRI background check, (including State Sex offender and National Sex offender) and Federal Bureau of Investigation fingerprint-based background check.

DHS/ECCU receives the results, screen and review the offenses, including CCDBG disqualifiers and make a determination of eligibility in accordance with state and federal regulations (CCDF). DHS/ECCU notifies in writing all the providers (centers, family child care, in-home and camps), and respective government agencies,( DHS/DFD, DCF/OOL) of the eligibility determination status

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

No, there is no change

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory

but has lived in another state(s) within the previous five years).

DHS/DFD Employment Controls and Compliance (ECCU) Unit is the central point and law enforcement liaison responsible for managing the fingerprinting process.

Providers/Applicants are required to disclose current and past place of residence within the previous five years to clear both CARI and CHRI background checks in that state(s). ECCU will coordinate and communicate regarding those individuals required to complete the interstate check and will conduct the interstate background check on the applicant's behalf, whereby contacting the state of last residency. Once the appropriate clearance(s) is received, the provider coordinates with the regulatory/authorizing agency who will determine whether the applicant is cleared or not cleared for employment.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

New Jersey uses an online application for both CHRI and CARI background checks. DHS/ECCU is the State agency responsible for managing and overseeing CCDBG criminal background check for all CCDF-eligible providers (center, family child care and approved homes, and camps).

Applicants that have requested and met all requirements to obtain the required background check but have not received a response within the required 45-day timeframe will be deemed eligible.

If the a determination is not made within the 45-day timeframe, the provider is notified and informed of the following Applicant's status as either 1) conditional pending and cleared to work with supervision or 2) pending and not eligible to work.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

DHS/ECCU is required to reach out to any non-NFF state when a CHRI check for a state of previous residence is necessary. DHS/ECCU reaches out to determine which state entity will be able to assist with each request. Each state has its own process that requires different documents to be submitted. Some states have allowed DHS/ECCU to set up a direct account for billing, while others require a paper check or other payment type for each applicant. However, all states require the same information such as name,

date of birth, social security number, etc. in order to perform the required background check to return any CHRI information. DHS/ECCU utilizes the Interstate Child Care Background Check Contact List provided by ACF to determine who to contact to perform any required CHRI, CARI, or sex offender check in the appropriate state.

#### 5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

- No
- Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

- No
- Yes

## 5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

### a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

DHS/DFD posts details and applicable links to help other States acquire information for determining employment eligibility ECCU

<https://www.childcarenj.gov/Resources/InterstateBackgroundChecks>. New Jersey is an NFF state; other NFF states should not need to reach out regarding performing an interstate CHRI check. However, non-NFF states are directed to reach out to Division of State Police-SBI regarding New Jersey criminal history ( <http://www.njsp.org/criminal-history-records/index.shtml>). The results provided by the New Jersey State Police will provide as notification from DFD in regards to results of the required checks.

### b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

DHS/DFD directs other states to utilize the New Jersey State Police website <https://www.njsp.org/sex-offender-registry/index.shtml> to perform the interstate sex offender registry check. If there are any questions about using the website or results found on the website, the state utilizing the website will be directed to reach out to the New Jersey State Police website

[https://www.communitynotification.com/cap\\_contact.php?office=55260](https://www.communitynotification.com/cap_contact.php?office=55260), email [SOREGISTRY@njsp.org](mailto:SOREGISTRY@njsp.org), or phone number (609) 882-2000 x2369. The results provided on this New Jersey State Police system will serve as notification from DFD.

### c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or



policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

DHS/DFD directs other states to utilize New Jersey's DCF CARI Unit to request and receive New Jersey CARI check results. A website (<http://www.nj.gov/dcf/reporting/record/index.html>) and phone number (855) 744-4913 is provided for other states to contact to request New Jersey CARI results. The results provided by New Jersey's DCF CARI Unit will provide as notification from DFD.

### 5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

**Note: The links provided below should be a part of your consumer education website identified in 2.3.11.**

**a. Interstate Criminal Background Check:**

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.childcaresnj.gov/Resources/InterstateBackgroundChecks>

<https://www.njportal.com/dcf/cari>

**b. Interstate Sex Offender Registry (SOR) Check:**

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.childcarenj.gov/Resources/InterstateBackgroundChecks>

c. 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. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms

- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.childcarenj.gov/Resources/InterstateBackgroundChecks>

**5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).**

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

- No
- Yes.

If yes, describe other disqualifying crimes and provide the citation:

NJ disqualifies child care staff members based on their conviction for the following crimes: Endangering the welfare of an incompetent person (pursuant to N.J.S.A. 2C:247), manslaughter, (pursuant to N.J.S.A. 2C:114), stalking (pursuant to P.L. 1992, c. 209 (N.J.S.A. 2C:1210)) , false imprisonment, interference with custody (pursuant to N.J.S.A. 2C:131 through 136), causing or risking widespread injury or

damage (pursuant to N.J.S.A. 2C:172), aggravated assault, robbery, burglary, domestic violence, and attempt to commit any of the enumerated crimes. The citation is at N.J.A.C. 3A:524.11

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Department of Human Services, Employment Control and Compliance Unit (ECCU) oversees and manages the criminal history record information (CHRI) background check, inclusive of federal, state and NCIC NSOR checks and work directly with the State Police for the State of New Jersey, whereas the Department of Children and Families, Child Abuse Record Information (CARI) is responsible overseeing the CARI process.

The results of the applicant's CHRI and CARI are sent electronically to each respective agencies for review and processing. ECCU receives information through the Fingerprint Approval Retrieval Application and also access the CARI electronic system, once the applicants' results are available. ECCU and the CARI unit respectively notifies the applicant about their criminal background check (state, federal CHRI, NCIC NSOR and CARI) findings.

In New Jersey, each agency (ECCU and CARI) is responsible for determining the eligibility status of applicants and notifying them in writing of their eligibility status to work in a child care program. The applicant letter informs of cleared, not cleared or disqualification along with the disqualifying factors from the CHRI and CARI results.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

Individuals disqualified due to a felony drug charge are provided the opportunity to complete a "Request for Evidence of Rehabilitation" packet. The packet requires the individual to provide in depth details regarding the events that lead to the disqualifying conviction as well as any other qualifying documentation of evidence of rehabilitation. ECCU staff and supervisors for accuracy and completeness to determine if the employee is still eligible for employment review the packet.

## 5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are 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.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for

handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

Applicants who have been disqualified for employment, and who wish to challenge the accuracy of the CHRI background check findings, may contact the State of New Jersey, Department of Human Services, Employment Controls and Compliance Unit, who are responsible for overseeing the CHRI, the FBI and NCIC NSOR checks, within fourteen (14) business days of the date of the disqualification notice (or otherwise stated in the notice), to request an Administrative Review.

Applicants not cleared for employment based on a CARI hit, will receive written notice from the CCR&R informing that a substantiated incident of child abuse or neglect has been identified. The notice also provides a form and instructions on how and where to submit the appeal. Applicants are required to request an appeal within twenty (20) calendar days of the notice (or otherwise stated in the notice)

**b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?**

NJ affords individuals the opportunity to challenge the accuracy of CHRI and CARI background check results for Licensed Child Care Centers, this includes FBI Sex Offender, NCIC NSOR and the CARI results for Registered Family Child Care Providers and Approved Homes, respectively. 3A:524.10(g)(2); 3A:524.11(f); 3A:545.3(f).

Furthermore, a provider's application cannot be denied on the basis of any conviction disclosed by the CHRI background check without an opportunity to challenge the accuracy of the disqualifying criminal history record. Approved home providers are afforded an opportunity to be heard and appeal the results of CARI background checks. Results of the checks can only be shared with the government agencies involved, the provider and the subject.

**c. Interstate Child Abuse and Neglect (CAN) Registry Check:**

The CAN check is part of New Jersey's CARI Unit. DCF Office of Licensing affords the individuals the opportunity to challenge the accuracy of a CHRI and CARI background check for all listed in this question.

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### **5.6.1 Licensing Requirements (as described in Section 5.1)**

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

- c. Relative providers must fully comply with all licensing requirements.

### **5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)**

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.



### 5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

### 5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

### 5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - i. Criminal registry or repository using fingerprints in the current state of residency
  - ii. Sex offender registry or repository in the current state of residency
  - iii. Child abuse and neglect registry and database check in the current state of residency

- iv. FBI fingerprint check
- v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
- vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
- vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
- viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds

(658G(b)(1)).

## 6.1 Professional Development Framework

**6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.**

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

New Jersey's Core Knowledge and Competencies for Early Childhood Professionals identifies specific knowledge areas that a professional must have and be able to apply when working with children, their families and other professionals. Although presented individually, all areas are intrinsically interrelated and interdependent.

The Core Knowledge and Competencies for Early Childhood Professionals provide a framework of common evidencebased skills that can serve children and families, including programs in centers, homes, and schools. These standards are an integral part of building a statewide comprehensive professional development system.

The areas of the Core Knowledge and Competencies are:

1. Child Growth and Development
2. Family and Community Relationships
3. Learning Environment and Curriculum
4. Teaching/Learning Interactions and Approaches
5. Child Assessment
6. Child Wellness: Health, Safety, Nutrition and Physical Activities
7. Serving Diverse Populations
8. Professionalism and Leadership
9. Program Organization and Management

The National After School Association's (NAA) Core Knowledge and Competencies

which has been developed to enable afterschool and youth development practitioners to demonstrate expertise and gain a higher level of recognition within their communities-particularly from school officials-that has long been sought after. NJ's SchoolAge workforce has adopted these competencies

<https://naaweb.org/resources/corecompetencies>. The competencies are grouped into ten content areas:

1. Child and Youth Growth and Development
2. Learning Environment and Curriculum
3. Child/Youth Observation and Assessment
4. Interactions with Children and Youth
5. Youth Engagement
6. Cultural Competency and Responsiveness
7. Family, School, and Community Relationships
8. Safety and Wellness
9. Program Planning and Development
10. Professional Development and Leadership

**ii. Career pathways. Describe:**

All training coordinated through DHS/DFD provides a pathway for individuals. It begins with the foundational training to meet CCDBG training requirements and is complimented with progressive training offerings through Grow NJ Kids (QRIS) training and other quality initiatives and training contracts. Consecutively, the workforce is supported with scholarships to further educational achievements; including scholarships for Child Development Associate (CDA) training, CDA Assessment Fees, and college coursework. All training and professional development coordinated through DHS/DFD contracts are posted on the NJ Workforce Registry a module associated with New Jersey's integrated data system, NJCCIS. The NJ Workforce Registry allows training agencies to post training and allows the workforce to search and register for training. All training posted on the NJ Workforce Registry will demonstrate alignment with some or all of the Core Knowledge and Competency Areas. This alignment helps professionals identify their areas of strength and areas of need when selecting training to support their individual needs for ongoing professional development. In addition, the NJ Workforce Registry supports the workforce in maintaining a professional profile, tracking professional development, training, and educational achievements, and the ability to apply for a higher career level within the NJ Career Lattice.

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. Over the next fiscal year, the NJ Workforce Registry will be programmed to reflect the revisions.

In addition to the career lattice, in 2020 DHS/DFD developed the Director and

Administrator Competencies in collaboration with the Higher Education Workgroup. The inclusion of the new Director & Administrator Competencies will support training and assessment of growth and learning with leadership. It will also support career pathways for the early education workforce. These new Director and Administrator Competencies have many commonalities with the current Technical Assistance Specialist (TAS) 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.

### iii. Advisory structure. Describe:

The New Jersey Council for Young Children was created in 2010 by an Executive Order to serve as the Governor's State Advisory Council for Early Childhood Systems as authorized under the Improving Head Start for School Readiness Act of 2007. The 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.

### iv. Articulation. Describe:

DHS/DFD worked with Atlantic Cape Community College to develop and implement the online CDA Course to provide the workforce the ability to obtain a credit bearing CDA through a different modality. Through this partnership, attendees were assigned a mentor/coach who assisted them in navigating a higher level of education to ensure their success. Scholarships were provided to support individuals who enrolled in the online CDA.

In addition, to DHS/DFD work with Atlantic Cape Community College, ongoing discussions with community college partners and higher education institutions have brought about several articulation agreements among the CCR&Rs and community college partners to articulate CDA training into college credit.

### v. Workforce information. Describe:

The NJ Workforce Registry, a component of New Jersey's Child Care Information System (NJCCIS) maintains workforce data including demographic information, such as,

the address/county, age, race, and ethnicity of the workforce. In addition, the NJ WorkforceRegistry maintains training records, certifications, transcripts, career levels, scholarships, and educational achievements.

**vi. Financing. Describe:**

DHS/DFD provides statewide training and professional development supports through contracts with the Child Care Resource and Referral Agencies, Grow NJ Kids Training Services, NJ SchoolAge Care Coalition, Infant Toddler Specialists, Social Emotional Trainings (Pyramid Model, Keeping Babies and Children in Mind Training Series), SPAN (Parent Advocacy Network) and the Child Care Health Consultants. All training projects are funded with the quality set aside funds.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.



i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

**Describe:**

DHS/DFD offers CCDBG online training for Health and Safety and other progressive training 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.



ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

**Describe:**

Our higher education partners provide high quality trainings and supports to NJ's workforce. Many CCR&Rs also have articulation agreements with higher education institutions to ensure a progressive pathway to both strengthening core competencies (such as through a Child Development Associate or CDA credential) with credit bearing

coursework .

iii. Other

Describe:

**6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.**

The framework for both professional development and the state's QRIS was developed in partnership with the NJ Council for Young Children. In the implementation of the QRIS (Grow NJ Kids) and requirements of the Reauthorization of CCDBG, DHS/DFD, along with its partners continue to refine its system to meet the changes and needs of its workforce. Progressive training and professional development offerings are aligned with CCDBG progressive training topics and the QRIS standards.

**6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).**

DHS/DFD has a number of initiatives in place to increase educational attainment in the child care 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, CCR&Rs meet providers where they are at in a manner that will best enable FCC providers to succeed – in operating a homebased business and also providing highquality child care. FCC providers are embedded in neighborhoods reflecting the communities in which they live. DHS/DFD requires that contracted partners hire staff that reflect the diversity within communities and support relationshipbased 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. 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. 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 handson assistance in building the CDA portfolio, which is a required component of the CDA and often where CDA seekers need additional help to ensure completion to attain the credential.

#### Diversity:

Serving a growing and changing population and reflecting the diversity of that population requires an intentional focus on building a highlyqualified, 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 NJ Core Knowledge and Competencies for Early Childhood Professionals across all competency levels. The framework outlined regarding diversity provides professionals with the opportunity to evaluate and chart progress from one level to the next through a combination of training, experience, education, selfreflection, and assessment that affirm and respect cultural, ethnic, and linguistic diversity.

#### Stability:

Scholarships are offered to instructional staff (teacher or teacher's assistant) and family child care providers for CDA Training (\$1500 maximum), CDA Assessment Fee (online only), CDA Renewal (reimbursement), College Scholarships (\$6000 maximum), P3 Scholarships (\$6000 maximum), Book Stipend (reimbursement up to \$175), and Merit Award (\$500 for scholarship recipients who receive credential – CDA, AA, BA, P3). Most of the professional development initiatives have been put in place to provide stability and support for the early child care workforce and are funded with quality setaside funds.

#### Retention:

To reward and retain individuals who have obtained competencybased credentials, a \$500 merit award is awarded to scholarship recipients who obtain a credential (CDA, AA, BA, P3 certification). This is a supplement to NJ'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 and 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.



## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

### **6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:**

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

DHS/DFD has implemented a dual modality approach to offer required trainings to all programs and providers caring for children receiving CCDF funds. Online training and face to face (pre-covid) training are offered to ensure that all staff and providers who need the training have access. Training is offered in both English and Spanish in both modalities. CPR and First Aid Training are offered in a face to face modality throughout the state by the local Child Care Resource and Referral Agencies along with other training vendors. DHS/DFD provides statewide training on Keeping Babies and Children in Mind and the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children, and Mandated Reporting Child Abuse and Neglect, which supports Positive Guidance and Discipline. Furthermore, technical assistance and coaching supports are also provided to reinforce training through our various contracted agencies including the Child Care Health Consultants, CCR&Rs (Infant Toddler Specialists and Quality Improvement Specialists), NJ SchoolAge Care Coalition, mental health consultants, and the Grow NJ Kids Technical Assistance Specialists for hands-on implementation. During the pandemic, all training and

coaching has been transitioned to a virtual platform. This transition to virtual has provided opportunity for increased access for the workforce to training because barriers such as travel have been removed with remote learning. For example, despite the virtual training modality for 2020 related to the COVID19 pandemic, CCR&Rs and GNJK Training Services alone had more than 7,200 zoom sessions (trainings, webinars, overviews) with over 27,000 participants.

**6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).**

N/A

**6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:**

**a) with limited English proficiency**

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 additional language.

DHS/DFD also offers bilingual caseworkers or translators for parents and providers, provides informational materials about child care assistance in nonEnglish 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 in an effort 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) 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 0712NJOIT is attached to all state websites, web based applications, and online services including the [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) website. The purpose of the policy is to improve the ease with which all users, including those with disabilities, can access and benefit from webbased 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) 2944356 to access any of the hotlines listed on the "Resources" page of the website (voice calls use 711 NJ Relay).

**6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).**

DHS/DFD offers training and professional development 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 various contracted agencies including the Child Care Health Consultants, CCR&Rs (Infant Toddler Specialists and Quality Improvement Specialists), NJ SchoolAge Care Coalition, mental health consultants, and the Grow NJ Kids Technical Assistance Specialists. The hands on implementation approach focus 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.

**6.2.5 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 (658E(c)(3)(B)(i)).**

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

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. McKinneyVento liaisons, provide awareness and sensitivity training to CCR&Rs in the effort to support providers working with families experience 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 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", as well as 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 identify homeless families they work with and refer them to child care services.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

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 McKinneyVento liaison(s). County based McKinneyVento liaison would provide technical assistance in:

1. Identifying children and youth experiencing homelessness; and
2. Ensuring that children experiencing homelessness can enroll immediately and participate fully in school and child care

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 McKinneyVento liaison(s). County based McKinneyVento liaison would provide technical assistance in:

1. Identifying children and youth experiencing homelessness; and
2. 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 servicing families access child care services, and understand the federal definition of homelessness. 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 is provided through DHS/DFD 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).

**6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.**

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

Training supports through the local Child Care Resource and Referral agencies provide training on management and administration for programs and providers. The Strengthening Business Practices Train the Trainer was provided to the Lead Trainers at the CCR&Rs in 2018 by the National Center on Early Childhood Quality Assurance. In 2020, NJ sent three "master trainers" from NJ to be trained by the National Center in this curriculum so they may continue to support NJ Lead Trainers. This training has been transitioned to an virtual platform due to the pandemic. NJ will be hosting another train the trainer event to review the curriculum and the virtual activities that have been created to support adult learning. This train the trainer instruction will be held in June 2021.

In addition, Grow NJ Kids standards in the Administration and Management Category prompt providers to implement financial policies including budgeting, professional and accounting standards, and marketing/recruitment plans. The Grow NJ Kids Technical Assistance Specialists support programs and providers by providing technical assistance in those areas during the self assessment process. Training is offered online in the Program Administration Scale (PAS) to all programs enrolled in Grow NJ Kids.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' 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, including who delivers the training, education, and/or technical assistance

ix. Other

Describe:

Use of child care management systems, substitute pools, job boards, sharing of business best practices, tax preparation support, templates, tools, and resources.  
Translation of materials into Spanish.

## 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

### 6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

**CCDF Funding - Quality Set-Aside and PDG- Grant Infant/Toddler and Preschool:**

**Professional Development Trainings on Nutrition (safe feeding practices, developmentally appropriate mealtime environment, food safety, sanitation, supporting breastfeeding, storage of breast milk, individualized feeding plans, dietary modifications for children with special health needs, food allergies, and other special health needs) CCHC**

**Physical Activity (policies promoting physical activity, importance of physical**

activity, limiting screen time) CCHCFarmpreschool gardening collaboration with NJ Department of Health

Keeping Babies and Children in Mind Professional Formation Series in Infant and Early Childhood Mental Health (seven 3 hour workshops) CAECMH at MSU

What is Infant Mental Health (asynchronous webinar) CAECMH at MSU

Reframing Autism (asynchronous webinar) CAECMH at MSU

Specialized trainings in topics about infant and early childhood mental health and developmental disabilities CAECMH at MSU

ASQ3 Developmental Screening Tool GNJKTS

Implementing Studies to Promote Inquiry Based Learning in The Creative Curriculum for PreschoolGNJKTS

Foundations of the HighScope Curriculum PreschoolGNJKTS

Creative Curriculum for PreschoolGNJKTS

Intentional Teaching in the Interest Areas of The Creative Curriculum for Preschool GNJKTS

Using GOLD Data to Plan Instruction and Communicate Children's Progress GNJKTS

Creative Curriculum for Infants Toddler and Twos GNJKTS

Foundations of the HighScope Curriculum Infant/ToddlerGNJKTS

Homelessness in Early Childhood and Education and the McKinneyVento Act - CCR&R

The Growing Brain Series, Child Development, Let's Talk about language development, SIDS - CCR&R

NJ Birth to Three Early Learning Standards and the Preschool Teaching and Learning Guidelines - GNJKTS and CCR&R

Challenging Behaviors - CCR&R and CAECMH at MSU

Let's Talk About That Child - CCR&R The Magic of Mud - CCR&R

Play is Learning and How to Talk to Parents About The Importance of Play Personal Care Routines - CCR&R

Program for Infant Toddler Care (PITC) 6 Program Policies and other PITC trainings - CCR&R

School Age:

Social Emotional Learning NJSACC

Outdoor Physical Activities for Youth NJSACC



**Connecting Children to Nature Team Building NJSACC**  
**Full STEAM AHEAD (6 workshops) NJSACC All Ages:**  
**Health and Safety Basics - Requirements for Licensing - GNJK TS and CCR&R**  
**Social Emotional Training based on the Positive Solutions For Families SPAN**  
**National Center for Pyramid Model Innovations Practices and Resources SPAN**  
**Division for Early Childhood Recommended Practices SPAN**  
**National Training Centers to support IDEA Part C&B and Parent Centers SPAN**  
**CDC Child Development and Understanding Developmental Milestones SPAN**

**Inclusion and working with families with child care providers caring for children with developmental delays and disabilities SPAN.**

**Healthy Habits - CCR&Rs**

**Strengthening Families workshops offering to parents, children and providers. - CCR&R and GNJKTS**

**Yoga and Mindfulness in a Diverse Culture - CCR&R**

**Weekly Teacher Talk sessions offered in English and Spanish - CCR&R**

**Supporting Dual Language Learners & Building Cultural Responsiveness - CCR&R and GNJKTS**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for

such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

**CCDF Funding - Quality Set-Aside and PDG-Grant Infant/Toddler and Preschool:**

**Provide best practice standards and national resources on child development and inclusion to child care programs, health consultation and provide appropriate referrals CCHC Developmentally Appropriate Practices Series (Infants, toddlers and twos) and Challenging Behaviors - PCA NJ Developmentally Appropriate Practices Series Preschool and Challenging Behaviors - PCA NJ Provide the Positive Solutions for Families to parents and professionals to teach families about social emotional development and wellness (SPAN).**

**Promoting the Inclusive Classroom Profile to help teachers create inclusive strategies for children with disabilities and developmental delays SPAN.**

**Pyramid Model for Supporting the Social/Emotional Competence of Infants and Young Children: Nurturing and Sustaining**

**Relationships, Forming High Quality Environments, Supporting Social Emotional Development, Teaching Social Emotional Skills (five 3hour workshops) CAECMH at MSU**

**Challenging Behavior: What is it and what can we do about it?**

**(asynchronous webinar) CAECMH at MSU**

**Specialized trainings on child development and behavior CAECMH at MSU**

**Supporting Social Emotional Development in The Creative Curriculum for Preschool GNJKTS Nurtured Heart - CCR&R**

**School Age:**

**Promoting Positive Behavior Management ( online course) NJSACC**

**All Ages:**

**Using Protective Factors framework to support families and children - CCR&R and GNJK TS**

**Through onsite consultative services, provide a technical assistance plan that focuses on implementing behavior management strategies to child care providers, teachers and parents for children with developmental concerns - SPAN**

**Using social emotional strategies to promote family engagement and support remote learning for young children SPAN Strengthening Families - CCR&R and GNJKTS**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

**CCDF Funding - Quality Set-Aside and PDG-Grant**

Infant/Toddler and Preschool:

**Provide best practice standards and national resources on child development and inclusion to child care programs, health consultation and provide appropriate referrals CCHC Developmentally Appropriate Practices Series (Infants, toddlers and twos) and Challenging Behaviors - PCA NJ Developmentally Appropriate Practices Series Preschool and Challenging Behaviors - PCA NJ Provide the Positive Solutions for Families to parents and professionals to teach families about social emotional development and wellness (SPAN).**

**Promoting the Inclusive Classroom Profile to help teachers create inclusive strategies for children with disabilities and developmental delays SPAN. Pyramid Model for Supporting the Social/Emotional Competence of Infants and Young Children: Nurturing and Sustaining Relationships, Forming High Quality Environments, Supporting Social Emotional Development, Teaching SocialEmotional Skills (five 3hour workshops) CAECMH at MSU**

**Challenging Behavior: What is it and what can we do about it?**

**(asynchronous webinar) CAECMH at MSU**

**Specialized trainings on child development and behavior CAECMH at MSU**

**Supporting Social Emotional Development in The Creative Curriculum for  
PreschoolGNJKTS Nurtured Heart - CCR&R**

**School Age:**

**Promoting Positive Behavior Management ( online course)NJSACC**

**All Ages:**

**Using Protective Factors framework to support families and children -  
CCR&R and GNJK TS**

**Through onsite consultative services, provide a technical assistance plan  
that focuses on implementing behavior management strategies to child care  
providers, teachers and parents for children with developmental concerns -  
SPAN**

**Using social emotional strategies to promote family engagement and support  
remote learning for young children SPAN Strengthening Families - CCR&R  
and GNJKTS**

Which type of providers are included in these training and professional  
development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

**CCDF Funding - Quality Set-Aside and PDG-GrantProvide professional  
development training to child care providers on 'Accidents Don't Have to  
Happen!:Child Safety and Injury Prevention in Child Care', and 'Keeping**

**Children Healthy' to support a healthy and safe learning environment (strategies to reduce illness, such as handwashing, covering coughs and sneezes, gloving, diapering, standard precautions, wearing masks, proper ventilation, daily health screenings, teaching, modeling and monitoring healthy hygiene practices for children, and cleaning, sanitizing, and disinfecting procedures, immunizations, social distance strategies, recognizing signs and symptoms of illness, exclusion guidelines, preparing for illness, caring for a sick child waiting to go home, and reporting to the DOH) CCHC**

**Provide best practice standards, national health and safety resources, health consultation and technical assistance (including the indoor environment, the playground, program equipment, furniture, toys, art materials, car seat safety, safe sleep practices, water safety, medication safety, hazardous substances, environmental safety, active supervision and more). They provide professional development trainings, health consultation, technical assistance, assist in developing policies and procedures, and provide resources and referrals to programs on safety practices in child care. This includes understanding common childhood injuries and injury prevention, assessing, identifying and developing a plan for safety hazards indoors and outdoors using the California Child Care Health Program Health and Safety Assessment Tool) CCHC**

**Creating appropriate learning environments in classrooms and home settings  
CCR&R, Regional TA Centers**

**Developmentally Appropriate Practices Series includes Caring Staff/Child Relationships, Intentional Care for Infants, Toddlers and Twos, Play and Brain Development, Intentional Teaching in Preschool, Math, Science and Art for Infant, Toddlers and Twos, Math, Science and Art for Preschoolers, Language and Books Infants, Toddlers and Twos, Language and Literacy in Preschool, 12 Principles of Child Development - PCA NJ**

**Pyramid Model for Supporting the Social/Emotional Competence of Infants and Young Children (five 3hour workshops) CAECMH at MSU**

**Responsive Planning in The Creative Curriculum for Infants, Toddlers & Twos  
GNJKTS**

**Supporting Language and Literacy Development and Learning for Infants, Toddlers & Twos  
GNJKTS**

**Implementing Studies to Promote Inquiry Based Learning in The Creative Curriculum for PreschoolGNJKTS**

**Intentional Teaching in the Interest Areas of The Creative Curriculum for Preschool GNJKTS**

**NJ Birth to Three Learning Standards OverviewGNJKTS**

**NJ Preschool Teaching and Learning Standards Overview GNJKTS**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

**CCDF Funding - Quality Set-Aside and PDG-GrantBooks, Balls, and Blocks (Developmental Screening Event) - CCR&R**

**Provide appropriate resources and referrals to share with families CCHC**

**Provide intensive technical assistance to directors/providers in the areas of parent and community engagement - CCHC, CCR&Rs, GNJK Regional**

**Technical Assistance Centers Onsite IECMH Consultation CAECMH at MSU**

**Provide support to providers on involving and engaging families in the learning process and growth and development of their children SPAN**

**Provide information and referral services to families on the myriad of services and how to access those services for their children SPAN With parental consent, provide onsite consultative services to the teacher for an individual child who may be at risk of suspension or expulsion due to behavior, developmental or disability concerns - SPAN Strengthening Families - CCR&R and GNJK TS PITC Training - CCR&R**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

**CCDF Funding - Quality Set-Aside and PDG-GrantNJ Quality Standards for Afterschool and Self Assessment Tool/Rating form with afterschool programs to guide them in the development of a program improvement plan NJSACC**

**California Child Care Health Program Health and Safety Assessment Tool CCHC**

**Annual Needs Assessment and Post training evaluation forms/surveys - All DHS/DFD contracted Training Vendors**

**Needs Assessment for providers on Health & Safety Topics CCHC**

**Annual Technical Assistance Needs Assessment - GNJK Regional TA Centers Annual Technical Assistance Satisfaction Survey - GNJK Regional TA Centers**

**ERS (ITERS3, ECERS3, FCCERS R) - GNJK Regional TA Centers**

**Program Administration Scale (PAS) - GNJKTS Protective Factors Survey and Strengthening Families SelfAssessment - GNJK Regional TA Centers, CCR&Rs, GNJK TS**

**Inclusive Classroom Profile to determine the level of "quality" of an inclusive program SPAN**

**Pyramid Model Implementation Site data through TPITOS and TPOT assessments, Benchmarks of Quality, and teacher satisfaction and stress inventories CAECMH at MSU**

**Evaluation of effectiveness of IECMH Consultation program CAECMH at MSU National Staff Development and Training Association's (NSDTA)**

## Competencies and Level of Performance Instructor Observation ToolGNJKTS

### ECERS3 Online Overview: Early Childhood Environment Rating Scale GNJKTS

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

**CCDF Funding - Quality Set-Aside and PDG-GrantNJ Quality Standards for Afterschool and Self Assessment Tool/Rating form with afterschool programs to guide them in the development of a program improvement plan NJSACC**

California Child Care Health Program Health and Safety Assessment Tool - CCHC  
Onsite IECMH Consultation CAECMH at MSU Pyramid Model for Supporting the Social/Emotional Competence of Infants and Young Children (five 3hour workshops) CAECMH at MSU

Specialized trainings on child development and behavior CAECMH at MSU  
Specialized trainings in topics about infant and early childhood mental health and developmental disabilities CAECMH at MSU Keeping Babies and Children in Mind Professional Formation Series in Infant and Early Childhood Mental Health (seven 3hour workshops) CAECMH at MSU

Using Protective Factors framework to support families and children - CCR&R and GNJK TS

ASQ3 Developmental Screening Tool GNJKTS

Which type of providers are included in these training and professional development activities?



- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

**CCDF Funding - Quality Set-Aside and PDG-Grant Supports for all All Ages:  
 Intensive Behavior Institute; Kids Included Together (KIT) NJSACC  
 Getting Ready for Summer integration of youth with special needs -NJSACC  
 Working with Children with Special Needs'  
 'Food Allergies, Specialized Diets and Feeding Issues' and Medication  
 Administration Training (including Asthma Medication and Epipens)  
 professional development trainings  
 -CCHC  
 Care Plans for Children with Special Needs' professional development  
 training and huddle topic - CCHC**

Health consultation and technical assistance, resources and referrals for programs caring for children with special needs  
 Coordinate across DHS/DFD contracted agencies including participation on MAP to Inclusive Child Care Committee - CCHC, NJSACC, CCR&R  
 Inclusion resources of professionals caring for children with disabilities in childcare, summer, after/before school programs SPAN  
 Resources for Inclusion in conjunction with the NJ MAP to Inclusive Child Care Team and disseminated among early care and education professionals SPAN  
 Disseminated the Centers for Disease Control and Prevention (CDC) Learn the Signs Act Early (LTSAE) material on development milestones and talking with parents of children with developmental delays SPAN  
 Awareness training on the Inclusive Classroom Profile (ICP) to help professionals to refine their skills in working with children with disabilities and developmental delays SPAN  
 Provide parents and professionals with training and information on 504 Rehabilitation Act in Child Care, IDEA (Individuals With Disabilities Education Act Part B&C), Inclusion Awareness, Special Education, Red Flags in Child Development, and Identifying and Working with Children with Developmental Delays, NJ Laws Against Discrimination Laws (NJLAD) SPAN  
 Onsite technical assistance and consultative services to family and centerbased care providers to support inclusion of children with disabilities and developmental delays SPAN

Provide variety of trainings to parents and professionals on access, participation and supports needed for inclusion including Positive Behavior Supports, Importance of Screening and Identifying Developmental Delays and Providing Supports for inclusion SPAN

**Offer trainings and Positive Solutions for Families trainings to Family Engagement Specialists and Early Intervention Specialists to support families in helping their children develop social emotional competencies SPAN/MSU supporting CCR&R**

**Reframing Autism (asynchronous webinar) CAECMH at MSU**

**IECMH Consultation CAECMH at MSU**

**ASQ3 Developmental Screening ToolGNJKTS Creative Curriculum for Infant Toddler and TwosGNJKTS**

**Creative Curriculum for PreschoolGNJKTS Using GOLD Data to Plan Instruction and Communicate Children's ProgressGNJKTS**

Which type of providers are included in these training and professional development activities?



Licensed center-based



License exempt center-based



Licensed family child care home



License- exempt family child care home



In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

**CCDF Funding - Quality Set-Aside and PDG-GrantHuman Relationshipsstaff to child, staff to staff and child to child NJSACC**

**Social Emotional Learning NJSACC Kid Grit NJSACC**

**Provide best practice standards, national health and safety resources, health consultation and training to child care providers of before/after care programs CCHC**

**Afterschool 101GNJKTS**

**Health and Safety Basics - Requirements for Licensing - GNJKTS and CCR&R**

**Inclusion in Before/AfterSchool and Summer Camps Guide for parents and caregivers SPAN/MAPTeam Onsite consultation on access, participation and support needed in before/aftercare and summer camps to include children with disabilities and developmental delays SPAN**

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

**CCDF Funding - Quality Set-Aside and PDG-GrantAll DHS/DFD contracted training agencies participate in collaboration with other partners by attending meetings, presenting at conferences, meetings, and events, and collaborating with the other Quality Initiatives and Statewide Partners on our statewide mission for quality child care.**

**Indoor Environment and Outdoor Environment (PostCOVID19) NJSACC Activities and post COVID NJSACC COVID Guidelines for Health and Safety in Afterschool NJSACC**

**Review of the Health and Safety Guidance during COVID19 webinar CCHC Keeping Healthy in Child Care during COVID 19 Modules CCHC**

**Health Consultation on Health and Safety topics including prevention strategies and concerns during COVID19 CCHC**

**Health and Safety Huddles (30 minute informational sessions on health and safety topics for child care providers) CCHC Support Department of Children and Families (DCF) Office of Licensing (OOL) and NJ DOH guidance by providing 'Review of the Health and Safety Guidance during COVID19' webinar' to assist the child care providers in understanding the guidance during the pandemic CCHC Health Consultation, technical assistance and**

**appropriate referrals on health and safety topics including prevention strategies and concerns during COVID19 CCHC**

**Eblast health and safety information and resources to the child care community, and also developed resources such as 'How to Prepare Bleach Solution, (and in collaboration with other partners): The Implementation Guide to Best Practices for Health and Safety during the COVID19 Pandemic CCHC Recruiting, interviewing, hiring, orienting and retaining staff Post COVID - GNJK TA Centers Opportunities to participate in regular Peer Learning Communities and Networking meetings GNJK TA Centers Support County Councils for Young Children with resources and trainings to parent leaders SPAN**

**Community Outreach to support inclusion and parent engagement SPAN**

**Participate in Early Childhood Advisory Councils to support transition and connect nondistrict early childhood programs to districtrun programs SPAN Provide opportunities to families children with disabilities and developmental delays to participate in the growth and development of their children by accessing State resources and understanding the importance of these resources SPAN**

**Provide information and referral services to families of children with developmental delays and disabilities SPAN**

**Provide professional development such as training, virtual workshops, coaching and CoP's to TA Specialists (ITS, QIS & TAS) to promote parallel process for modeling and supporting adult learners in the workforce in the areas of: promoting social, emotional and cognitive development of children, implementing developmentally appropriate, culturally and linguistically responsive care and designing quality learning environments. Ongoing surveys are used to inform CQI in identifying topics and meeting needs of TA Specialists and support shift of delivery mode (move to virtual TA delivery) ECLI/Rowan Creating a Caring, Collaborative Community in the Time of COVID19 GNJKTS**

**Evaluating and Supporting Early Childhood Educators GNJKTS**

**Strengthening Business Practices for Childcare Providers GNJKTS**

**CCDF Funding - Quality Set-Aside and PDG-GrantAll DHS/DFD contracted training agencies participate in collaboration with other partners by attending**

meetings, presenting at conferences, meetings, and events, and collaborating with the other Quality Initiatives and Statewide Partners on our statewide mission for quality child care.

**Indoor Environment and Outdoor Environment (PostCOVID19) NJSACC Activities and post COVID NJSACC COVID Guidelines for Health and Safety in Afterschool NJSACC**

**Review of the Health and Safety Guidance during COVID19 webinar CCHC**

**Keeping Healthy in Child Care during COVID 19 Modules CCHC**

**Health Consultation on Health and Safety topics including prevention strategies and concerns during COVID19 CCHC**

**Health and Safety Huddles (30 minute informational sessions on health and safety topics for child care providers) CCHC Support Department of Children and Families (DCF) Office of Licensing (OOL) and NJ DOH guidance by providing 'Review of the Health and Safety Guidance during COVID19' webinar' to assist the child care providers in understanding the guidance during the pandemic CCHC Health Consultation, technical assistance and appropriate referrals on health and safety topics including prevention strategies and concerns during COVID19 CCHC**

**Eblast health and safety information and resources to the child care community, and also developed resources such as 'How to Prepare Bleach Solution, (and in collaboration with other partners): The Implementation Guide to Best Practices for Health and Safety during the COVID19 Pandemic CCHC Recruiting, interviewing, hiring, orienting and retaining staff Post COVID - GNJK TA Centers Opportunities to participate in regular Peer Learning Communities and Networking meetings GNJK TA Centers Support County Councils for Young Children with resources and trainings to parent leaders SPAN**

**Community Outreach to support inclusion and parent engagement SPAN**

**Participate in Early Childhood Advisory Councils to support transition and connect nondistrict early childhood programs to districtrun programs SPAN Provide opportunities to families children with disabilities and developmental delays to participate in the growth and development of their children by accessing State resources and understanding the importance of these**

**resources SPAN**

**Provide information and referral services to families of children with developmental delays and disabilities SPAN**

**Provide professional development such as training, virtual workshops, coaching and CoP's to TA Specialists (ITS, QIS & TAS) to promote parallel process for modeling and supporting adult learners in the workforce in the areas of: promoting social, emotional and cognitive development of children, implementing developmentally appropriate, culturally and linguistically responsive care and designing quality learning environments. Ongoing surveys are used to inform CQI in identifying topics and meeting needs of TA Specialists and support shift of delivery mode (move to virtual TA delivery)**  
**ECLI/Rowan Creating a Caring, Collaborative Community in the Time of COVID19 GNJKTS**

**Evaluating and Supporting Early Childhood Educators GNJKTS**

**Strengthening Business Practices for Childcare Providers GNJKTS**

- Implicit Biases - CCR&R
- Self Care CCR&R
- CDA Coursework CCR&R
- Parent Cafes CCR&R

Teddy Bear ER CCR&R Community Engagement including SNAP Ed and Social Services/OTA/WIB CCR&R Youth Mental Health First Aid CCR&R

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.**

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iv. Other.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)

Describe:

Book Stipends reimbursable

**6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

All contracted training agencies use national best practice to develop content and curricula including NAEYC, Zero to Three, Environmental Rating Scales, Sesame Street Communities, American Academy of Pediatrics, Caring for Our Children, Scholarly articles, and Head Start/Early Head Start, along with other reliable sources.

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. At the Statewide Training Academy, Rutgers University Grow NJ Kids Training Services, a position has been created to oversee the continuous quality improvement.

As a supplement to the scholarship program, a \$500 merit award is awarded to scholarship recipients who obtain a credential (CDA, AA, BA, P3 certification). DHS/DFD is able to use the data from the merit awards to track progress of scholarship participants.

DHS/DFD worked to update the Career Lattice in 2020. The updated lattice provides more opportunity to use experience and training to obtain higher levels of the lattice. A goal over the next few years will be to program functionality in NJCCIS for the updated lattice then transition those currently in NJCCIS to the updated lattice. In addition, tracking movement in the lattice provides data to inform training and scholarship planning in the future.



## 6.4 Early Learning and Developmental Guidelines

**6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.**

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The New Jersey Birth to Three Early Learning Standards and The Preschool Teaching and Learning Standards provide a common framework for understanding and communicating developmentally appropriate expectations for infants, toddlers and preschoolers. These standards are based on research about what children should know and do in different domains of learning and development. Both sets of standards align and are part of the NJ Student Learning Standards to support a smooth transition to kindergarten and the upper grades.

ii. Developmentally appropriate.

The New Jersey Birth to Three Early Learning Standards is divided into five domains that reflect the full range of child development. The Preschool Teaching and Learning Standards identify expected learning outcomes for preschool children by domain, as well as developmentally appropriate teaching practices that are known to support those outcomes.

iii. Culturally and linguistically appropriate.

The NJ Early Learning Standards (Birth to Three and Preschool Teaching and Learning) support individualized instruction to all children to establish a caring community based on respect and appreciation of individual differences. Sensitivity to and support for diversity in culture, ethnicity, language and learning must be woven into the daily activities and routines of the early childhood classroom (NJ Preschool Teaching and Learning Standards (2014), page 7).

iv. Aligned with kindergarten entry.

The New Jersey Student Learning Standards include Preschool Teaching and Learning Standards, as well as nine K12 standards for the following content areas: 21st Century Life and Careers Comprehensive Health and Physical Education English Language Arts Mathematics Science Social Studies Technology Visual and Performing Arts World Languages

v. Appropriate for all children from birth to kindergarten entry.

The Birth to Three Standards and The Preschool Teaching and Learning Standards are revised every five years so that research and best practice are current.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The State Advisory Council sits under NJ Department of Education (DOE) and has been involved with the development of NJ Birth to three Early Learning Standards. DOE has formed a committee to revise the standards which are due to be completed in early 2022.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

The New Jersey Preschool Teaching and Learning Standards are aligned with the Early Learning Standards. These standards are grounded in a strong theoretical framework for delivering high quality educational experiences to young children.

ii. Social development.

The Preschool Teaching and Learning Standards articulate optimal relationships between and among families, the community, and preschools.

iii. Emotional development.

The Preschool Teaching and Learning Standards provide guidance on the assessment of young children and define supportive learning environments for preschool children.

iv. Physical development.

The Preschool Teaching and Learning Standards provide guidance on the assessment of young children and define supportive learning environments for preschool children

v. Approaches toward learning.

The Preschool Teaching and Learning Standards Identify expected learning outcomes for preschool children by domain, as well as developmentally appropriate teaching practices that are known to support those outcomes

vi. Describe how other optional domains are included, if any:

N/A

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The 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 the latter work and aligning the preschool standards directly with the NJ's K12 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. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

NJ has NJ's Quality Standards for Afterschool adopted in 2012. Currently the Standards for outofschool time are being updated to ensure that they are inclusive and equitable.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

**Birth to 3 Early Learning Standards** <https://www.nj.gov/education/ece/guide/standards/birth/standards.pdf>

**Preschool Teaching and Learning Standards** <https://www.nj.gov/education/ece/guide/standards.pdf>

**NJ Quality Standards for Afterschool**  
<https://www.njsacc.org/resources/standards/>

#### **6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:**

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

**Describe how the state/territory's early learning and developmental guidelines are used.**

The guidelines developed for 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.

**6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).**

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. NJCCIS tracks the offering of all virtual asynchronous training. To measure progress NJ will measure utilization over a period of time.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect 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 (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report,

the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should

consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

**7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).**

Assessments to support the implementation of the quality initiatives are accomplished by the following:

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 Quality Rating and Improvement System (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.

#### 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. Over the next three years, we will be evaluating Grow NJ Kids and building upon its successes. No data is available yet as the evaluation is a three-year process.

#### NJEASEL:

Lastly, DHS/DFD has been working on building NJEASEL, which is the statewide Early Childhood Integrated Data System (ECIDS), a part of New Jersey's Race to the Top – Early Learning Challenge (RTTELC) grant. This initiative brings 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.

NJEASEL is a system to:

- Measure the impact of programs on the children and families they 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 cannot be answered from any 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.

#### **7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.**

The services and supports provided by the 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 highlighted in section 6.1.1, IACET, 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/NJWorkforce Registry, a variety of training offerings are available to the workforce. Through the NJ Workforce Registry, all training agencies that are contracted by DHS/DFD track data on offerings, participants, and attendance. For example, in 2020 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.

### 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 of July 1 2020-June 30, 2021, approximately 2,600 hours of virtual visits were provided by our technical assistance centers. The information system is still being developed and reports are being created to capture the coaching and consultation supports. More data will be forthcoming. In addition, all the contracted quality initiative technical assistance will be captured in the information and system.

ECLI supports for July 1, 2021- June 30, 2022 include annual coach's orientation, quarterly managers and director's community of practice, 4 Virtual Workshops for Early Childhood Leadership Best Practices in Technical Assistance and Coaching, 4 full day training sessions for coaches, and group coaching sessions. ECLI activities are developed based on survey and needs assessment of the coaches.

Furthermore, the Health Consultants use the identified Health and Safety inspection violations as a starting point to provide technical assistance, coaching, and training. The abatement of the violation on the next inspection is a measure of improvement. For this past year, July 1, 2020 through June 30,2021, the Health Consultants switched supports to focus on health and safety of programs for the pandemic. The Child Care Health Consultant Program has completed a total of two hundred sixteen (216) virtual presentations, for a total of two hundred ninety seven (297) hours, to six thousand five hundred ninety seven (6597)

participants this grant year. Two hundred thirty nine (239) phone/on-line consultations have been completed in twelve (12) counties. Inspection is a measure of improvement.

## 7.2 Use of Quality Funds

### 7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

*PDGB5 grant to support training for early childhood professionals.*

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

*Use of PDGB5 funds to support the revisions of the QRIS standards*

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical

development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

*Use of PDGB5 funds to support the implementation of the infant and early childhood mental health consultation.*

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

### 7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Grow NJ Kids (GNJK) is the statewide QRIS system. DHS/DFD contracts with the local CCR&Rs to employ quality improvement specialists who provide targeted technical assistance, monitoring and coaching. Furthermore, DHS/DFD contracts for four (4) regional technical assistance centers to provide ongoing and intensive support to programs enrolled in Grow NJ Kids. Programs receive technical assistance for up to 18 months prior to receiving an official rating. Family Child Care Providers receive up to 24 months of technical assistance and coaching prior to an official rating. Programs and Providers are rated every three years and provided with ongoing technical assistance and training to meet their quality goals. After a program has achieved a rating, a plan for Continuous Quality Improvement (CQI) is established to support improvement post-rating. For example, a post-rating activity may be to implement the Pyramid Model.

Technical Assistance (TA) Protocols have been established to guide programs and providers through GNJK. In addition, the NJCCIS data system was implemented to include the tracking of programs and providers through the TA Protocols. The NJCCIS also provides online tools such as the GNJK Self-Assessment and GNJK Quality Improvement Plan to reduce paper and printing.

Programs and providers are able to use NJCCIS to track Environment Rating Scales (ERS) Scores that begin with baseline scores and continue with ongoing scores, and scores when rated. NJCCIS also has a "file cabinet" component that allows for digital storage of documents needed for rating.

CCDBG supports technical assistance for licensed center-based programs and

Registered Family Child Care Providers. Through PDG funds, technical assistance has been expanded to include school district and Head Start programs.

In addition to the CCRRs and Regional Technical Assistance Centers, GNJK has a variety of partners to support QRIS. The video link provided below highlights the various partners that are mentioned throughout the State Plan. The video also provides a highlevel overview of our QRIS: <https://www.grownjki.ds.gov/GrowNJKids/media/Video/GrowNJKidsIntroductionVideoRev91718.mp4>

Throughout the pandemic, in addition to training outlined in Section 6 of the State Plan, technical assistance and coaching has continued virtually. At this time, outside observers are not able to conduct in person observations - a component of the rating process. DHS/DFD has worked with the NJ Center for Quality Rating to establish a Provisional Rating process to enable ratings for programs eligible to receive tiered reimbursements. The NJCCIS has been used to communicate next steps in the rating process and to support programs throughout the GNJK process.

Additionally, New Jersey School Age Child Care (NJSACC) has helped identified priorities, after school providers, and CCR&R staff. For example, they have been instrumental with:

\*TRAINING 12hour Behavior and Inclusion Institute provided virtual in person interactive training for CCRR staff, NJSACC staff, and an additional 24 targeted school age childcare providers throughout the state.\*RESOURCES *28 Kids Included Together (KIT)* passes for 1 year (all access online pass to KIT resources and online training); plus 5 hours of in person virtual training on the content and how to use those passes, was provided for all 21 CCRRs, 4 NJSACC staff, and 3 targeted TA program leaders.

\*WORKSHOPS 5 trainings led by a KIT inclusion expert, including one held in Spanish. These have been open to the general school age child care staff population, and have been held virtually on a variety of behavior and inclusion topics.

\*COACHING 8 professional coaching sessions were held with targeted school age program leaders to discuss/troubleshoot issues specific to their programs.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.  
Describe the other system of quality improvement and provide a link, if available.

### 7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs

- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Grow NJ Kids currently serves birth through preschool and standards are not reflective of school age providers. Furthermore, the selfassessment/standards do look different for Family Child Care from CenterBased/Preschool programs. The self assessment/standards have similar themes but vary across settings to best reflect the environment in which child care is taking place (e.g., centerbased care compared to family child care homes).

### **7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.**

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?



No

Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .

b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

d. Programs that meet all or part of state/territory school-age quality standards.

e. Other.

Describe:

N/A

#### 7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements

a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

b. Embeds licensing into the QRIS

c. State/territory license is a "rated" license

d. Other.

Describe:

N/A

**7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.**

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

N/A

**7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Grow NJ Kids is working on tracking trends and monitoring how programs are progressing through the system of GNJK. Incentives are embedded at different stages of the QRIS that support the quality improvement efforts. (i.e., health and safety incentives, quality improvement plan incentives, rating incentives).

This technical assistance approach helps ensure that measurable progress is made by the end of the grant period. The technical assistance centers track performance outcomes, such as, increased Environmental Rating Scale (ERS) scores, implementation of curriculum, etc.

In January of 2021, DHS/DFD contracted with the National Institute of Early Childhood

Research to conduct a 3year evaluation of Grow NJ Kids. The evaluation will encompass surveys of providers and caregivers, child assessments, validated through onsite evaluation ratings, etc. The evaluation will also include programs that were originally a part of the Grow NJ Kids validation study done through the Race to the Top Grant.

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

### **7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

1. CCR&Rs employ infant toddler specialists,
2. The Statewide Parent Advocacy Network (SPAN), and
3. Professional development training for providers that serve infants and toddlers through a variety of our training partners.

The goal of these initiatives is to improve providers' knowledge and expertise in developmentally appropriate practices.

A Professional Development training calendar is offered by each of the above entities. Providers are able to select from an array of topics that provide information, training and resources on the latest research on infant and toddler development.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

**Describe:**

The Infant Toddler Specialist network is trained in Parent Infant Toddler Care (PITC).

These specialists provide onsite technical assistance, coaching and training to providers that care for infants and toddlers. Providers receive a preliminary and subsequent Infant/Toddler Environment Rating Scale (ITERS)/ Family Child Care Environment Rating Scale (FCCERS) conducted by the Infant Toddler Specialist. Then, a quality improvement plan is developed in partnership with the program director to address areas needed to raise the ITERS/FCCERS score. A total of 17 hours of intervention are provided to the program to address the identified areas of need. In addition, the Infant Toddler Specialist offers training on topics specific to the age group's needs (i.e., SIDS, child development, primary caregiving, room arrangement). Furthermore, if the program or provider is enrolled in GNJK, additional technical assistance and coaching is provided.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the

infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

Through a partnership across state agencies, development screening activities are offered statewide and resources and referrals are provided to EI as appropriate.

Further partnership development with EI will be coordinated over the next 3 years to solidify coordination and referrals.

- Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

In 2013 a Program Standards Subcommittee of the New Jersey Council on Young Children developed a separate set of Birth to Age Three early learning standards based on the Preschool Learning and Teaching Standards. The standards are aligned with the Department of Education's preschool standards and are embedded in the QRIS system.

- Licensed center-based
- License exempt center-based



- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

State licensing standards identify requirements for infant and toddler care that include certain ratios, supervision, safesleep practices, etc.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

The NJ Birth to Three Early Learning Standards provide families, child care providers, early childhood teachers, institutions of higher learning, community members and policy makers with research based information to support the best learning and development for infants and toddlers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

The Grow NJ Kids website has the function to search for programs and providers that serve infants and toddlers. It also includes rating information. Also on the website is a resource for parents to use when searching for child care, "Finding Quality Child Care Checklist". In addition, through the Council for Young Children and Coalition of Infants and Toddler Educators, parent engagement cards were developed to support knowledge on child development. They are an easy userfriendly resource for parents to assist them in asking questions from various providers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

A collaborative initiative with Montclair State University's, Center for Autism and Early Childhood Mental Health and SPAN's, (Statewide Parent Advocacy Network), the Inclusive Child Care Program, has been established to facilitate social and emotional development and provide supports. These include: training, professional development, technical assistance and coaching.

- Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

A statewide network of health consultants provides an array of health and safety best practices training and technical assistance.

- Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

DHS/DFD has been working for the past few years to develop an infant and early childhood mental health consultation model. This work is done in partnership with Montclair State University, Center for Autism and Early Mental Health.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

For the past two years, NJ has been implementing an integrated childcare information system that tracks data from licensing, workforce, and quality.

- Licensed center-based  
 License exempt center-based  
 Licensed family child care home  
 License- exempt family child care home  
 In-home care (care in the child's own home)

- n. Other.

Describe:

- Licensed center-based  
 License exempt center-based  
 Licensed family child care home  
 License- exempt family child care home  
 In-home care (care in the child's own home)

**7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.**

To increase the ability to meet the demand for infant toddler programs and providers, all CCR&Rs have an infant toddler specialist. The infant toddler specialists are all working to either maintain or acquire an infant and early childhood mental health endorsement and are being supported to develop their skills to coach on the Pyramid Model. They all completed the, "Growing Brains" train the trainer course.

Implementation of that training will start in 2021. In addition, a framework and guide was developed to support their functional roles and maintain consistency.

To increase the supply of infant toddler programs, an expansion grant was provided to increase the number of infant slots. Providers in all 21 counties applied. This grant provides an extra \$100 per month for every slot filled for the first 12 months giving them time to develop their programs and enroll in Grow NJ Kids to receive tiered reimbursement when the

\$100 grant expires. In total, 30 programs expanded capacity creating 305 additional slots and filled 105 of those slots. Out of the 30 programs, 28 programs enrolled in Grow NJ Kids; 5 programs were rated 3 stars, and 23 programs are actively participating in Grow NJ Kids.

## 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

### 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

Statewide, CCR&Rs support families find child care; educate families as consumers of child care including the importance of quality care to a child's healthy development. CCR&Rs also support child care providers, help meet minimum CCDBG requirements, as well as offer; technical assistance to centers to become licensed; family child care homes to become registered; and homes approved.

CCR&Rs critical family engagement role promote consumer education, parent knowledge and awareness of ageappropriate milestones, and serve as a community resource to ensure that parents know programs and services for which they may be eligible. All CCR&Rs offer training, technical assistance, and coaching to the child care workforce (including program directors).

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The CCR&R agencies are responsible for providing resources and referrals for families. This information is tracked and reported regularly. Their Family Engagement Specialists 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 will be tracked and reported quarterly. The Family Engagement Specialist is a newer role within the CCR&Rs and their scope of work and reporting has been defined and will be reported in the next federal fiscal year.

## 7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

**7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.**

Describe:

CCDF funds are used to enhance Office of Licensing (OOL) inspections and monitoring by funding additional inspectors to conduct annual monitoring of health, safety, and licensing standards. CCDF funds or other child care funds also pay for Child Abuse Record Information (CARI) background checks and Criminal History Record Information checks. CCDF funds are allocated to pay for the 10 required preservice health and safety

trainings through the CCR&Rs and through third party contracts.

**7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?**

- No
- Yes. If yes, which types of providers can access this financial assistance?
  - Licensed CCDF providers
  - Licensed non-CCDF providers
  - License-exempt CCDF providers
  - Other

Describe:

N/A

**7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

The Child Care Health Consultants use the identified Health and Safety inspection violations as a starting point provide technical assistance, coaching and training, and the abatement of the violation on the next inspection is a measure of improvement. During the next fiscal year, we will be working with our Health Consultants to track the number of referrals from the Office of Licensing based on health and safety violations. We will work to develop a mechanism to show improvement for programs and providers based on their Health and Safety violations.

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

### **7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?**

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The environment rating scales based on age of the children are used in the classroom, and, for FamilyChildcare, the Family Childcare Environment Rating Scale (FCCERS) is used .

### **7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.**

Documentation for meeting quality standards comes in the form of a program's self assessment, and a formal classroom observation or assessment\*. The programs complete a selfassessment and are provided with assistance to develop a quality improvement plan. The center/school wide average score on the ERS conducted by the NJ Center for Quality Rating determine ratings.

An increased star rating is evidence of implementing a selected research based curriculum and the total number of points a program earns from meeting standards across all five quality categories: 1) Safe, Healthy Learning Environment, 2) Curriculum and Learning Environment, 3) Family and Community Engagement, 4)Workforce/Professional



Development, 5) Administration and Management. A center/school acquires points by meeting standards during the onsite review of documentation by the NJ Center for Quality.

Please see link for Rating

Documents:<https://drive.google.com/drive/folders/1FTnSQkZuB05SxCN0MUU8Seq6dOtONAJe?usp=sharing>

Over the next three years, DHS/DFD will be working with the National Institute for Early Education Research (NIEER) to evaluate GNJK for its effectiveness in achieving its goals, and its strengths and weaknesses with regard to potential improvements. This includes understanding the extent to which ratings are being used as intended, supports are being provided, and program quality is improving.

\*During the pandemic, DHS/DFD has been unable to send the rating team into the classroom for live observations due to restrictions on outside visitors by the Department of Children and Families (DCF), Office of Licensing (OOL). Until live observations can take place, DHS/DFD in partnership with the NJ Center for Quality Rating has developed a provisional rating process.

## 7.8 Accreditation Support

### **7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?**

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?  
Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

**7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

N/A

## 7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

### a. Infants and toddlers

Grow NJ Kids, DHD/DFD's QRIS selfassessment, assists programs and providers with standards to measure program improvement. A large part of our process is the use of the Environmental Rating Scales (ITERS3, ECERS3 and FCCERSR &3). Programs use the standards and the ERSs to help assess areas for program improvement. Technical assistance and coaching specialists assist programs and providers with quality improvement. The supports help programs in their pursuit of achieving a rating or if they wish to go through the accreditation process. Furthermore, the QRIS is aligned to accreditation and provides a pathway to ratings for those who are accredited.

### b. Preschoolers

Grow NJ Kids, DHD/DFD's QRIS selfassessment, assists programs and providers with standards to measure program improvement. A large part of our process is the use of the Environmental Rating Scales (ITERS3, ECERS3 and FCCERSR &3). Programs use the standards and the ERSs to help assess areas for program improvement. Technical assistance and coaching specialists assist programs and providers with quality improvement. The supports help programs in their pursuit of achieving a rating or if they wish to go through the accreditation process. Furthermore, the QRIS is aligned to accreditation and provides a pathway to ratings for those who are accredited.

### c. and/or School-age children.

Through DHS/DSD quality service provider contract with NJ Statewide Afterschool Network, NJSACC, an array of resources, technical assistance and coaching supports are available to help programs meet schoolage standards. DHS/DFD has also developed a series of online training modules to support staff of schoolage programs.

**7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Grow NJ Kids is working on tracking trends and monitoring how programs are progressing through the system of GNJK. Incentives are embedded at different stages of the QRIS that support the quality improvement efforts. (i.e., health and safety incentives, quality improvement incentives, rating incentives). This technical assistance approach helps ensure that measurable progress is made by the end of the grant period. The technical assistance centers track performance outcomes, such as, increased Environmental Rating Scale (ERS) scores, implementation of curriculum, etc.

In January of 2021, DHS/DFD contracted with the National Institute of Early Childhood Research to conduct a 3year evaluation of Grow NJ Kids. The evaluation will encompass surveys of providers and caregivers, child assessments, validated through onsite evaluation ratings, etc. The evaluation will also include programs that were originally a part of the Grow NJ Kids validation study done through the *Race to the Top* Grant. All funded quality initiatives embed measures to show improvement of programs and associated providers. Infant Toddler Specialist have a pre and post Infant Toddler Environment Rating Scale completed to show improvement based on the strategies implemented.

## 7.10 Other Quality Improvement Activities

**7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:**

DHS/DFD partners provide opportunities for professional learning communities, reflective practice sessions, different consumer education activities, newsletters, etc. to support providers and families of children across the early childhood and school age spectrum on provider preparedness, child safety and wellbeing and kindergarten entry. Below are some examples:

### Child Care Resource and Referral Agencies (CCR&R):

One of the benefits of local CCR&R partnerships is that local CCR&Rs are best positioned to leverage local resources and respond to local needs. For example, distributing American Heart Association Infant CPR Anytime kits, Hope Hubcounty mobile social services outreach programs, County Councils for Young Children, Diaper Banks, MOUs with Pediatric Residency Programs, Project Homeless Connect, and other community supports.

### Technical Assistance Centers:

In addition to one-on-one coaching, the regional TA Centers use multiple approaches to provide technical assistance to support continuous quality improvement. These include newsletters, local peer learning communities, structured networking sessions and monthly webinars. These activities encourage enrolled programs to maintain engagement, provide them with up-to-date information related to high quality practices in early childhood education and help them connect these practices to the Grow NJ Kids standards they are working to meet.

They also provide opportunities for programs to learn about and implement best practices that have been shared directly from star-rated programs, and help them to connect programs to the various resources and supports available. The TA Centers conduct annual needs assessments to determine program priorities and topics of interest to ensure that all TA is meeting the current needs of programs. Lastly, feedback is solicited following all activities through meeting evaluations/satisfaction surveys to further inform follow-up TA.

### Higher Educational Partners:

DHS/DFD works with NJ's Higher Education Institutions to support our technical assistance system. They support the early childhood workforce with professional development through direct education and attainment of credentials such as, the Infant and Early Childhood Mental Health Endorsements and in Reflective Practice sessions. The Higher Education Partners also support the larger early childhood workforce such as subsidy staff at the CCRRs, by providing

professional development opportunities to improve the experience for families applying for assistance.

### School Age:

NJ Statewide Afterschool Network, NJSACC, has array of resources for families in both English and Spanish. Please see the link below. These resources include, but are not limited to:

Child Care Subsidy Eligibility Requirements Finding Help Paying for Child Care

Making the Transition from Child Care to Kindergarten: Working Together for Kindergarten Success

Selecting a Quality School Age Program for Your Child Choosing Quality Child Care for a Child with Special Needs NCASE SchoolAge Consumer Education Toolkit

## Five Steps to Choosing Safe and Healthy Child Care Summer Learning Fun: Tips for Parents and Caregivers

<https://www.njsacc.org/resources/familyresources/>

### Statewide Parent Advocacy Network (SPAN):

SPAN provides technical assistance to the Family Engagement Specialists at the CCR&Rs. Also, they educate consumers of childcare (center and family child care), parents, families and caregivers about services available for children with special needs, and they encourage early care and education providers to offer inclusive child care; and promote collaboration among the childcare provider community and special needs services to improve the delivery of services to children with special needs.

### Health Consultants:

The Health Consultants provide support for the appropriate implementation of health and safety standards and support DHS/DFD on national health and safety standards. They also support the DCF Office of Licensing (OOL) and NJ DOH guidance by providing a webinar, “Review of the Health and Safety Guidance during COVID19” to assist the child care providers in understanding the guidance during the pandemic.

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

## 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

**8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:**

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

DHS/DFD's child care program is state supervised and county administered using various contracted service providers. DHS/DFD requires all service providers, as outlined in the Standard Language Document (SLD) contract to have a sound financial management system and the implementation of internal controls. Service providers must comply with all applicable policies, procedures issued by DHS/DFD, including, but not limited to, the policies, and procedures contained in the DHS's Contract Reimbursement Manual and the Contract Policy and Information Manual.

DHS/DFD also 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, but not limited to, procedures in place:

- 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 weekly payment reports to ensure all payment requests were paid.

#### b. Fiscal oversight of 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 SLD is the official "contract" and incorporates all DHS/DFD contract terms, conditions, and requirement 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 crossagency team collectively meet with service providers to go over contracts, spending and modifications. DHS/DFD has multiple level of reviews and signoff requirements for contract approvals and modifications.

#### c. Tracking systems to ensure reasonable and allowable costs

##### Describe:

DHS/DFD tracks the service providers' compliance of its contractual conditions, terms and obligations included in the SLD and program service contracts. DHS/DFD staff



reviews service providers' contract, budgets, written procedures and expenditure reports to ensure:

1. An effective system is in place for payment, purchases and expenditure tracking of obligations.
2. Actual expenditures of authorized services are monitored to prevent funds from being over encumbered or over spent.
3. Accounting records are maintained, current and supported by source documentation.
4. Problems with provider services, reimbursement, or other provider issues that affect client services are reported in a timely manner to DHS/DFD.
5. Quarterly fiscal and spending reports of invoices are timely submitted.
6. Copies of all outside audits are submitted to

DHS/ DFD.DHS/DFD collects, tracks, monitors expenditure reports, and conducts periodic monitoring of all CCR&Rs to ensure adherence of that policy and procedures.

All expenditures are compared to the approved budget on a quarterly basis to ensure costs are within the budget and in compliance with flexible budget limits



d. Other

Describe:

**8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:**



a. Conduct a risk assessment of policies and procedures

Describe:

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.



b. Establish checks and balances to ensure program integrity

Describe:

The CCR&Rs are required to submit copies of all outside audits to DHS/DFD as part of their contract requirements. Additionally, CCR&Rs are required to perform internal

case file reviews and submit those findings to DHS/DFD on a quarterly basis.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

DHS/DFD Office of Program Compliance conducts payment accuracy audits and discusses findings with child care operation supervisory staff. DHS/DFD created a PowerPoint, "DHS/DFD Best Practice Child Care Subsidy DeskTop Guide" created to support program filed staff and provide technical assistance to CCR&R agencies.

d. Other

Describe:

**8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.**

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

DHS/DFD meets regularly with the CCR&Rs 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 train DHS/DFD field staff and CCR&R staff on new policies and procedures. Joint inperson trainings occur when policy implementation involves other state agencies outside of DHS/DFD. In response to COVID19,

DHS/DFD transitioned to remote trainings. DHS/DFD also meets regularly with and distributes policycommunications to relevant State departments and vendors to ensure program integrity.

- ii. Issue policy manual.

Describe:

- iii. Provide orientations.

Describe:

- iv. Provide training.

Describe:

DHS/DFD provides introduction at the monthly Directors' meeting when releasing new guidance, policy or program changes and offers ongoing technical assistance as well as trainings through webinars or other methods as needed.

- v. Monitor and assess policy implementation on an ongoing basis.

Describe:

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 new policies. Each CCR&R has a designated policy specialist to ensure that all staff are educated on new policies. DHS/DFD staff members also attend county provider meetings where policies are discussed.

- vi. Meet regularly regarding the implementation of policies.

Describe:

DHS/DFD conducts monthly meetings with all Provider Agency Directors regarding current, new, and forthcoming policies. These meetings include not only DHS/DFD Child Care staff, but also, DHS/DFD's fiscal and program departments.

- vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs,

grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices.

Describe:

DHS/DFD meets regularly with the CCR&Rs and its service providers to discuss policies and provide ongoing onsite technical assistance to aid in the implementation of any new policies. Moreover, DHS/DFD website, [www.childcarenj.gov](http://www.childcarenj.gov) and CCR&Rs' websites list DHS/DFD's policies. Regularly scheduled webinars led by DHS/DFD staff to train DHS/DFD field staff and CCR&R staff on new policies and procedures. Joint inperson trainings occur 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.

- ii. Train on policy change notices.

Describe:

DHS/DFD meets regularly with the CCR&Rs and its service providers to discuss policies and provide ongoing onsite technical assistance to aid in the implementation of any new policies. Regularly scheduled webinars led by DHS/DFD staff to train DHS/DFD field staff and CCR&R staff on new policies and procedures. Joint inperson trainings occur 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.

- iii. Issue policy manuals.

Describe:

- iv. Train on policy manual.

Describe:

- v. Monitor and assess policy implementation on an ongoing basis.

Describe:

CCR&R representatives are part of a policy workgroup that provides input for policy development. DHS/DFD also receives monthly reports from its service providers.

Once policies are finalized, DHS/DFD meets with the CCR&Rs to discuss operational concerns and feedback on new policies. Each CCR&R has a designated policy specialist to ensure that all staff are educated on new policies. DHS/DFD staff members also attend county provider meetings where policies are discussed.

- vi. Meet regularly regarding the implementation of policies.

Describe:

DHS/DFD meets regularly with the CCR&Rs and its service providers to discuss release of new policies and evaluate implementation

- vii. Other.

Describe:

#### **8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:**

The governance within DHS/DFD to oversee various aspects of the contract/Memorandum of Agreement (MOA) consists of staff from, Operations, Contracts, Fiscal and Evaluations. Each unit is responsible for oversight and management of its respective area, such as direct services, spending, administrative management and program integrity. The four major units coordinate their efforts to ensure compliance with the terms and conditions of the Contract/MOA. All service providers are required to submit monthly and quarterly programmatic and expenditure reports, which are reviewed to make sure approved services and expenditures are within allowable limits and made to eligible persons in accordance with all specifications contained in Contract/MOA.

Additionally, internal collaborative quarterly meetings are held to review performance measures and spending. Monthly, quarterly and annual reviews conducted to evaluate compliance with the terms and condition of the agreements; as well as to determine achievement of performance measures.. Activities are reviewed monthly, and are tracked and monitored by DHS/DFD staff. In addition, service providers are required to submit an organizationwide audit annually, and DHS/DFD selects agencies to undergo audits as well.

**8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place 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, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.**

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. 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)).

Describe the activities and the results of these activities:

The child care Wage Match Process is conducted through DHS/DFD's Income and Eligibility Verification System (IEVS). IEVS is a matching system consisting of a coordinated data exchange comprised of various electronic cross matches that match the applicant/recipient. 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 is discovered, the most common being a second job or income. At first, the parents are notified to provide an opportunity to address these findings, and the parents are further encouraged to submit supporting documents. This allows appropriate calculation of the family's income. If additional income is substantiated and never reported, an analysis is conducted to determine eligibility compliance and accurate co-payment calculation. Repayment agreements are established if the findings result in payment calculation error.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

DHS/DFD utilizes an automated payment system, which tracks and monitors attendance. Payment is based on attendance transactions. CCR&RS are responsible for authorizing payment and reviewing payment discrepancies. Prior to approval of payment, the parent and provider must attest. The CCR&Rs also review the attendance transition reports.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

DHS/DFD has a multilevel review process, which consists of DHS/DFD's quality control and assurance staff as first level reviews and supervisors as second level reviewers. Quarterly case files 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.

v. Audit provider records.

Describe the activities and the results of these activities:

DHS/DFD's quality control and quality assurance unit reviews payment transactions, while the CCR&Rs review and conduct analysis of payment discrepancy, and DHS/DFD staff review attendance reports for unusual reporting or transactions.

The results of these collective activities have demonstrated that it has helped evaluate payment compliance and discrepancies, as well as investigate complaints related to payment program violations. The results of the reviews also do vary in proactively minimizing duplicative payments, correcting improper payments, and employing internal controls to quickly discover and/or address attendance/payment discrepancies

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

As a result of these training activities, staff have become much more fluent in the policies and how these policies are enacted through the various operating systems at the agencies as well as DHS/DFD. This provides not only education on the front end of the program but also the back end for staff to catch errors

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place 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, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.



b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The child care Wage Match Process is conducted through DHS/DFD's Income and Eligibility Verification System (IEVS). IEVS is a matching system consisting of a coordinated data exchange comprised of various electronic cross matches that match the applicant/recipient. 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 is discovered, the most common being a second job or income. At first, the parents are notified to provide an opportunity to address these findings, and the parents are further encouraged to submit supporting documents. This allows appropriate calculation of the family's income. If additional income is substantiated and never reported, an analysis is conducted to determine eligibility compliance and accurate co-payment calculation. Repayment agreements are established if the findings result in payment calculation error.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

DHS/DFD utilizes an automated payment system, which tracks, and monitors attendance. Payment is based on attendance transactions. CCR&RS are responsible for authorizing payment and reviewing payment discrepancies. Prior to approval of payment, the parent and provider must attest. The CCR&Rs also review the attendance transition reports.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

DHS/DFD utilizes an automated payment system, which tracks, and monitors attendance. Payment is based on attendance transactions. CCR&RS are responsible for authorizing payment and reviewing payment discrepancies. Prior to approval of payment, the parent and provider must attest. The CCR&Rs also review the attendance transition reports.

The combination of an electronic time and attendance system and reports yield improved efficiencies and timely payment to providers. Providers' access to the portal provides them with current and historic attendance information. Providers are able to see attendance transactions and are able to quickly resolve discrepancies. When families fail to timely check-in or check-out, or providers do not regularly review the portal, providers have to submit a paper payment discrepancy form, which may not match against the attendance roster, if a parent forgot to sign-in or out. When this occur, a further analysis is required to resolve discrepancies.

DHS/DFD has a multilevel approval process. Supervisors are considered the second level review and are responsible for investigating complex complaints, including improper payment or program violations.

DHS/DFD also has a quality control and quality assurances unit that randomly selects cases to review, including reviews of highrisk cases and agreement files. During the multi-level review process, the miscalculation of income is sometime detected, which may result in an unintentional improper payment. The result of this activity has demonstrated improved and targeted technical assistance to contract service agencies and DHS/DFD staff, and proactively address and minimize improper payment or administrative errors.

v. Audit provider records.

Describe the activities and the results of these activities:

DHS/DFD s quality control and quality assurance unit reviews payment transactions, including reviews of provider invoices. CCR&Rs also conduct audits

of payment discrepancies and investigate complaints related to payment program violations. The results of the reviews vary in proactively minimizing duplicative payments, correcting improper payments, and employing internal controls to quickly discover and/or address attendance/payment discrepancies.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

DHS/DFD and CCR&R staff that conduct audit reviews receive training on all CCDF eligibility policy in order to identify program violations, which include both intentional and unintentional client, and/or provider violations. CCR&Rs also inform parents and provider of payment policies and provide ongoing technical assistance on how to use the payment system.

Staff that conduct audit reviews receive training on all CCDF eligibility policy in order to identify program violations, which include both intentional and unintentional client and/or provider violations.

As a result of these training activities, staff have become much more fluent in the policies and how these policies are enacted through the various operating systems at the agencies as well as DHS/DFD. This provides not only education on the front end of the program but also the back end for staff to catch errors.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place 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, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and

prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The child care Wage Match Process is conducted through DHS/DFD's Income and Eligibility Verification System (IEVS). IEVS is a matching system consisting of a coordinated data exchange comprised of various electronic cross matches that match the applicant/recipient. 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. CCR&Rs have designated functional staff within the agency that provide training and technical assistance to eligibility staff. The Wage Match process helps identify under reported income. Once discovered, parents are contacted and requested to submit all sources of income so the CCR&R can appropriately calculate the family's income and establish an accurate copayment for that family.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

During the approval process, second level reviewers at the CCR&Rs agencies review provider and applicant paperwork before payment authorization. CCR&Rs have a separate payment unit that reviews and authorizes payment. The electronic payment system tracks time and attendance, and issues payment based on attendance captured through the system. Reports and review of attendance transactions are valuable tools to track trends or suspicious transactions. Suspicious activities may result in random audits.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

DHS/DFD and CCR&Rs have a multilevel approval process. Supervisors are considered the second level review and are responsible for investigating complex

complaints, including improper payment or program violations. DHS/DFD staff conducts case file reviews annually and CCR&R agencies are required to conduct quarterly internal reviews on case file eligibility determinations. The results of these reviews have demonstrated that the staff can help quickly identify and address various issues, such as policy misinterpretation, payment delays, or systematic issues, which may result in mistakes regarding income calculation, copayments or administrative errors.

v. Audit provider records.

Describe the activities and the results of these activities:

DHS/DFD's quality control and quality assurance unit reviews payment transactions, including reviews of provider invoices. CCR&Rs also conduct audits of payment discrepancies and investigate complaints related to payment program violations. The results of the reviews vary in that improper payment or administrative errors discovered. This has led to further review and assessment of policy, internal controls, training and technical assistance needs and monitoring.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

DHS/DFD and CCR&R staff that conduct audit reviews receive training on all CCDF eligibility policy in order to identify program violations, which include both intentional and unintentional client, and/or provider violations. CCR&Rs also inform parents and providers of payment policies and provide ongoing technical assistance on how to use the payment system.

Staff that conduct audit reviews receive training on all CCDF eligibility policy in order to identify program violations, which include both intentional and unintentional client and/or provider violations.

As a result of these trainings, staff become much more fluent in the policies and how these policies are enacted through the various operating systems at the

Agencies as well as DHS/DFD. This provides the staff not only education on the front end of the program, but also the back end when errors are often discovered.

vii. Other

Describe the activities and the results of these activities:

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

The CCR&Rs are responsible for investigating and collecting improper payments. DHS/DFD staff monitors collection activities and offers technical assistance. Repayment agreements are established by the CCR&Rs when improper payment occurs. This is essentially a signed parent/applicant agreement acknowledging that the CCR&R can proceed with collection of the improper payments. The procedure is the same for a parent/applicant, as well as provider overpayments and potential fraud. The CCR&Rs are responsible for investigating and collecting those improper payments. To this end, DHS/DFD receives monthly spreadsheets from the CCR&Rs and service providers regarding the outstanding repayment agreements, the amounts received, and the amounts outstanding. When a parent or provider does not make a payment toward the overpayment within six (6) months, the debt is submitted to the New Jersey Set-Off Liability (SOIL) process. In the case of a provider, if the provider is still active, DHS/DFD's staff monitors collection activities and offers technical assistance.

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

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. 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:

- 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:

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

When there are, earning discrepancies identified through the Wage Match process, DHS/DFD coordinates with the CCR&Rs to investigate and gather evidence.

DHS/DFD sends Wage Match

reports containing earned income, unearned income, and employer information to the CCR&Rs to investigate and determine the appropriate action to take. If the findings result in an improper payment, the CCR&RS will establish a signed repayment agreement and collect payment. The timeline for repayment must be established for a reasonable period with the client being able to request an extension to the repayment agreement, or the amount, as approved by DHS/DFD.

- iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vi. Recover through other means.

Describe the activities and the results of these activities:

When parents/applicants fail to comply with their established repayment agreements for six months, or do not set up an agreement, the CCR&Rs can initiate the process to have payment collected through the New Jersey SetOff Liability (SOIL) process. The client's overpayment claim is forwarded to SOIL which withholds personal NJ Gross Income Tax Refunds, Saver Rebates,

Homestead Rebates, and Lottery Winnings. DHS/DFD also recoups improper payments from providers through the automated payment system and can be collected as a onetime lump sum payment or a series of payments in subsequent

months.

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The CCR&Rs are responsible for investigating and collecting improper payments. DHS/DFD's Office of Child Care monitors collection activities and offers technical assistance. A signed parent/applicant repayment agreement is established in order to collect improper payments. In addition, DHS/DFD has a program integrity manager, compliance specialist and support staff that coordinate with the CCR&Rs to research and investigate improper payments. DHS/DFD staff provide earning discrepancies as a result of the State's Matching System to each respective CCR&R to research and investigate, and determine the appropriate action to take. Findings of the CCR&Rs' investigations are tracked and communicated back to DHS/DFD.

- viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe 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. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. 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:

- iii. 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:



iv. Recover through repayment plans.

Describe the activities and the results of these activities:

When there are earning discrepancies identified through Wage Match process, DHS/DFD coordinates with the CCR&Rs to investigate and gather evidence. DHS/DFD sends Wage Match reports containing earned income, unearned income, and employer information to the CCR&Rs to investigate and determine the appropriate action to take. If the findings result in an improper payment, the CCR&RS will establish a signed repayment agreement and collect payment. The timeline for repayment must be established for a reasonable period with the client being able to request an extension to the repayment agreement, or the amount, as approved by DHS/DFD.

Repayment agreements were suspended in FFY 2020. Prior to FFY 2020, the CCR&Rs were required to submit monthly trackers to DHS/DFD listing active repayment agreements. For FFY 2019, there were approximately 271 repayment agreements. Based upon this information, DHS/DFD began drafting an audit to randomly sample the active repayment agreements across the state, to determine if the repayment agreements were valid, and to also investigate why some counties had a disproportionate amount of repayment agreements. The assessment would provide valuable information, to help determine best practices investigating and identifying misrepresentations, or potential policy misinterpretation during the application process. This audit was placed on hold because COVID-19, and, it is expected to resume in FFY 2022.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

When parents/applicants fail to comply with their established repayment agreements for six months, or do not set up an agreement, the CCR&Rs initiate the process to have payment collected through the New Jersey SetOff Liability (SOIL) process. The client's overpayment claim is forwarded to SOIL which withholds personal NJ Gross

Income Tax Refunds, Saver Rebates, Homestead Rebates, and Lottery Winnings. DHS/DFD also recoups improper payments from providers through the automated payment system and can be collected as a onetime lump sum payment or a series of payments in subsequent months.

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The CCR&Rs are responsible for investigating and collecting improper payments. The Office of Child Care monitors collection activities and offers technical assistance. A signed parent/applicant repayment agreement is established in order to collect improper payments. In addition, DHS/DFD has a program integrity manager, compliance specialist and support staff that coordinate with the CCR&Rs to research and investigate improper payments. DHS/DFD staff provide earning discrepancies as a result of the State's Matching System to each respective CCR&R to research and investigate, and determine the appropriate action to take. Findings of the CCR&Rs' investigations are tracked and communicated back to DHS/DFD.

ix. Other

Describe the activities and the results of these activities:

DHS/DFD's New Jersey Child Care Information System (NJCCIS) includes the full scope of policies and processes that cover qualifying reasons for reducing, suspending, and discontinuing child care services, procedural guidelines for providing notice to parents/providers prior to any reduction, suspension or discontinuation, and due process procedures for filing an appeal. The reporting system to CCR&Rs to report the outcomes of fraud and intentional program violations are integrated into the NJCCIS system.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. 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. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. 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:

iii. 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:

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

When an improper payment occurs, the first option for recoupment payments is through a repayment plan

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

When parents/applicants fail to comply with their established repayment agreements for six months, or do not set up an agreement, the CCR&Rs initiate the process to have payment collected through the New Jersey SetOff Liability (SOIL) process. The client's overpayment claim is forwarded to SOIL, which withholds personal NJ Gross Income Tax Refunds, Saver Rebates, Homestead Rebates, and Lottery Winnings. DHS/DFD also recoups improper payments from providers through the automated payment system and can be collected as a onetime lump sum payment or a series of payments in subsequent months.

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The CCR&Rs are responsible for investigating and collecting improper payments. DHS/DFD Office of Child Care monitors collection activities and offers technical assistance. A signed parent/applicant repayment agreement is established in order to collect improper payments. In addition, DHS/DFD has a program integrity manager, compliance specialist and support staff that coordinate with the CCR&Rs to research and investigate improper payments. DHS/DFD staff provide earning discrepancies as a result of the State's Matching System to each respective CCR&R to research and investigate, and determine the appropriate action to take. Findings of the CCR&Rs' investigations are tracked and communicated back to DHS/DFD.

- ix. Other

Describe the activities and the results of these activities:

**8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:**

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Adverse actions may include, but are not limited to, denial or reduction of child care services, termination of child care services or a demand for repayment of child care services rendered. If a client wishes to request a hearing before the CCR&R Review Committee, they must contact the CCR&R within 10 calendar days of the adverse action. If the client is not satisfied with that result, they have the opportunity to appeal to the DHS/DFD Bureau of Administrative Reviews and Appeals (BARA) within 10 calendar days of the first decision.

Accordingly, there are two levels of reviews, first with the CCR&R, then second, with DHS/DFD's BARA unit. If the client is still unsatisfied with the result, the client can appeal to the New Jersey Appellate Division. There has not been an appeal filed with the New Jersey Appellate Division within the past six (6) years since DHS/DFD started tracking.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

It is the right of the provider who receives a suspension or disqualification notice from DHS/DFD to request a review of its case by DHS/DFD. A timely request must be made within 10 business days of the date of the adverse notice. Identical to the process for a client, the provider also can elevate its appeal from the CCR&R to DHS/DFD's BARA Unit for further review, and if still unsatisfied, can appeal to the New Jersey Appellate Division. To date, there has not been an appeal to the Appellate Division in the past six (6) years since DHS/DFD started tracking. For payment violations, if an appeal is requested, the provider may continue to receive child care payments throughout the period of the appeals procedure. If BARA upholds the determination of disqualification, the provider will be subject to repayment. The effective date of payment shall be the effective date for disqualification shown on the disqualification notice to the provider. If DHS/DFD renders a decision in favor of the provider, then the disqualification shall be lifted.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

- d. Other.

Describe the activities and the results of these activities:

Health and safety violations, which result in imminent danger or revocation of license or Certificate of Approval, will result in the immediate suspension of payments. Inspection of the provider and the situation are immediately conducted to confirm the violation and when these violations are confirmed, the payments, license or Certificate of Registration are revoked and all child care agreements are terminated.

## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered extraordinary circumstance waivers to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

**Appendix A.1:** The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

DHS/DFD seeks a temporary relief from conducting the Market Rate Survey (MRS) provision. COVID19 has devastated the child care industry and continue to pose greater distress in their ability to rebound and remain in business. The fiscal hardship caused by many factors, such as low enrollment, increased operational costs and additional costs associated with meeting enhanced health and safety standards has greatly increased the cost of care. New Jersey remains in a state of emergency and

many providers have either permanently closed, temporarily closed, or uncertain if they can remain open. New Jersey opted not to collect price data in 2020 due to these extraordinary circumstances faced by the child care sector and did not want to add another administrative burden and risk not achieving the goals of the MRS.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

A waiver granted for this provision will allow DHS/DFD the necessary time to conduct a valid MRS. Adequate time is necessary to conduct a survey and acquire updated price information from all providers. Data will help DHS/DFD determine the adequacy of the State's child care subsidy and identify quality issues and barriers, supply shortages particularly infant care and COVID19 impact on this industry.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

DHS/DFD utilizes CCDF, other federal grants, and State funding to administer the Child Care Assistance Program, inclusive of monitoring and oversight. DHS/DFD continues to provide resources, such as grants and supplemental payments and supports (i.e. professional development training and technical assistance) to providers to ensure continuity of care and providers have adequate resources to meet CCDF required health and safety standards. New Jersey is committed to safeguarding the wellbeing of all children in care and certifies the measures in place will not jeopardize the well-being or safety of children. The waiver provides an opportunity to gather accurate data reflective of the current climate and landscape of the child care industry that will help inform DHS/DFD's payment policies and practices.

**Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)**

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

DHS/DFD seeks a temporary relief from conducting the Narrow Cost Analysis (NCA). COVID19 has devastated the child care industry and continue to pose greater distress in their ability to rebound and remain in business. The fiscal hardship caused by many

factors, such as low enrollment, increased operational costs and additional costs associated with meeting enhanced health and safety standards has greatly increased the cost of care. New Jersey remains in a state of emergency and many providers have either permanently closed, temporarily closed, or uncertain if they can remain open. New Jersey opted not to conduct a study in 2020 due to these extraordinary circumstances faced by the child care sector and did not want to add another administrative burden and risk not achieving the goals of the NCA.

**2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.**

A waiver granted for this provision will allow DHS/DFD the necessary time to conduct a NCA. Adequate time is necessary to gather the data and comply with this provision.

**3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.**

DHS/DFD utilizes CCDF, other federal grants, and State funding to administer the Child Care Assistance Program, inclusive of monitoring and oversight. DHS/DFD continues to provide resources, such as grants and supplemental payments and supports (i.e. professional development training and technical assistance) to providers to ensure continuity of care and providers have adequate resources to meet CCDF required health and safety standards. New Jersey is committed to safeguarding the wellbeing of all children in care and certifies the measures in place will not jeopardize the well-being or safety of children. The waiver provides an opportunity to gather providers' child care operational costs, which is essential to help determine more realistic child care cost.