

Child Care and Development Fund (CCDF) Plan For Hawaii 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: State of Hawaii Department of Human Services

Street Address: 1390 Miller Street, #209

City: Honolulu

State: Hawaii

ZIP Code: 96813

Web Address for Lead Agency: <https://humanservices.hawaii.gov/>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Catherine

Lead Agency Official Last Name: Betts

Title: Director

Phone Number: (808) 586-4997

Email Address: dhs@dhs.hawaii.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: Scott

CCDF Administrator Last Name: Nakasone

Title of the CCDF Administrator: Assistant Benefit, Employment, and Support Services Division Administrator

Phone Number: (808) 586-7083

Email Address: snakasone2@dhs.hawaii.gov

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

CCDF Co-Administrator First Name: Dayna

CCDF Co-Administrator Last Name: Luka

Title of the CCDF Co-Administrator: Acting Child Care Program Administrator

Description of the Role of the Co-Administrator: The Child Care Program Administrator drafts, revises, submits, and implements the CCDF State Plan. Also, the Child Care Program Administrator has oversight of the child care subsidy, child care licensing, and child care quality improvement programs.

Phone Number: (808) 586-7058

Email Address: dluka@dhs.hawaii.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.

N/A

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.

For the subrecipient contracted to implement the non-TANF subsidy program and the statewide child care resource and referral agency, monitoring activities include review of budgets, quarterly reports, and monthly invoices. For the subsidy program subrecipient, the Department also reviews monthly data reports, conducts random case reviews to determine issuance of correct payments and to determine the need for retraining or policy clarifications, and a penalty provision in the contract is specified for lack of satisfactory performance as defined by the contract.

The Hawaii Department of Human Services implements the TANF subsidy program through Work Participation offices and a contracted organization; the Department reviews monthly data reports, conducts random case reviews to determine issuance of correct payment and to determine the need for retraining or policy clarifications.

The Department also implements the child care licensing program through Department offices statewide for regulated providers that are registered Family Child Care homes, licensed Group Child Care Homes, licensed Group Child Care Centers, licensed Before and After School programs, and licensed Infant and Toddler Centers.

The quality initiatives are implemented by the Department and administered through contracts.

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.

The Hawaii Department of Human Services maintains an in-house data system that houses data for multiple programs, including child care subsidy, TANF Work Participation, SNAP Work Participation, and child care licensing. CCDF funds are braided with other federal funds to maintain and modify the data system. Dependent on the type of request for code or software, other public agencies would contact the Benefit, Employment, and Support Services Division's Child Care Program Office to request information and specify what the state public agency would like to be made available from Hawaii's data system. The Child Care Program Office would coordinate such a request with the Division's System Operations and Requirements Office and the Department's Office of Information Technology to verify

that the information being requested exists and is available to be released in an easily distributable format. If the information being requested does not exist or is not available to be released in an easily distributable formation, the Child Care Program Office would continue to work with the requesting state public agency to consider alternate options to fulfill the request.

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.

Chapter 17-601 Confidentiality, Hawaii Administrative Rules (HAR), §§346-10 and 346-11, Hawaii Revised Statutes (HRS), and Chapter 92F, HRS.

The Department and its agents shall keep records that may be necessary or proper in accordance with this chapter. All applications and records concerning any applicant or recipient shall be confidential. Chapter 17-601, HAR defines the conditions under which the Department may disclose information relating to applicants and recipients of financial assistance, SNAP, and support services programs.

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.

(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.

Child care subsidy services and child care licensing services are state administered in Hawaii. Representatives from both the subsidy services and licensing services held discussions and workgroup meetings virtually to collaborate on the state plan.

Community stakeholders from the counties are invited to attend the Department's quarterly Child Care Advisory Committee meetings and there are positions established for voting members who represent the county communities. The Department is a non-voting ex-officio member of the Early Learning Board and representatives from the Hawaii Council of Mayors also are members of the Early Learning Board.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The Hawaii Department of Human Services convenes quarterly meetings with the Child Care Advisory Committee with 20 voting members statewide from a variety of early childhood stakeholders, including:

- a statewide child care center director's group;
- an association for independent schools;
- the Head Start Association;
- the statewide Child Care Resource and Referral agency;
- a Kauai island representative;
- a Family Child Care provider;
- a Hawaii island representative;
- a parent representative;
- the Tribal/Native Hawaiian CCDF agency;
- a faith-based representative;
- the Hawaii Association for the Education of Young Children;
- the Department of Health;
- a multi-site child care center organization group;
- a Maui County representative;
- a school-aged care representative;
- the non-TANF child care subsidy case management agency;
- the University of Hawaii, Center on the Family;
- the Department of Education;
- the University of Hawaii Community Colleges; and
- an early childhood advocacy group.

Additionally, other early childhood stakeholders are invited to attend the Child Care Advisory Committee meetings and participate in the discussions.

The Department held virtual meetings as a result of the pandemic and will continue to meet virtually throughout 2021. The Child Care Advisory Committee provides input on policy decisions and potential revisions of the State Plan. The proposed plan was made available to the Child Care Advisory Committee for review and comment in May 2021.

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. The Tribal/Native Hawaiian CCDF agency is represented in the Child Care Advisory Committee. The proposed plan was made available to the Child Care Advisory Committee for review and comment in May 2021.

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

The Hawaii Departments of Education and Health and the University of Hawaii (including its community colleges) have representation on the Early Learning Board, as well as the Department's Child Care Advisory Committee. The Hawaii Department of Human Services which is the lead CCDF agency is responsible for Temporary Assistance for Needy Families (TANF). The TANF program operates under the same Division as the CCDF program. The CCDF Administrator is also the TANF Administrator, who is the Assistant Benefit, Employment, and Support Services Division Administrator (ABESSDA). ABESSDA reviewed the CCDF Plan and has been consulted on an on-going basis regarding the CCDF 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. 06/10/2021

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.
05/21/2021

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.

Public notices were published in the newspapers statewide, distributed via email, and internet posting on the Department's website at

<http://humanservices.hawaii.gov/bessd/child-care-program/>

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Benefit, Employment and Support Services Division Child Care Program Office Teleconference Call via Microsoft Teams Meeting +1 808-829-4853 United States, Honolulu (Toll) Conference ID: 968 071 136# or Online Join Microsoft Teams Meeting

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.) The plan was made available on the Department's website, and hard copies provided upon request.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Comments made by the public relative to service deliveries were reviewed and considered. Minor amendments were immediately completed, however other substantive amendments to the plan need further review, as considerations may be needed for available funding, changes to the Department's administrative rules, and discussions with the Department's Child Care Advisory Committee.

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.

<http://humanservices.hawaii.gov/bessd/child-care-program/>

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:

Work with the Department's Child Care Advisory Committee. Distribute via email the notice of the public hearing and the website link for the draft CCDF Plan and any Plan amendments.

Working with child care resource and referral agencies.

Describe:

Work with Hawaii's contracted statewide child care resource and referral agency to distribute via email the notice of the public hearing and the website link for the State CCDF Plan and any Plan amendments to its listed members.

Providing translation in other languages.

Describe:

The notice of the public hearing indicates that persons needing interpreter services may receive such service without charge, including oral interpretation of the draft State CCDF Plan. The Department would provide interpreter services as requested without charge including oral interpretation of any Plan amendments.

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

Describe:

N/A

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

Describe:

The Department's Child Care Advisory Committee, which includes stakeholder members representing provider groups and parents, are emailed the notice of the public hearing and the website link for the State CCDF Plan and any Plan amendments for stakeholder distribution.

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

Other.

Describe:

Work with the Early Learning Board. Distribute via email the notice of the public hearing and the website link for the draft CCDF Plan and any Plan amendments.

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:

Child care subsidy services and child care licensing services are state administered in Hawaii. Community stakeholders from the counties are invited to attend the Department's quarterly Child Care Advisory Committee meetings. The Department is a non-voting ex-officio member of the Early Learning Board and representatives from the Hawaii Council of Mayors also are members of the Early Learning Board.

The Department also consulted with each of the County permitting and building inspection agencies on the coordination between the Department and the counties during times of emergencies or disasters for child care facilities that are licensed by or registered with the Department.

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:

The Hawaii Department of Human Services is a non-voting ex-officio member of the Early Learning Board, which directs the Executive Office on Early Learning (EOEL) in its administration of the State's public Pre-Kindergarten program in 37 classrooms on 34 public school campuses statewide. Planning efforts include scaling up the State's public Pre-Kindergarten program in public schools that require an evaluation of Hawaii's early learning system, services, and programs from prenatal to five (5) years of age.

The Hawaii Department of Human Services will continue to gather feedback and guidance from the DHS Child Care Advisory Committee and the Early Learning Board, when applicable, regarding the implementation of the Child Care and Development Fund requirements to efficiently coordinate child care services. The Department's goal is to expand accessibility and continuity of care, and assist children enrolled in child care programs to receive child care services that meet the needs of working families. Continued discussions would focus on enhancing and aligning accessibility and quality of child care services for families receiving child care subsidies, coordinating comprehensive services to children in child care settings, and further enhancement to the professional development system for the early childhood care and education workforce.

[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:](#)

The Hawaii Department of Human Services is coordinating with tribal/Native Hawaiian CCDF grantee for Hawaii, which is a member of the Department's Child Care Advisory Committee. Discussions about coordinating strategies to prevent duplication of resources and a maximization of available funding. To achieve this, the Hawaii Department of Human Services and the tribal/Native Hawaiian CCDF grantee are working together to develop a consent to share information to ensure subsidy clients are not participating in both in the state and tribal/Native Hawaiian CCDF programs and learning about the best practices used by the tribal/Native Hawaiian grantee for monitoring of exempt child care providers caring for CCDF subsidy children and the provision of training for those exempt providers, and ways to assist the tribal/Native Hawaiian grantee in fulfilling the background check requirements.

Hawaii is a state that officially recognizes two languages English and Hawaiian. Consequently, there is a statewide system of Hawaiian medium early learning centers. Children from these centers are prepared to enter public schools where Hawaiian is the medium of instruction. There are 19 such schools that are located throughout the state on every island, except Lanai. In addition, the Native American Languages Act of 1990

(NALA), a landmark legislation addresses generations of federally imposed suppression of Native American languages, provides that it is the policy of the United States to preserve, protect, and promote the rights of Native peoples to use, practice and develop Native languages, including the Hawaiian language, specifically in education, tribal affairs, and public proceedings. The Department is also coordinating with 'Aha Punana Leo, the statewide Hawaiian medium early learning provider for Native Hawaiian children, in the on-going development of three proposed collaborative pilot projects:

1. Between the Department, the statewide Hawaiian medium early learning provider, other Hawaiian medium providers, and the Hawaii State Hawaiian Language College at the University of Hawaii at Hilo in the development of a Hawaiian language domain for Hawaii's early Learning and Development Standards to recognize the developmental process and progress for children acquiring Hawaiian language skills as their primary language at-home and/or in a program offering Hawaiian language medium curriculum.
2. Between the Department, the statewide Hawaiian medium early learning provider, other Hawaiian medium providers, and the Hawaii State Hawaiian Language College at the University of Hawaii at Hilo in the development of a framework detailing the competencies and guidelines for Hawaiian medium early learning workforce that align with the State's early care and development workforce competencies, where applicable, to ensure that the Native Hawaiian culture and language continue to thrive in Hawaii's communities.
3. Between the Department, the statewide Hawaiian medium early learning provider, other Hawaiian medium providers, and the Hawaii State Hawaiian Language College at the University of Hawaii at Hilo in the development of a degree program, courses, professional development opportunities, and/or a Child Development Associate (CDA)-like credential equivalent established through the Hawaii State Hawaiian Language College and recognized by the Department for staff qualifications for the Hawaiian medium early learning workforce and to provide career pathway for the Hawaiian medium early learning workforce to ensure that the Native Hawaiian culture and language continue to thrive in Hawaii's communities.

The statewide Hawaiian medium early learning provider will continue to partner with the Department in promoting healthy and safe environments through licensure by the Department for all keiki (children) in its programs and ensure School Readiness for keiki who continue their Hawaiian medium education into kindergarten and beyond.

[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:

The Hawaii Department of Human Services, Child Care Program Office, serves as a member of the Hawaii Early Intervention Coordinating Council which meets quarterly to advise the Department of Health's Early Intervention Services. The Departments of Education and Health have representatives on the Department of Human Service's Child Care Advisory Committee that meets quarterly to advise the Department of Human Services.

The Departments will continue to collaborate on strategies to improve coordination of services for children whose families are receiving child care subsidies in seeking referrals for additional screening for Early Intervention Services or special education services. All of the Departments have representation on the steering committee for the development of the Hawaii Early Childhood State Plan that is the shared vision and framework for early childhood collaborations, including strategies and priorities for collective action in Hawaii for birth to 8 years of age.

Furthermore, the Department of Human Services collaborates with Department of Health, including the Early Intervention Services Section, the University of Hawaii John A. Burns School of Medicine, Department of Pediatrics, the Hawaii chapter of American Academy of Pediatrics, and stakeholders to continue a pilot project to improve young children's social and emotional development through training and technical assistance and, in some locations, mental health/behavioral consultation to child care providers. There are four levels that are addressed through the pilot project:

1. Developing guidelines and resources to support child care provider's ability to promote children's optimal social and emotional development.
2. Training and technical assistance will be available to licensed and registered childcare providers (those who work with young children) to increase their knowledge and skills to encourage good mental health and social emotional wellness and to manage children's challenging behaviors.
3. Preventing the occurrence or escalation of mental health problems and minimizing children's social emotional development risk will be done through referrals to community based resources and access to a mental health/behavioral health consultant who will work with child care providers (and/or families) to support the child's developmental needs.

4. Children who may have a developmental concern need to be properly identified and referred to treatment to support positive developmental progress. Services are available through: Department of Health's Early Intervention Section (IDEA Part Agency) for those children birth - 3 years old; and through Department of Education's Preschool Special Education (IDEA Part B, 619) for those 3-5 years old. The use of valid screening and assessment procedures to identify concerns and delays is an essential part to supporting and monitoring children's development.

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

The Head Start State collaboration director position that oversees the grant has been established under the Executive Office of Early Learning. The Hawaii Department of Human Services works with the Head Start State collaboration director through a variety of early childhood community meetings to ensure that Head Start and the Department align efforts to ensure serving children eligible for Head Start and CCDF subsidies, including children experiencing homelessness, special needs, or from families with at-risk factors, such as low income or limited-English proficient families.

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

The Hawaii Department of Human Services collaborates with Department of Health, for the various programs administered by the Department of Health, such as Early Intervention Services Section, Woman, Infant and Children (WIC), Chronic Disease Prevention, Maternal and Childhood Home Visitation programs, and also the Health Resources Administration, including Communicable Disease & Public Health Nursing Division and Disease Outbreak Control Division in order to support healthy children in licensed and registered child care settings and coordinating public health efforts for the Department's licensed and registered child care providers. The agencies at the Department of Health provide guidance and expertise to the Department of Human Services to ensure that child care providers and the families of the children in care receive current and correct information about public health issues that are impacting children and their families.

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

The Hawaii Department of Human Services houses both the TANF agency and the CCDF agency within the Benefit, Employment and Support Services Division. The TANF program administrator coordinates with the Department of Labor and Industrial Relations (DLIR) to support families who are required to participate in work activities to maintain their TANF assistance. The TANF work participation offices have job developers from DLIR on-site to provide direct services to TANF work participants. The DLIR job developers set up Community Work Experience program (CWEP) sites with the goal of the TANF Work participant obtaining subsequent sustained employment. The DLIR job developers contact government and private non-profit agencies that offer work experience opportunities with supervised work skills development that will not displace the current work force at those agencies.

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

The Hawaii Department of Human Services is part of the strategic planning team for the Executive Office on Early Learning (EOEL), which is administratively attached to the Department of Education, and administers the State's public Pre-Kindergarten program in 37 classrooms on 34 public school campuses statewide.

The Hawaii Department of Human Services also coordinates with the Department of Education on an existing contract in place for infant and toddler child care services on public school campuses for teen parents completing their high school education.

The Departments and EOEL will continue to collaborate on strategies to improve coordination of services for children whose families are receiving child care subsidies in seeking referrals for additional screening for public Special Education services, supporting a professional development system for the early childhood workforce, as well as partnering to support children's transitions to school settings in the Department of Education and private schools.

Both Departments have representation on the steering committee for the development of the Hawaii Early Childhood State Plan that is being led by the EOEL, and the Plan is the shared vision and framework for early childhood collaborations, including strategies and priorities for collective action in Hawaii for birth to 8 years of age.

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

The Hawaii Department of Human Services is the lead CCDF agency, and the Benefit, Employment and Support Services Division, which houses the CCDF administrator, is responsible for child care licensing. The CCDF Administrator oversees the Child Care Program Office which has programmatic and policy oversight of the child care licensing, child care subsidy, and child care quality improvement programs in Hawaii. The Child Care Program Office coordinates the goals of the child care licensing which impact the child care subsidy and child care quality improvement programs in Hawaii. There are approximately 850 licensed and registered homes and centers statewide.

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 Hawaii Department of Human Services contracts with the Hawaii Department of Health to provide nutrition consultation and menu reviews for licensed child care facilities. This contractor has an established relationship with the Child and Adult Care Food Program (CACFP) to ensure alignment of services with CACFP policies. The Department's child care licensing staff and the Department's contractor that provides training and professional development services inform licensed and registered child care providers about the CACFP. The Department of Education is the agency responsible for the CACFP and monitors group child care centers who participate in the CACFP. The Department of Education contracts with a non-profit organization to monitor registered family child care homes who participate in the CACFP. The Department of Education periodically meets with the Department of Human Services to ensure that child care licensing program continues to align with the requirements and goals of the CACFP.

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 Hawaii Department of Human Services is the lead CCDF agency, and the Benefit, Employment and Support Services Division, which houses the CCDF administrators, continues to collaborate with the Department's Homeless Program Office, which is the statewide agency in the same Division that oversees state and federally funded contracts for homeless services throughout Hawaii, on strategies to improve coordination of

services for homeless children whose families may be eligible for child care subsidies and other early childhood services which may be needed to meet the needs of homeless children. The Homeless Program Office will support the Department's outreach efforts to the contracted homeless service providers regarding early childhood services available to homeless families with young children, as well as other agencies providing services to homeless families, including the McKinney-Vento coordinators. The Department's Child Care Advisory Committee includes stakeholder members representing preschool programs such as Head Start, Early Head Start, private community-based preschools, and the Department of Education, and the Department will collaborate with these stakeholder members regarding improving coordination of services for homeless children whose families may be eligible for child care subsidies and other early childhood services.

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

The Hawaii Department of Human Services houses both the TANF agency and the CCDF agency within the Benefit, Employment and Support Services Division. The CCDF administrator will coordinate with the TANF program administrator to support families who are required to participate in work activities to maintain their TANF assistance. For state fiscal year 2020, the monthly average of TANF children served was 9% of the overall number of children receiving child care subsidies statewide. Families are provided with information on child care subsidies available, parent education about choosing quality child care providers, and resource and referral services available for licensed and registered child care providers in their area.

[xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:](#)

The Hawaii Department of Human Services is the lead CCDF agency, and the Benefit, Employment and Support Services Division, which houses the CCDF administrator, collaborates with the Department's Med-QUEST Division, which is the agency providing eligible low-income adults and children access to health and medical coverage through managed care plans, including Medicaid and the state Children's Health Insurance Program (S-CHIP), on strategies to improve access to wellness services and medical coverage for families who qualify for child care subsidies, in order to meet the developmental and health needs of our vulnerable children. The QUEST program is

designed to provide Quality care, Universal access, Efficient utilization, Stabilizing costs, and to Transform (QUEST) the way health care is provided to recipients. Med-QUEST will develop and provide training to the Department's child care training contractor staff, the statewide resource and referral contractor staff, and the Benefit, Employment and Support Services' Staff Development trainers who will incorporate the S-CHIP and Medicaid information into the trainings for TANF and non-TANF child care eligibility determination staff. The Benefit, Employment and Support Services Division will also provide information on the consumer education public website about the programs offered by Med-QUEST.

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

The Hawaii Department of Human Services collaborates with Department of Health, including the Early Intervention Services Section, the University of Hawaii John A. Burns School of Medicine, Department of Pediatrics, the Hawaii chapter of American Academy of Pediatrics, and stakeholders to continue a pilot project to improve young children's social-emotional development through training and technical assistance and, in some locations, mental health/behavioral consultation to child care providers. There are four levels addressed through the pilot project:

1. Developing guidelines and resources to support child care provider's ability to promote children's optimal social and emotional development.
2. Training and technical assistance will be available to licensed and registered childcare providers (those who work with young children) to increase their knowledge and skills to encourage good mental health and social-emotional wellness and to manage children's challenging behaviors.
3. Preventing the occurrence or escalation of mental health problems and minimizing children's social-emotional development risk will be done through referrals to community-based resources and access to a mental health/behavioral health consultant who will work with child care providers (and/or families) to support the child's developmental needs.
4. Children who may have a developmental concern need to be properly identified and referred to treatment to support positive developmental progress. Services are available through: Department of Health's Early Intervention Section (IDEA Part Agency) for those children birth - 3 years old; and through Department of Education's Preschool Special Education (IDEA Part B, 619) for those 3-5 years old. The use of valid screening and assessment procedures to identify concerns and delays is an essential part to supporting and monitoring children's development.

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:

The Hawaii Department of Human Services ensures the coordination of services between the child care subsidy eligibility contract staff and the statewide child care resource and referral agency to ensure that subsidy families receive consumer education information about availability of comprehensive services for children in the communities and information about choosing quality child care settings.

The Hawaii Department of Human Services also ensures the coordination of services between the Department's contractors for training and professional development to ensure that child care providers receive information about availability of professional development opportunities to meet the on-going health and safety training requirements for licensed and registered child care providers as well as exempt providers caring for children whose families receive a child care subsidy from the Department, as well as career counseling and continuing education for licensed and registered child care providers and, if interested, exempt providers caring for children whose families receive a child care subsidy from the Department.

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

The Hawaii Department of Human Services collaborates with the Department of Education (DOE) on strategies to improve coordination of out-of-school time care, since the Hawaii DOE operates a statewide after-school program called A-plus. The goal is to reduce the high incidence of latchkey children and provide affordable afterschool child care services. Families may qualify for subsidized monthly fees through the Hawaii Department of Human Services TANF contract with the DOE. Eligibility is based on the family's income and work activity requirements such as being employed, attending school or participating in a job training program. The DOE operates the after-school care programs or contracts with private providers to operate the after-school care programs at nearly 180 (this number varies by school year) public elementary and charter schools statewide.

The Department's child care subsidy staff advise parents interested in after-school care

and applying for the child care subsidy program of the subsidized DOE after-school care program if the family meets the income eligibility limits under the TANF contract. If the family does not qualify for the TANF contract, the parents may still be eligible for a child care certificate through the Department of Human Services' child care subsidy program. The Department of Human Services is also coordinating with the DOE to ensure that the staff caring for children in the after-school care A-plus programs complete the initial and on-going health and safety training requirements that exempt CCDF providers must complete and considering what supports could be developed to offer professional opportunities for out-of-school time care staff.

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

The Hawaii Department of Human Services coordinates with the State and County emergency management agencies regarding licensed and registered child care providers that have been impacted by emergencies to ensure that child care providers can resume child care operations as quickly as possible post-emergency by assisting in identifying impacted child care providers and to request post-emergency inspections, when applicable.

The Hawaii Department of Human Services also will assist to verify if child care providers are licensed by or registered with the Department if individuals or facilities are applying for Individual Assistance recovery funds with the Federal Emergency Management Agency.

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

There are no public State/local agencies with Early Head Start-Child Care Partnership grants. The Early Head Start-Child Care Partnership grantee for Hawaii is a private community-based Early Head Start provider. The private community-based Early Head Start provider, who is the Hawaii Early Head Start-Child Care Partnership grantee, and the private child care partner organization are members of the community stakeholders who are invited to attend the Department's quarterly Child Care Advisory Committee meetings to provide input and feedback to the Department on coordination with the CCDF subsidy program, professional development opportunities for early childhood workforce, and lessons learned from the Early Head Start-Child Care Partnership federal grant.

ii. [State/territory institutions for higher education, including community colleges](#)

Describe

The Hawaii Department of Human Service's Child Care Advisory Committee includes stakeholder members representing institutions for higher education, including community colleges, and the Department continues to collaborate with the stakeholder members regarding support for continued education for individuals working in child care settings to obtain early childhood coursework and degrees to promote quality child care services in licensed and registered child care settings. The Department continues to collaborate on ways to increase on-going professional development opportunities, both credit-based and non-credit-based, and supporting career counseling and scholarship funding for those already working in the child care field or planning to enter the field upon completion of their degrees.

iii. [Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.](#)

Describe

The Hawaii Department of Human Services is a member of several community workgroups that are focused on improving school readiness of children by improving the quality of care provided to children or by increasing access to high quality early learning and care opportunities from birth through age eight years under the Early Childhood Action Strategy (Action Strategy). The Action Strategy collaborative involves over 80 public and private partners and is working to improve healthy and

safe births, healthy development, kindergarten readiness, and meeting grade-level requirements at third grade.

[iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.](#)

[Describe](#)

The Hawaii Department of Human Services collaborates with Department of Health, including the Maternal and Childhood Home Visitation programs, to coordinate and promote access to the child care subsidies for families participating in the home visitation program.

[v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.](#)

[Describe](#)

The Hawaii Department of Human Services is the lead CCDF agency, and the Benefit, Employment and Support Services Division, which houses the CCDF administrators, collaborates with the Department's Med-QUEST Division, which is the agency providing eligible low-income adults and children access to health and medical coverage through managed care plans, on strategies to improve access to wellness services and medical coverage for families who qualify for child care subsidies, in order to meet the developmental and health needs of our vulnerable children. The QUEST program is designed to provide Quality care, Universal access, Efficient utilization, Stabilizing costs, and to Transform the way health care is provided to recipients. Med-QUEST developed an informational hand-out that is posted on the Department's consumer education website and is given out to families applying for or receiving child care subsidies. Med-QUEST also will develop and provide training to the Department's child care training contractor staff, the statewide resource and referral contractor staff, and the Benefit, Employment and Support Services Staff Development trainers who will incorporate the EPSDT and Medicaid information into the training a for TANF and non-TANF child care eligibility determination staff.

[vi. State/territory agency responsible for child welfare.](#)

[Describe](#)

The Hawaii Department of Human Services is the lead CCDF agency, and the Benefit, Employment and Support Services Division, which houses the CCDF administrator,

collaborates with the Department's Social Services Division, which is the agency serving children in child welfare, on strategies to improve coordination of services for children whose families are involved with child welfare and are receiving child care subsidies and early childhood services to meet the needs of these vulnerable children.

The Department also supports the training of foster parents through the Department's contracted training services to promote knowledge about child development and best practices in working with children ages birth to five years. The two Divisions established a Memorandum of Agreement to ensure that foster parents are made aware by Social Services Division Child Welfare Services' staff about the child care subsidy program, where foster parents can apply and receive child care subsidies for eligible foster children who are U.S. citizens or legal permanent residents when the foster parents have an eligible CCDF activity of employment, attending school, and/or in a job training program.

[vii. Provider groups or associations.](#)

[Describe](#)

N/A

[viii. Parent groups or organizations.](#)

[Describe](#)

N/A

[ix. Other.](#)

[Describe](#)

N/A

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
).

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"

b) Which funds you will combine

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.

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

e) How are the funds tracked and method of oversight

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 revenue 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):

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.

The Hawaii Department of Human Services partners with the Executive Office on Early Learning and the Department of Education for the on-going licensure of private child care

providers utilizing existing classrooms on public school campuses for preschool services, also called the Pre-Plus Program. All the Pre-Plus programs are Head Start grantees, and some of the Pre-Plus classrooms offer inclusion settings for the Department of Education's Special Education children. All the Pre-Plus providers must be licensed by the Department of Human Services, since the programs are operated by private, community-based providers. Without the Pre-Plus classrooms, there would be a loss of 280 slots for preschool-age children throughout needy communities across the State.

The Hawaii Departments of Human Services, Health, and Education have representation for the development of the Hawaii Early Childhood State Plan 2019 – 2024 that was steered by the Executive Office on Early Learning. The Hawaii Early Childhood State Plan is the shared vision and framework for early childhood collaborations and partnerships, including strategies and priorities for collective action in Hawaii for birth to 8 years of age. The Hawaii Early Childhood State Plan launched on January 30, 2019.

The Hawaii Department of Human Services also partners and collaborates with the Department of Health (DOH) on strategies to improve coordination of public health information dissemination or health services for child care providers or children in child care; develop strategies to capitalize on previous and existing work to encourage physical activity and health eating for young children; and support children's social-emotional development..

The Department of Health also shares information about the federal child care subsidy program and the state-funded Preschool Open Doors program with the agencies in Health which serve families who may qualify for these subsidy programs. The Department of Health developed a resource listing for families about services available through various State agencies, and the Department of Human Services has included the resource list on its consumer education website for families to access:

<https://health.hawaii.gov/cshcn/files/2018/08/SharingOurUluresourcelist8-1-18.pdf>.

The Hawaii Department of Human Services partners with the Department of Education for inter-departmental contracts for infant and toddler child care services on or near public high school campuses on one island for teen parents to complete their high school education. The

contract services provide free, quality child care with convenient locations near the high school campuses to participating teens enrolled in the school's parenting program.

The Hawaii Department of Human Services also partners and collaborates with the Department of Education Community Engagement Branch on strategies to improve coordination of out-of-school time care, since the Hawaii Department of Education operates a statewide after-school program called A-plus. The goal is to reduce the high incidence of latchkey children and provide affordable afterschool child care services. Families may qualify for subsidized monthly fees through the Hawaii Department of Human Services TANF contract with the DOE. Eligibility is based on the family's income and work activity requirements such as being employed, attending school or a job training program. The DOE operates the after-school care programs or contracts with private providers to operate the after-school care programs at nearly 180 (this number varies by school year) public elementary and charter schools statewide.

The Department's child care subsidy staff advise parents interested in after-school care and applying for the child care subsidy program of the subsidized DOE after-school care program if the family meets the income eligibility limits under the TANF contract. If the family does not qualify for the TANF contract, the parents may still be eligible for a child care certificate through the Department of Human Services' child care subsidy program.

The Hawaii Department of Human Services is also coordinating with the DOE to ensure that the staff caring for children in the after-school care A-plus programs complete the initial and on-going health and safety training requirements that exempt CCDF providers must complete and considering what supports could be developed to offer professional opportunities for out-of-school time care staff.

The Hawaii Department of Human Services partners with the Hawaii State Public Charter School Commission for the on-going licensure of private community-based organizations operating child care centers on campuses of public charter schools for the Preschool Development Grants, since the pre-Kindergarten program is not part of the Commission's charter contract agreement with charter schools. Many of the preschools under the Hawaii Preschool Development Grant programs are Native Hawaiian culture focused or Native Hawaiian language immersion programs. Without the eighteen (18) Preschool Development Grant pre-Kindergarten classrooms, there would be a loss of 360 slots for preschool-age

children throughout needy communities across the State.

In response to the COVID-19 pandemic, Hawaii Department of Human Services established provisions for child care facilities to comply with regulatory guidance for COVID-19 and published the “Guidelines for Child Care Facilities” on the Department’s website. The guidelines were developed in collaboration with the liaison to Hawaii’s Economic and Community Recovery Navigator, the Executive Office on Early Learning and a workgroup of child care providers, and based on information from the Centers for Disease Control and Prevention and the Hawaii Department of Health. These guidelines are public health measures to minimize risk to children, staff, and families when resuming or continuing operations. The guidelines will be in place for a period of time and Hawaii Department of Human Services partner with Hawaii Department of Health for technical assistance or professional development opportunities for child care providers to support continued implementation of health and safety practices.

As part of the response to the COVID-19 pandemic, Hawaii Department of Human Services contracted with Hawaii Community Foundation to manage the Child Care Grant Program using Hawaii’s federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funds to support the reopening and continuous operation of licensed and registered child care programs and afterschool providers across the state. The goal of the Child Care Grant Program is to provide regulated child care programs with a one-time payment to ensure the continuity of operations, prevent permanent closure, or enable the re-opening of programs safely with financial resources. Plans to develop and administer future grant programs for regulated child care facilities and home and exempt facilities, including providers not caring for CCDF children prior to the COVID-19 pandemic will need continued partnerships among community networks to support the child care sector.

Hawaii Department of Human Services also partnered with Hawaii Emergency Management Agency for the State of Hawaii COVID-19 Personal Protective Equipment Distribution Program. Orders from qualified organizations were accepted through November 15, 2020.

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:

The Hawaii Department of Human Services contracts with a private agency to provide statewide child care resource and referral for families seeking quality child care. The following services are provided by the contracted agency:

1. Maintain and update a comprehensive resource database listing of child care services, licensed and registered child care homes and facilities, and assistance and child care subsidy programs in the communities;
2. Offer a child care referral service which actively responds to parental request for child care information including children with special needs (including information about Part B of Section 619 and Part C of the Individuals with Disabilities Education Act) through the process of a "warm" referral between services or programs to help ensure all families are consistently offered a chance to connect directly to the service;
3. Provide listing of licensed and registered child care homes and facilities upon request from the public, including such providers, if any, who may provide non-traditional hours of care;
4. Document and tabulate the information regarding the supply and demand for child care services, including programs that identify using faith-based curriculum, in communities;
5. Provide information on how to access professional development opportunities, including child care conferences, educational training, classes and workshops in the community, for existing and prospective child care providers as well as parents and other community members;
6. Promote public awareness of the importance of child care issues such as availability, affordability, and quality of child care services;

7. Aid employers in identifying and meeting the child care needs of employees;
8. Provide written materials to support child care resource and referral services to families, child care providers and the community;
9. Provide outreach, survey and marketing work to promote any new DHS childcare initiatives;
10. Provide support through telephone, email, or face-to-face for public users of the websites maintained by DHS that are available to the public that provides consumers information about licensed and registered child care providers; and
11. Assist parents, including parents eligible to receive child care subsidies from the Department, and consumers through telephone, email, or face-to-face to find, select, and maintain quality child care arrangements by helping them understand and evaluate child care options.

The Hawaii Department of Human Services contracts with one statewide child care resource and referral agency to provide resource and referral services to the public, including families receiving CCDF assistance under the direction of the Hawaii Department of Human Services, the lead CCDF agency, and the Benefit, Employment and Support Services Division, which houses the CCDF administrator. The statewide child care resource and referral agency provides in-person services on the islands with the majority of the population (Hawaii island, Maui, Oahu, and Kauai) and provide telephone consultation services for the islands of Molokai and Lanai.

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.](#)

The Hawaii Department of Human Services while currently on corrective action has completed its development of the Statewide Child Care Disaster Plan and posted a draft on the Department's website. The Department continues to work on the alignment of the plan through collaboration with established partners and is currently receiving technical assistance through the ICF International Inc. - Child Care Emergency Preparedness & Disaster Relief and Recovery Technical Assistance with the State Capacity Building Center. The Statewide Child Care Disaster Plan includes all items listed under 1.8.2. b-g below and has been submitted to the Office of Child Care in July 2021.

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:

A draft of the Statewide Child Care Emergency Preparedness Response and Recovery Plan is posted under the Child Care News and Announcement section:

<http://humanservices.hawaii.gov/bessd/child-care-program/>

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:

The Hawaii Department of Human Services' website provides information for reporting child care complaints: <https://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/reporting-child-care-complaints-and-investigations/>

A statewide listing of all child care licensing offices and contact information are provided for parents to contact and submit complaints. Child care licensing offices are open Monday – Friday, 7:45 am – 4:30 pm, excluding State holidays. Parents can leave a message during hours when the offices are not open and a staff person will call back to obtain additional information needed for the complaint. Callers are reminded that their identity will not be disclosed without a court order.

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:

For licensed and registered child care facilities and homes, whether they care for children whose families receive CCDF subsidies from the Department, the Hawaii Department of Human Services investigates complaints received from a parent or someone from the public and determines whether there is evidence to support the allegations in the complaint. The allegation must relate to a violation of the Hawaii law or a violation of the Department's administrative rules regarding licensure or registration of child care facilities or homes. If there is evidence to support an allegation in the complaint based on the investigation conducted by the Department, the Department will substantiate the complaint allegation. Monitoring inspection visits are conducted to ensure compliance with Hawaii law and Hawaii Administrative Rules, and visits will be conducted to the home or facility within 2 business days if the allegation involves imminent risk to children in care. If the allegation does not relate to violation of the law or administrative rules, the Department will not accept the complaint for an investigation.

For legally exempt child care providers, the Department investigates complaints received if the allegation relates to a violation of the Hawaii law regarding requirements for child care facilities to be licensed by or registered with the Department if not operating under an allowable exemption. If the legally exempt program is not alleged to be in violation of the Hawaii law regarding requirements for child care facilities to be licensed by or registered with the Department and the program is not under the jurisdiction of the Department (e.g. prekindergarten classroom operated by the Department of Education or military operated child care centers), the Department would refer the caller to contact the appropriate agency that oversees the program.

The Hawaii Department of Human Services implemented monitoring legally exempt child care providers caring for CCDF subsidy children as of July 2021. The Department also conducts complaint investigations for allegations of violations of health and safety requirements and monitoring inspection visits will be conducted to ensure compliance with

the law and administrative rules.

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:

The Hawaii Department of Human Services maintains a record of substantiated complaints received about licensed and registered child care providers for as long as the provider is licensed or registered with the Department. Once the home or facility closes its registration or license, the Department maintains the records for three years and then will destroy the records for the home or facility.

For child care providers that are not licensed or registered with the Department, the Department will maintain the substantiated complaint record for three years and then will destroy the record. The records are maintained in a hard-copy format, written report, on file at the investigating child care licensing office. For substantiated complaint reports for all child care providers, a redacted version with non-confidential information may be made available for inspection or duplication, as allowed under Chapter 92F, Hawaii Revised Statutes.

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:

The Hawaii Department of Human Services will make non-confidential information about the substantiated complaint records available to the public via copies of hard copy reports, as allowed under Chapter 92F, Hawaii Revised Statutes, for requests made to the child care licensing office that maintains the record.

The Hawaii Department of Human Services has not completed implementation of its consumer education website with provider search functionality. Once the consumer

education website with the provider search functionality is implemented, the Department will post a redacted version with non-confidential information for substantiated complaint reports for three years from the date of the completion of the complaint report for licensed, registered and legally exempt-center child care providers that are listed with the Department to care for children whose families receive CCDF subsidies from the Department.

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

Hawaii Revised Statutes §346-153 and <http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/reporting-child-care-complaints-and-investigations/>.

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.):

The Hawaii Department of Human Services provides consumer education on the Department's licensing webpage and continues to work to enhance the consumer education website to ensure accessibility to parents, providers, and the general public. The enhanced consumer-friendly and easily accessible website will allow the provider search functionality that includes information about the provider's indicators of quality and history of compliance including visit reports and substantiated complaint reports for licensed, registered and legally exempt center-based providers that are listed with the Department to care for children whose families receive child care subsidies. Currently, the Department's website provides information that is easily located under the Child Care Licensing Program at <http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>

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)):

The Hawaii Department of Human Services provides consumer education on the Department's licensing webpage and continues to work to enhance the consumer education website to ensure accessibility to parents, providers, and the general public on the widest possible access to services for families that speak languages other than English.

During the interim period until the Department launches its fully enhanced website, the Hawaii Department Human Services' contracted service provider that provides child care resource and referral services is required to provide interpreter services at no cost for persons who speak languages other than English to access the resource and referral services, including the information on the contractor's website. The contractor's website provides other language options such as Spanish, Hawaiian, Chinese, Filipino, Japanese,

Korean, Lao, Samoan, etc. to meet the diverse population in Hawaii.

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

The Hawaii Department of Human Services provides consumer education on the Department's licensing webpage and continues to work to enhance the consumer education website to ensure accessibility to parents, providers, and the general public on the widest possible access to services for persons with disabilities.

During the interim period until the Department launches its fully enhanced website, the Hawaii Department Human Services' contracted service provider that provides child care resource and referral services is required to provide reasonable accommodations for persons with disabilities to access the resource and referral information and services, including the information on the contractor's website.

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://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>

The Hawaii Revised Statutes §346-152 lists situations when a child care provider can be exempt from registration or licensing requirements. Caretakers should check a provider's background and experience prior to choosing this type of care. Also, although a child care provider may meet the exemption requirements, there is nothing prohibiting the provider from becoming registered or licensed. These are some of the types of child care that are exempt from registration or licensing:

- Care that is provided in the child's home
- Care that is provided by relatives
- Care that is provided for up to two children that is unrelated to the provider
- School-aged programs that are operated by community associations or multi-service organizations
- School-aged programs that operate for no more than two consecutive calendar weeks in a three-month period
- Programs that are operating less than six hours per week
- Programs that provide specialized training or skill development.

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/exemptions-from-child-care-regulation/>

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:

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>

The Department's Child Care Licensing Units monitor compliance with the child care law and the administrative rules and provides consultation and technical assistance to child care providers.

The overview of licensure of a child care facility, including Group Child Care Centers, Group Child Care Homes, Infant and Toddler Child Care Centers, and Before and After School Care Programs can be reviewed at: <https://humanservices.hawaii.gov/wp-content/uploads/2017/07/Applying-for-a-DHS-Child-Care-Center-License-6-2017.pdf>

The overview of registration of a Family Child Care Home can be reviewed at:

<https://humanservices.hawaii.gov/wp-content/uploads/2017/07/Applying-for-a-DHS-Family-Child-Care-Home-Registration-6-2017.pdf>

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.

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>

https://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0152_0005.htm

https://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0154.htm

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/child-care-regulations/>

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/applying-for-a-child-care-center-license/>

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/applying-for-a-family-child-care-home-registration/>

<http://humanservices.hawaii.gov/bessd/child-care-program/>

Hawaii Administrative Rules, title 17, chapter 17-801 Background Check

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:

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>

<http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-891.1-1-FCCs.pdf>
[17-891.1-3\(e\)](#)

<http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-892.1-GCCs.pdf>
[17-892.1-3\(e\)](#)

http://humanservices.hawaii.gov/wp-content/uploads/2013/11/HAR_17-895-Infant-and-Toddler-Child-Care-Center-Rules.pdf

[§17-895-3\(e\)](#)

<http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-896-BASCs.pdf>

[§17-896-3\(e\)](#)

<http://humanservices.hawaii.gov/bessd/child-care-program/>

Hawaii Administrative Rules, title 17, chapter 17-801 Background Check

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:

The Hawaii Department of Human Services is working to enhance the consumer education website to ensure accessibility to parents, providers, and the general public to be able to conduct a provider search by ZIP code or a specified regional area. The Department's child care resources webpage

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-resources/> links to the Department's contracted service provider that provides child care resource and referral services statewide, and has a searchable list by zip code of child care providers licensed by and registered with the Department. Families may also directly link to the Department's contracted service provider at <https://www.patchhawaii.org/>

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

N/A

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

The Hawaii Department of Human Services is working to enhance the consumer education website to ensure accessibility to parents, providers, and the general public. The Department's contracted service provider that provides child care resource and referral services statewide has a searchable list by contact information, enrollment capacity, hours, days and months of operation, and ages of children served of child care providers licensed by and registered with the Department.

- 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:

National accreditation information is included as part of the enhancement to the consumer education website.

- ii. Licensed non-CCDF providers.

Describe the quality information:

National accreditation information is included as part of the enhancement to the consumer education website.

- 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.

The Hawaii Department of Human Services has not completed implementation of

developing the consumer education website which contain the monitoring and inspection reports in plain language, therefore we cannot certify by checking one of the boxes.

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:

The Hawaii Department of Human Services has not completed implementation of developing the consumer education website which includes health and safety violations. Hard copy reports may be accessed by the public from the applicable child care licensing unit for inspection reports and substantiated complaint reports, as allowed under Chapter 92F, Hawaii Revised Statutes.

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

Describe:

The Hawaii Department of Human Services has not completed implementation of developing the consumer education website which lists corrective action plans. Hard copy corrective action reports may be accessed by the public from the applicable child care licensing unit for inspection reports and substantiated complaint reports, as allowed under Chapter 92F, Hawaii Revised Statutes.

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.

The Hawaii Department of Human Services has not completed implementation of developing the consumer education website.

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

Hawaii Department of Human Services intends to post results no later than 90 days after an inspection or corrective action is taken.

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 summaries are still in development for Hawaii.

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

Plain language summaries are still in development for Hawaii.

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

The Department is still developing the process for correcting inaccuracies in reports.

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 Department is still developing the process for providers to appeal the findings in the reports.

If the Department were to issue an adverse action on the provider's license or registration, the provider has ten (10) business days to file a request for an administrative appeal hearing. The administrative appeal hearing will be scheduled, and the decision from the appeal hearing will be issued in writing within ninety (90) days of the date the request for appeal was received by the Department. The Department would not post the report associated with the administrative appeal until the decision is issued by the hearing officer.

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)).

The Department will post reports for a minimum of three (3) years, and child care providers' information will be removed from the website once they are no longer licensed by or registered with the Department or (for legally exempt centers) listed with the Department.

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.

The Hawaii Department of Human Services' child care licensing offices statewide are designated to receive reports of any serious injuries or deaths of children occurring in child care from child care providers. In addition, child care providers are required to notify the Child Welfare Services (CWS) agency within the Hawaii Department of Human Services for suspected child abuse and neglect occurring in a child care home or center or in the child's home. The CWS agency then will also notify the child care licensing offices when such reports are received by CWS. The child care licensing offices receive this information as complaint reports for investigation for possible

violations of the child care law or administrative rules when any serious injuries, including suspected child abuse or neglect, or deaths of children have occurred in the child care home or center.

The Hawaii Department of Human Services' Child Care Program Office obtains the complaint information, compiles the data, and posts annual aggregate information about the number of deaths, number of serious injuries as defined by the State and the number of incidences of substantiated child abuse in child care settings.

[ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.](#)

"Substantiated child abuse" is determined by the Hawaii's Department of Human Services, Social Services Division's Child Welfare Services Branch based on their investigation whether a child was harmed.

Confirmed child abuse and neglect - "Confirmed" means that an investigation conducted by the Department revealed reasonable cause to believe that harm or threatened harm occurred.

"Harm" means damage or injury to a child's physical or psychological health or welfare, where:

1. The child exhibits evidence of injury, including, but not limited to: substantial or multiple skin bruising; substantial external or internal bleeding; burn or burns; malnutrition; failure to thrive; soft tissue swelling; extreme pain; extreme mental distress; gross degradation; poisoning; fracture of any bone; subdural hematoma; death; and the injury is not justifiably explained, or the history given concerning the condition or death is not consistent with the degree or type of the condition or death, or there is evidence that the condition or death may not be the result of an accident;
2. The child has been the victim of sexual contact or conduct, including sexual assault; sodomy; molestation; sexual fondling; incest; prostitution; obscene or pornographic photographing, filming, or depiction; or other similar forms of sexual exploitation, including but not limited to acts that constitute an offense pursuant to section 712-1202(1)(b), Hawaii Revised Statutes (HRS);
3. The child's psychological well-being has been injured as evidenced by a substantial impairment in the child's ability to function;
4. The child is not provided in a timely manner with adequate food; clothing; shelter; supervision; or psychological, physical, or medical care;

5. The child is provided with dangerous, harmful, or detrimental drugs as defined in section 712-1240, HRS, except when a child's family administers drugs to the child as directed or prescribed by a practitioner as defined in section 712-1240, HRS; or

6. The child has been the victim of labor trafficking under chapter 707, HRS.

"Imminent harm" means that without intervention within the next ninety days, there is reasonable cause to believe that harm to the child will occur or reoccur.

"Threatened harm" means any reasonably foreseeable substantial risk of harm to a child.

iii. The definition of "serious injury" used by the Lead Agency for this requirement.

The Hawaii Department of Human Services has not completed implementation of the definition of serious injury for reporting on substantiated complaint investigations and on the consumer education website.

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.

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>

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:

The Hawaii Department of Human Services' designee is the contracted service provider who provides child care resource and referral services statewide and assists parents and the public in understanding the information included on the Department's public website as well as their own website. The contracted service provider's introduction, purpose, and contact information is posted on the website along with the Department's general contact information. <http://humanservices.hawaii.gov/bessd/child-care-program/child-care-resources/>

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 Hawaii Department of Human Services' website includes information on how parents can contact the Department for questions about licensed and registered child care as well as information to contact designees, the contracted service providers who provides non-TANF child care subsidy assistance or child care resource and referral services statewide, all of whom can assist parents and the public in understanding the information included on the Department's public website:

<http://humanservices.hawaii.gov/bessd/child-care-program/ccch-subsidies/>

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>

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

<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-resources/>

Also, during the interim period until the Department launches its enhanced website, the Hawaii Department of Human Services' contracted service provider that provides child care resource and referral services assists parents, providers, and the general public at

<https://www.patchhawaii.org/>

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.

The Hawaii Department of Human Services disseminates information to parents, providers, and the general public through the Department's website as well as the contracted statewide child care resource and referral agency about the following:

1. Information about the availability of the full diversity of child care services that will promote informed child care choices;
2. Information about choosing quality child care and information about national accreditation with the National Association for the Education of Young Children or the National Early Childhood Program Accreditation or National Association for Family Child Care;
3. Availability of child care services provided through CCDF;
4. Temporary Assistance for Needy Families (TANF);

5. Head Start and Early Head Start;
6. Supplemental Nutrition Assistance Program (SNAP);
7. Women, Infants and Children (WIC) program;
8. Low-Income Home Energy Assistance Program (LIHEAP);
9. Other programs specifically Medicaid and States Children's Health Insurance Program (SCHIP);
10. Individuals with Disabilities Education ACT (IDEA) programs and services;
11. Available community resources providing developmental screening;
12. Newsletters with information about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity);
13. Research and best practices in meaningful parent and family engagement; and
14. Other community resources for child care providers, including professional development opportunities, scholarships for early childhood education/child development coursework or courses toward attaining the Child Development Associate credential, or other services that support quality child care, such nutrition information and menu reviews, the Child and Adult Care Food Program (CACFP), health consultation services, educational outreach services, technical assistance, and resources to promote quality of care for subsidy families utilizing legally exempt friend, family, and neighbor (FFN) care and their child care providers as well as registered family child care providers, or resources for health consultation.

The contracted statewide child care resource and referral agency mails packets or emails documents with the resource information to families and the public and makes the information available on their website. The Department of Human Services also maintains information about the same types of services and programs for families and child care providers on its public website.

For families applying for child care subsidy assistance, the child care subsidy worker provides as part of the intake interview process to determine eligibility information to each family about choosing the child care that best fits the needs of the family and child. Informational packets are made available to each family and the packets include available community resources for families, as well as tips on things to consider when choosing a

provider and potential questions families could ask child care providers during the search process.

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:

The Department includes information about the TANF program on the Department's website, on the brochure that provides information about the child care subsidy program, through the contracted statewide Child Care Resource and Referral agency, and through multiple Department of Health agencies through the resource listing developed by Department of Health in partnership with other state agencies, including the Department of Human Services. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including the TANF program.

b. Head Start and Early Head Start programs:

The Department includes information about the Head Start and Early Head Start program on the Department's website, on the brochure that provides information about the child care subsidy program, and through the contracted statewide Child Care Resource and Referral agency. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including the Head Start and Early Head Start programs.

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

The Department includes information about the LIHEAP on the Department's website, on the brochure that provides information about the child care subsidy program, and

through the contracted statewide Child Care Resource and Referral agency. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including LIHEAP.

[d. Supplemental Nutrition Assistance Programs \(SNAP\) Program:](#)

The Department includes information about the SNAP program on the Department's website, on the brochure that provides information about the child care subsidy program, through the contracted statewide Child Care Resource and Referral agency, and through multiple Department of Health agencies through the resource listing developed by Department of Health in partnership with other state agencies, including the Department of Human Services. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including the SNAP program.

[e. Women, Infants, and Children Program \(WIC\) program:](#)

The Hawaii Department of Human Services collaborates with Department of Health, including the WIC program, to coordinate and promote access to child care subsidies for WIC families. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including the WIC program.

[f. Child and Adult Care Food Program\(CACFP\):](#)

The Department includes information about the CACFP on the Department's website. As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the CACFP program. The Department's contracted agency that provides training to child care providers statewide and the statewide child care resource and referral organization also provide information to child care providers about the CACFP.

[g. Medicaid and Children's Health Insurance Program \(CHIP\):](#)

The Department includes information about the Medicaid program on the Department's website, on the brochure that provides information about the child care

subsidy program, through the contracted statewide Child Care Resource and Referral agency, and through multiple Department of Health agencies through the resource listing developed by Department of Health in partnership with other state agencies, including the Department of Human Services. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including the Medicaid program.

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

The Department includes information about the IDEA Part B and Part C programs on the Department's website, on the brochure that provides information about the child care subsidy program, through the contracted statewide Child Care Resource and Referral agency, and through multiple Department of Health agencies through the resource listing developed by DOH in partnership with other state agencies, including the Department of Human Services. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including the IDEA Part B and Part C programs.

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:

For parents, the public, and providers, the Department's website contains the following information and written materials for:

1. Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development, nutrition, and physical activity.
2. Information about the Hawaii Child Care Nutrition Program which provides nutrition consultation and training on physical activity, nutrition planning in licensed and registered homes and facilities to meet licensing requirements with regards to nutrition.
3. The Department's Basic Health & Safety Practices: Child Care Provider's Guide which includes all of the required topics for the initial health and safety training for all licensed and registered child care providers and staff as well as for legally exempt centers listed with the Department and exempt, non-relative providers that care for children whose families receive child care subsidies. <http://humanservices.hawaii.gov/bessd/child-care-program/health-safety-training/>
4. Research and best practices in meaningful parent and family engagement, including the Hawaii Family Partnership Guidelines for Early Childhood Settings, which is a source document to guide early childhood providers and practitioners in their efforts to create and/or enhance ongoing, responsive and reciprocal relationships with the families enrolled in their programs. It is a set of guidelines that includes key principles and provides actions or strategies practitioners can use to engage more effectively with families.

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:

For parents, the public, and providers, the Department's website contains the following information and written materials for:

1. Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development, nutrition, and physical activity;
2. Research and best practices in meaningful parent and family engagement, including the Hawaii Family Partnership Guidelines for Early Childhood Settings, which is a source document to guide early childhood providers and practitioners in their efforts to create and/or enhance ongoing, responsive and reciprocal relationships with the families enrolled in their programs. It is a set of guidelines that includes key principles and provides actions or strategies practitioners can use to engage more effectively with families.

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.

Licensed, registered and legally exempt providers are required to have a written policy of expulsion of children which includes the conditions under which a child may be expelled and sufficient timeframe before expulsion occurs to enable parents to make alternative child care arrangements or to take the necessary action to allow the child to remain enrolled. Parents are required to be provided written notification of the policy and any concerns that could lead to the child's expulsion. The requirements are found in the Hawaii Administrative Rules which are posted on the Department's website.

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)).

For parents, the general public, and child care providers, the Hawaii Department of Human Services' website currently contains information and resource listing of programs that provide developmental screenings as offered statewide, including EPSDT and IDEA part B and C services.

Additionally, for parents of eligible children, the Department will include guidance for child care subsidy case managers to provide information to each family as part of the interview process about ensuring the needs of the family and child are being addressed, including resources in the community for obtaining developmental screenings. Informational packets will be provided to each family, and the packets will include available community

resources for families, including services that provide developmental screenings offered statewide.

For providers, the Department's contracted service providers currently gather and disseminate information about available community resources including programs that provide developmental screenings through their websites, emails listings, and/or newsletters.

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.). For parents, the general public, and child care providers, the Hawaii Department of Human Services' website currently contains information about the EPSDT program. The Department's contracted statewide child care resource and referral agency currently includes information about the EPSDT program and a resource listing of programs that provide developmental screenings as offered statewide, including IDEA part B and C services.

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

The Hawaii Department of Human Services is partnering with the Department of Health and the Department's Med-QUEST Division both of which are developing updated informational hand-outs of available community organizations that conduct developmental screening services and accessing information about covered EPSDT screenings through health coverage plans. The Department of Health's current information and hand-out is posted on the Department's website, and currently general information about the EPSDT program is posted on the Department's website.

The Department will include guidance for child care subsidy case managers to provide information to each family as part of the interview process about ensuring the needs of the family and child are being addressed, including resources in the community for obtaining developmental screenings. The information will be given out to TANF Work

Participation families during their in-person interview, and for non-TANF subsidy families, the information will be discussed over the phone and will be mailed to them along with other resource and referral information. The child care subsidy eligibility determination staff will discuss with the families during the intake interviews and during any reported changes whether families have a medical home and have periodic exams with the children's pediatrician/health care professional, and whether the families have any concerns about their children's development.

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.](#)

The Hawaii Department of Human Services is partnering with the Department of Health and the Department's Med-QUEST Division both of which are developing updated informational hand-outs of available community organizations that conduct developmental screening services and accessing information about covered EPSDT screenings through health coverage plans. The Department of Health's current information and hand-out is posted on the Department's website, and currently general information about the EPSDT program is posted on the Department's website.

The Department will include guidance for child care subsidy case managers to provide information to each family as part of the interview process about ensuring the needs of the family and child are being addressed, including resources in the community for obtaining developmental screenings. The information will be given to families applying for child care subsidies during the interview to determine eligibility for child care subsidies and to families seeking resource and referral services from the statewide resource and referral agency.

For licensed and registered child care homes and facilities, and the Department's child care licensing staff inform providers about the community resources to support child care provider's ability to promote children's optimal social and emotional development and provide information on referring families to existing developmental screening services available.

e) [How child care providers receive this information through training and professional development.](#)

The Hawaii Department of Human Services partnered with the Department of Health which developed a resource listing of community organizations that conduct developmental screening services and is posted on the Department's website which is currently available for all child care providers to access.

The Department also contracts for services to provide training services to promote on-going professional development opportunities to support quality child care settings to early childhood practitioners. The trainings include information about research and best practices in child development, including social emotional development, cognitive development, physical health and development, and meaningful parent and family engagement.

The training contractor addresses caring for children with special needs which includes information for child care providers about how to and where to specifically refer families and/or how families can access developmental screenings. The training contractor will work on including this information in all classes that address caring for children with special needs.

The training contractor also provides quarterly newsletters to those who have signed up for the newsletters and the newsletters are posted on the training contractor's website for the general public to access.

The Department's contractor that provides statewide child care resource and referral services also disseminates information to child care providers and the public about the professional development opportunities available throughout the state, and the contractor provides the information about accessing developmental screenings to all resource and referral inquiries received.

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

The Hawaii Department of Human Services has not completed implementation of providing information on developmental screenings to child care subsidy families and regulated child care providers. The Department's website contains helpful links <https://humanservices.hawaii.gov/bessd/child-care-program/child-care-resources/> .

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.

The Child Care Subsidy Worker provides the caretaker a welcome packet. The packet includes information on the initial and ongoing health and safety requirements, the background clearance process, and the initial and ongoing monitoring visits for exempt family child care providers to ensure that caretakers have a comprehensive understanding of the requirements.

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.

The Department continues to enhance the consumer website which will point caretakers to providers' profiles on the website. Child Care Subsidy Workers may print out and provide information from the Department's eligibility system about the child care provider for the caretaker's review upon request or at their initial eligibility determination or 12 months redetermination.

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: A physical or mental condition that prevents a child from doing self-care, as determined by a State-licensed physician or psychologist.

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":

Residing with means an eligible child living in a home or family setting with the child's eligible caretaker.

ii. "in loco parentis":

In place of the parent, i.e., charged with the rights, responsibilities and duties of a parent defined as an adult who resides with and is responsible for the care of a child, and who is birth, hanai (child who is taken permanently to be reared, educated, and loved by someone other than the natural parents at the time of the child's birth or early childhood. The child is given outright and the natural parents renounce all claims to the child. The natural parents cannot reclaim the child except for death or serious injury of the hanai parents.), foster parent, adoptive parent, guardian, step-parent, or relative who is related to the child by blood, marriage or adoption, or a person authorized by the caretaker through power of attorney valid for a period not to exceed twelve months. The caretaker designation may remain even when the caretaker is temporarily absent from the home as long as the caretaker continues to maintain responsibility for the care, education, and financial support of the child. This includes a foster parent who may not be providing financial support to the child but may be receiving support for the child from a public or private agency.

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):

The caretaker is engaged in an activity for wages or salary or is self-employed. There are no minimum number of hours required to be considered working.

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

Job training is an approved work program that requires the participant to engage in activities that provide work experience and training to individuals to assist them toward employment and self-sufficiency. There is no minimum number of hours required to be considered job training.

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

An education program has a curriculum that is established by an institution, agency, or business for the purpose of development of skill or academic study necessary for an identified occupation. There is no minimum number of hours required to be considered in education.

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):

Job training is an approved work program that requires the participant to engage in activities that provide work experience and training to individuals to assist them toward employment and self-sufficiency. An education program has a curriculum that is established by an institution, agency, or business for the purpose of development of skill or academic study necessary for an identified occupation. There is no minimum number of hours required to be considered in job training or education. Travel time is

included within the hourly range of need for care established (86 or more hours per month for full time care or 1 - 85 hours per month for part time care).

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 Welfare Services by the Department of Human Services to children and their caretakers and siblings, who reside together in their family unit, and are children who are:

1. Confirmed to have been abused or neglected; or
2. Confirmed to have been threatened with abuse or neglect; or
3. In foster care; and the need for child care services must be specified in the family's or child's case plan as ordered by the court.

Teen parents who are utilizing the Department's contracted infant and toddler child care services on or near the participating Department of Education public school campuses and completing their high school education and who are enrolled students of the public school's Graduation Reality and Dual Role Skills (GRADS) program or alternate on-campus program that provides educational and parenting support services for pregnant and parenting teens. Teen parents utilizing any one of the contracted infant and toddler care center is eligible without regard to income for "protective services".

Family units economically impacted by any federal, state, or county declared

emergency proclamation related to a man-made or natural disaster, or public health pandemic situation.

An essential worker whose work is deemed essential by public officials during the response to any federal, state, or county declared emergency proclamation.

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?

Monies received from wages, salaries, commissions, tips, and other sources. For a complete list of countable income, refer to administrative rule §17-798.3-10(b) Income considered in eligibility determination.

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	4273	3632		
2	5587	4749		
3	6902	5867		
4	8218	6985		
5	9532	8102		

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)).

N/A, eligibility limits are statewide.

d. SMI source and year. 85% of the State Median Income of 2019.

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.

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.

A uniform statewide rate is used.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? January 2, 2020

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

<https://humanservices.hawaii.gov/bessd/files/2021/09/Child-Care-Gross-Income-Eligibility-Limits-and-Sliding-Fee-Scale.pdf>

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).

Applicants are required to provide self-certification check-off on the Department's application form for child care subsidy payments and on the re-certification form that families have assets that total less than \$1,000,000 for the household.

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:

Applicants are required to provide a picture identification (e.g. driver's license or state identification) at the time of application and verification of a legal name change (e.g. marriage certificate, divorce decree, etc.).

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

Applicants are required to provide birth certificates or other legal documents that verify the relationship of the child to the applicant at time of application or when a prior document submitted is time-limited (e.g. every 12 months for a power of attorney).

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

Required at Initial Determination

Required at Redetermination

Describe:

Child's information is obtained through birth certificate or other legal documents verifying identity, age, and citizenship/immigration status at the time of application or when the child enters the home of an on-going child care case.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Applicants are required to provide verification from new employers about prospective employment or employment information obtained through pay stubs at time of application and at redetermination or if there is a break in employment. For TANF families meeting the work participation requirement, families provide monthly verification to the work participation case manager for TANF requirements.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Applicants are required to provide school registration information or verification from job training program of enrollment at time of application and at redetermination or if there is a break in activity. For TANF families meeting the work participation requirement, they provide monthly verification to the work participation case manager for TANF requirements.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Applicants are required to provide income information for the household by submitting documents, such as pay stubs, child support documents, income tax information for self-employed individuals, etc., at time of application to determine whether the family's income exceeds the income limits for a household of the same size.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Applicants self-certify the household composition on the application or the reporting form at the time of application and at redetermination. Birth certificates or documentation verifying legal relationship for all children on the application or added to the household are required.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Applicants self-certify their residence on the application or the reporting form at the time of application and at redetermination. Hawaii does not have a minimum residency timeframe requirement.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

N/A

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 child care subsidy program for non-TANF families is contracted to a private organization for on-going administration. A condition of the contract performance is to provide timely eligibility determinations for the family, or a financial penalty will be imposed on the contractor if they do not meet the 30-day threshold set by the Department.

Track and monitor the eligibility determination process

Other.

Describe:

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: Hawaii Department of Human Services

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

i. "Appropriate child care":

Child care provided by a caregiver who meets the eligibility criteria established under HAR §17-798.3-9(c).

ii. "Reasonable distance":

Located within one hour of travel from the participant's home to the child care provider to the participant's place of employment or work activity.

iii. "Unsuitability of informal child care":

Friends or family members being considered to provide care who do not meet the criteria established under HAR §17-798.3-9(c).

iv. "Affordable child care arrangements":

Arrangements for child care that requires no family co-payment or a family co-payment not exceeding 9% of the family's gross monthly income.

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:

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

Hawaii Administrative Rules Chapter 17-794.1-47

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).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier	What is the monthly co-payment for a	What percentage of	Highest initial or First Tier	What is the monthly co-payment for a	What percentage of

	(a)	(b)	(c)	(d)	(e)	(f)
	Income Level where family is first charged co-pay (greater than \$0)	family of this size based on the income level in (a)?	income is this co-payment in (b)?	Income Level before a family is no longer eligible.	family of this size based on the income level in (d)?	income is this co-payment in (d)?
1	\$1199	\$12	1%	\$3632	\$327	9%
2	\$1622	\$16	1%	\$4749	\$427	9%
3	\$2046	\$20	1%	\$5867	\$528	9%
4	\$2469	\$25	1%	\$6985	\$629	9%
5	\$2892	\$29	1%	\$8102	\$729	9%

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.

N/A

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)? Exhibit II of 17-798.3 is dated January 2, 2020.

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

<https://humanservices.hawaii.gov/bessd/files/2021/09/Child-Care-Gross-Income-Eligibility-Limits-and-Sliding-Fee-Scale.pdf>

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:

N/A

- vii. Other.

Describe:

N/A

- 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:

N/A

- vii. Other.

Describe:

N/A

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:

N/A

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

Describe:

A portion of the family unit's co-payment shall be waived when an eligible child needing child care payment is attending an accredited group child care center, a Hawaiian-medium center-based facility, a licensed infant and toddler child care center, licensed group child care center, or licensed group child care home. The portion waived shall not exceed the child care cost or up to one hundred dollars (\$100) whichever is less, per child.

c. Other.

Describe:

N/A

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.

Families with very low income means gross income less than 100% of the Federal Poverty Guidelines. HAR 17-798.3-14

- 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.

Child Welfare Services by the Department of Human Services to children and their caretakers and siblings, who reside together in their family unit, and are children who are:

1. Confirmed to have been abused or neglected; or
2. Confirmed to have been threatened with abuse or neglect; or
3. In foster care; and the need for child care services must be specified in the family's or child's case plan as ordered by the court. 17-798.3-9(b)(1)(B) and 17-798.3-10(a).

Family units economically impacted by any federal, state, or county declared emergency proclamation related to a man-made or natural disaster, or public health pandemic situation. (Second 2021 Emergency Rules Relating to Child Care Services under Chapter 798.3, Child Care Payments in reference to HAR 17-798.3-14)

An essential worker whose work is deemed essential by public officials during the response to any federal, state, or county declared emergency proclamation. (Second 2021 Emergency Rules Relating to Child Care Services under Chapter 798.3, Child Care Payments in reference to HAR 17-798.3-14).

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

N/A

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.

B. Provide the citation for this policy or procedure.

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:

B. Describe how the second eligibility threshold:

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

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:

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

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

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.

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:

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":

Documentation that verifies that the eligible child under P.L. 105-7, Part C services, meets one of the following conditions that follow:

1. Has a physical, developmental, behavioral, or emotional health condition that is outside of the normal range;
2. Meets the State Department of Health criteria for environmental risk as defined in HRS 321-351; resides in a Limited English Proficiency household; or is homeless. Per the Department of Health, part C eligibility includes those who are developmentally delayed, or at biological risk.

b) "Families with very low incomes":

Gross income is less than 100% of the Federal Poverty Guidelines.

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.

The Department waives the co-payments for families who are at 100% or less of the Federal Poverty Guidelines.

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

Other priority groups

include:

1. A family whose child is receiving child protective services, and the need for child care is specified in the family unit's case plan as ordered by the court;

2. A family unit who needs child care payments to comply with First-to-Work program participation requirements; and
3. A Former TANF participant who is eligible for Transitional Child Care.

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

Prioritize for enrollment, serve without placing these populations on waiting lists, waive co-payments and pay higher rates for access to higher quality care.

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.

Households shall meet the definition of families experiencing homelessness. Households that meet the definition of "homelessness" shall be provided a child care authorization during a stabilization period of at least 60 consecutive calendar days, within a 12-month period, to allow the household the opportunity to submit verification for ongoing child care subsidies. If verifications necessary to determine on-going eligibility are not received within the stabilization period of 60 days, the household will be determined ineligible and given proper adverse action notice. Child care subsidies issued during the stabilization period is considered non-recoverable by the Department unless fraud has been established.

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

The Department's contracted service provider along with the statewide branch for public assistance programs conducted outreach services to homeless providers in urban Honolulu and the west side of Oahu. Continued outreach efforts were paused by the onset of the pandemic. Once the Department is able to resume lobby services, the Department's eligibility program advisors will continue outreach efforts.

The Department's contracted service provider was present at two (2) "fairs" held through the shelter programs to provide families with resources for child care services.

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)

The provider shall allow a grace period of up to 3 months from the child's first day in care to obtain the evidence of examinations and immunizations, in accordance with the administrative rules of the Department of Health Chapter 11-157, provided that evidence of tuberculosis clearance is provided prior to child's start in care, in accordance with Chapter 11-164.2. The Department of Health is the agency that established these requirements for the State of Hawaii through the administrative rule-making public process.

Provide the citation for this policy and procedure.

Hawaii Administrative Rules §§11-164.2-21, 11-157-3.2(a), and 11-157-6.2(b)

ii. Children who are in foster care.

The provider shall allow a grace period of up to 3 months from the child's first day in care to obtain the evidence of examinations and immunizations in accordance with the Administrative rules of the Department of Health Chapter 11-157, provided that evidence of tuberculosis clearance is provided prior to child's start in care, in accordance with Chapter 11-164.2. The Department of Health is the agency that established these requirements for the State of Hawaii through the administrative rule-making public process .

Provide the citation for this policy and procedure.

Hawaii Administrative Rules §§11-164.2-21, 11-157-3.2(a), and 11-157-6.2(b)

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 Hawaii Administrative Rules (HAR) §11-157-6.2(b) provides a grace period of up to 3 months from the child's first day in care to obtain the evidence of compliance with examinations and immunizations, in accordance with the Department of Health

Examination and Immunization Chapter 11-157, and health needs for each child, provided that the TB clearance is required prior to the start of care, in accordance with Chapter 11-164.2.

The Hawaii Department of Human Services has partnered with the Department of Health TB Control Branch to provide information about no-cost TB clearances that can be issued by the TB clinics statewide and about the Department of Health's family health centers which house the DOH public health nurses which can provide immunization services.

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

No.

Yes.

Describe:

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 illnessany interruption in work for a seasonal worker who is not workingany student holiday or break for a parent participating in a training or educational programany reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational programany 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 Agencya 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.

Initial eligibility for 12 months is covered in Hawaii Administrative Rules §17-798.3-2, where the eligibility period is established by the Department, not less than 12 months, during which the family may be eligible for child care payments if they meet all eligibility requirements. The Department then reviews eligibility every 12 months as referenced in Hawaii Administrative Rules §17-798.3-9(d)(6). Child care payment(s) are authorized for the next 12 months provided the caretaker has submitted the completed simplified report form and the required documentation to establish continued eligibility. When the family reports a change during their 12 months period, the Department takes action on the reported change when it is beneficial to the family. The family shall continue to be eligible for child care provided the caretaker(s) has a monthly gross income that does not exceed eighty-five percent of the State Median Income for their family size. Should the family exceed the eighty five percent SMI they are required to report this change as stated in Hawaii Administrative Rules §17-798.3-17(a)(1), and the Department will send timely and adequate notice to the family which adversely impacts their child care eligibility.

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:

When a caretaker reports a temporary change in activity, the Department shall

allow up to three months for the caretaker to resume participating in an allowable activity including any time limited absence from work for an employed caretaker due to such reasons as the need to care for a family member or an illness.

Verification of the need for temporary care of an immediate family member or an illness of an employed caretaker and duration of care, shall be verified by the written report of a State-licensed physician, psychologist, or psychiatrist.

Hawaii Department of Human Services will amend references to three months following the next rule revision.

Citation:

Hawaii Administrative Rules §17-798.3-17(a)(10)(B)(i)

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

Describe or define your Lead Agency's policy:

When a caretaker reports a temporary change in activity, the Department shall allow up to three months for the caretaker to resume participating in an allowable activity including any interruption in work for a seasonal worker who is not working.

Hawaii Department of Human Services will amend references to three months following the next rule revision.

Citation:

Hawaii Administrative Rules §17-798.3-17(a)(10)(B)(ii)

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

Describe or define your Lead Agency's policy:

When a caretaker reports a temporary change in activity, the Department shall allow up to three months for the caretaker to resume participating in an allowable activity including any student holiday or break for a caretaker participating in a training or educational program.

Hawaii Department of Human Services will amend references to three months

following the next rule revision.

Citation:

Hawaii Administrative Rules §17-798.3-17(a)(10)(B)(iii)

- 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:

When a caretaker reports a temporary change in activity, the Department shall allow up to three months for the caretaker to resume participating in an allowable activity including any reduction in work, training, or education hours, as long as the caretaker is still working or attending a training or education program.

Hawaii Department of Human Services will amend references to three months following the next rule revision.

Citation:

Hawaii Administrative Rules §17-798.3-17(a)(10)(B)(iv)

- 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:

When a caretaker reports a temporary change in activity, the Department shall allow up to three months for the caretaker to resume participating in an allowable activity including any other cessation of work or attendance at the training or educational program that does not exceed three months.

Citation:

Hawaii Administrative Rules §17-798.3-17(a)(10)(B)(v)

- 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:

When a child turns 13 years old, the child care payments may continue for the

duration of the existing eligibility period; provided that no changes have occurred for eligible child for the child care provider, cost of child care, child care type, or address where care is being provided.

Citation:

Hawaii Administrative Rules §17-798.3-18(e)

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

Describe or define your Lead Agency's policy:

All Department administered child care programs outlined in Hawaii Administrative rules chapter 17-798.3 may be made available to eligible clients on a statewide basis. A caretaker shall be eligible for child care payments, provided the caretaker is a resident of the State.

Citation:

Hawaii Administrative Rules §17-798.3-9(b)(4)

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

Temporary change in activity means a period of less than three months when the caretaker ceases to participate in any of the allowable activities specified under section 17-798.3-9(b)(3); the citation is Hawaii Administrative Rules §17-798.3-2.

Hawaii DHS will amend the current Hawaii Administrative rules to allow for temporary breaks as the Department will not limit to the length of a caretaker's approved leave if it has been negotiated and approved for the defined period of leave with a beginning and an end date.

During the pandemic, the activity requirement which is a condition of eligibility is suspended for eligible families that experienced loss of activity and have been adversely affected. The Second 2021 Emergency Rules Relating to Child Care Services under Chapter 798.3, Child Care Payments are effective August 2021, and will be effective for 120 days.

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):

The Department does not allow seeking employment as an eligible activity at initial application. However, the Department allows up to three months for the caretaker to resume participating in an allowable activity during 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:

If a caretaker does not resume an activity allowable under section 17-798.3-9(b)(3) within three months from the date of the non-temporary loss of the prior allowable activity(ies), child care payments shall be terminated in accordance with section 17-798.3-19. HAR 17-798-3-17(a)(10)(C).

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

The caretaker will report their loss of activity to their child care subsidy worker. When the child care subsidy worker enters the change in the child care data system, the system tracks the temporary loss of activity for up to three (3) months at a time during the caretaker's 12 month eligibility period HAR 17-798.3-17(a)(10).

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

The Department shall allow up to three months for the caretaker to resume participating in an allowable activity.

iv. Provide the citation for this policy or procedure.

HAR 17-798.3-17 (a)(10)(B)

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:

B. Provide the citation for this policy or procedure:

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

Provide the citation for this policy or procedure:

HAR 17-798.3-9(b)(4)

- 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.

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 are required to report the following changes during the 12 month eligibility period:

1. Monthly gross household income changes over eighty-five per cent of the State Median Income;
2. Household composition changes;
3. Marital status changes;
4. Ending, changing, or starting services with a child care provider;
5. Loss of qualifying activity, except for family units receiving child protective services for family supervision; and
6. Closure of the protective services family supervision case.

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

Describe:

Address changes, including mailing address or residential address to ensure that the Department has a current address to send notifications to the family and to ensure that the family has not left the state.

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

Describe:

The Hawaii Department of Human Services pays the child care subsidy to the parent and does not pay the child care provider. Therefore, if the family has changed child care providers, the family must notify the Department, as a mandatory reporting requirement, in order for the Department to determine whether the new child care provider meets the requirements, including background checks, for a provider to care for a child whose family receives a subsidy from the Department.

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.

There are no other changes.

ii. Provide the citation for this policy or procedure.

Hawaii Administrative Rules §17-798.3-17

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)).

When a caretaker is eligible for child care services, the caretaker is issued a child care certificate which identifies the caretaker, eligible child, child's date of birth, certification period, name of the provider, address and phone number of the child care provider, information whether the provider is licensed, registered, or legally exempt, any names of household members of exempt home-based care not in the child's home or names of staff members of exempt center-based care.

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:

The Department's website: <http://humanservices.hawaii.gov/bessd/child-care-program/ccch-subsidies/>

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:

The Department's contracted statewide child care resource and referral agency provides consumer education, consultation, and referrals to parents and other child care consumers. Hawaii's highest rates are at the 65th percentile of the most recent market rate survey which give families access to a broad range of providers. Infant and toddler rates were significantly increased during the pandemic so families could have more options. Hawaii Department of Human Services hopes to set rates at or near the 75th percentile following the next rule revision.

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

Forty-seven percent of all eligible licensed and registered child care providers for federal fiscal Year 2020 cared for children whose families receive a child care subsidy from the Department.

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:

In April 2021, Hawaii Department of Human Services, in collaboration with the Executive Office on Early Learning, conducted a voluntary online survey for DHS licensed and registered child care facilities and homes. The intent of the survey was to obtain

information to reflect the real needs of our communities.

The Department was also interested in identifying barriers providers may have in accepting subsidy assistance on behalf of eligible families. Most providers participating in the survey (87%) currently accept or have accepted children with subsidies. A small percentage currently do not enroll children who have support from subsidies but plan to. Less than 4% of providers have no plans to accept children with subsidies. 26 providers responded with additional comments; 13 respondents, or 50%, indicated they would accept children who receive support from subsidies if the family was eligible or was receiving assistance. Seven (7) respondents, or 2.6%, indicated there is nothing that would make them reconsider.

Thematic coding for commentary confirmed some of the feedback provided by the Department's statewide child care resource and referral agency such as:

1. Delay in payments; payments for eligible families were delayed.
2. Dissatisfaction with lack of clarity on child care fund, or when funds are deposited into the providers' accounts the funds are not specified.
3. Dissatisfaction with the Department's contractor on their lack of responsiveness through any communicative mechanism.

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)).

For legally exempt providers caring for children whose families receive child care subsidies, the Child Care Certificate and Provider Agreement specifies that providers caring for a child receiving CCDF subsidies must allow parents unlimited access to their children while in care.

For licensed and registered child care providers, the administrative rules for licensed and registered child care providers require providers to provide for access to children by the parents/guardians of the children in care.

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

No.

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

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:

N/A

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

Describe:

The child care provider must be age 18 years or older.

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

Describe:

N/A

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:

N/A

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

Describe:

N/A

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

Describe:

N/A

g. Other.

Describe:

N/A

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.

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:

The Hawaii Department of Human Services (DHS) has a contracted service with the Department of Education (DOE) to operate after-school care programs at nearly 180 (this number varies by school year) public elementary school campuses statewide. Parent(s) also have the option to select other child care providers if they prefer.

DHS also has another contracted service with the DOE, Kealakehe High School.

The high school works with teen parent students to advise them of the on-site child care services for their infants and toddlers. Parent(s) also have the option to select other child care providers if they prefer.

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:

The Department of Education or programs operated by the Department of Education receive contracts for after school and teen parent programs. Private child care providers bid on publicly procured contracts. The slots are promoted by the schools and private providers who offer programs by directly informing families about the program and the fee waivers for the after-school child care costs. The application to determine the family's eligibility for the fee waivers is included in the afterschool informational packet provided to parents. Hawaii Department of Human Services promotes the slots through the child care resource and referral system by informing families that afterschool care may be available at their child's elementary school if families are looking for school-age care.

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.

For the infant and toddler child care services for teen parents, the contract costs are determined by estimating the cost for care per child and the number of children that can be served at a particular site or estimating the cost to operate the program at the particular site. The full amount per child is covered by DHS based on the child's enrollment and not based on the child's daily attendance as a stabilization mechanism.

For the after-school care fee waivers, the Department of Education with the approval of the Board of Education sets the monthly cost for the A-plus after school program. The contract between Hawaii Department of Human Services and Department of Education for subsidizing children of TANF eligible families is limited to the monthly per child fee amount that the DOE sets for the A-plus after school program. The Department of Education receives \$120 per eligible child per month for the 2020-2021 school year. The full monthly amount per child is covered by Hawaii Department of Human Services based on the child's enrollment and not based on the child's daily attendance at the after-school sites.

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

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.

In Hawaii's 2020 Needs Assessment, Hawaii Department of Human Services regulated child care slots served only 25 percent of children under age six. Child care varies by counties and is less available in rural areas. Kauai county and parts of Maui county,

specifically - Molokai and Lanai had no licensed infant and toddler centers (DeBaryshe et al, 2017). Hawaii Department of Human Services will work with the contracted statewide child care resource and referral agency to develop a method to track progress to support equal access and parental choice.

b. In child care homes.

Based on federal fiscal year 2019 ACF 800, Hawaii Department of Human Services has 2% of registered child care providers accredited by the National Association for Family Child Care. The Department's contracted provider tracks all registered family child care providers and encourages them to pursue national accreditation, however accreditation is voluntary.

c. Other.

Referenced in Hawaii's 2020 Needs Assessment, Hawaii has the third highest proportion of residents living in child care deserts (Malik, Hamm, Schochet, Novoa, Workman, & Jessen-Howard, 2018).

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:

The Hawaii Department of Human Services (DHS) contracts with the Department of Education (DOE) as a strategy to increase the supply of child care options. The DOE operates the after-school care programs directly or contracts with private providers to operate the after-school care programs at nearly 180 (this number

varies by school year) public elementary and charter school campuses statewide, including those in underserved areas.

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

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

The Hawaii Department of Human Services contracts for services to recruit and train individuals interested in becoming registered family child care home providers to increase both the supply and quality of child care options in rural and underserved communities.

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:

x. Mental Health Consultation.

Describe:

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:

The Department uses contracts and grants to provide high quality, stable child care for infants and toddlers of teen parents.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

Technical Assistance support is provided for licensed and registered child care providers caring for infants and toddlers through the Department's statewide child care resource and referral agency and the Department's child care licensing inspectors.

v. Recruitment of providers.

Describe:

Contracted services with the agency that provides training for early childhood

providers statewide to recruit and provide training for individuals interested in becoming registered family child care home providers which provide an important role in offering slots for infants and toddlers throughout the state, especially in rural communities with no regulated child care centers operating.

- 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:

The Department contracts for services to provide educational outreach services, technical assistance, and resources to promote quality of care for subsidy families using legally exempt friend, family, and neighbor (FFN) care and their child care providers as well as registered family child care providers. The contractor also currently is operating a small pilot project to provide facilitation and support for child care homes to complete National Association for Family Child Care (NAFCC) accreditation. The pilot project provides educational outreach services and resources to registered home-based Family Child Care providers, also known as FCC providers, with the aim of increasing their expectations and efforts to provide quality care that fosters children's early learning, including infant and toddlers, school-readiness, and healthy development, including technical assistance to support registered FCC providers in providing quality child care and promoting accreditation by the National Association for Family Child Care (NAFCC). The contract's NAFCC Accreditation Facilitation Project supports FCC providers in achieving higher quality by offering monthly training sessions, home visits, observations, and one-to-one coaching sessions as they move towards becoming accredited. The project continues to look for ways to expand to provide support to family child care homes on the Neighbor Islands.

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

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.

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

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

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

Contracted services with the statewide Child Care Resource and Referral agency provides community resources and information about available professional development opportunities for licensed and registered providers caring for children with special needs. Contracted services with the agency that provides training for early childhood providers statewide also disseminates information about available professional development opportunities for licensed and registered providers caring

for children with special needs and in the recruitment services provide technical assistance to individuals interested in becoming registered family child care home providers. The Department's child care licensing inspectors also provide technical assistance to licensed and registered child care providers during monitoring inspection visits or via telephone consultations.

v. Recruitment of providers.

Describe:

The statewide Child Care Resource and Referral agency recruits licensed and registered providers for children with special needs.

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:

x. Mental Health Consultation.

Describe:

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:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

The Department contracts for services to recruit and train early childhood providers and individuals interested in becoming registered family child care home providers to increase both the supply and quality of child care options for families needing care during non-traditional hours.

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:

x. Mental Health Consultation.

Describe:

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.

e. Other. Check and describe all that apply.

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

Describe:

Hawaii Department of Human Services will obligate the required 90% of the American Rescue Plan Act stabilization grant funds directly to licensed centers, registered family child care homes and exempt center-based providers that meet eligibility requirements. The Department will allocate up to 10% of the American Rescue Plan Act stabilization grant funds to an intermediary that will assist the Department with the application and review process, the data system and providing technical assistance to applicants. Licensed centers, registered family child care homes and exempt center-based providers have identified priority areas that the American Rescue Plan Act stabilization grant funds would be best used and include areas such as facility and home operating costs, and staff wages. The Department is still in the planning stages and has established a working group that is made up of licensed and exempt center-based providers and community stakeholders who will collect data and provide feedback which will inform the Department of how to best strategize and provide the American Rescue Plan Act stabilization grant funds to licensed and registered family child care home and center providers and exempt

center-based providers that are eligible to receive these grant funds.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

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:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

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?

The Department identifies the district areas of Title I public schools as areas with significant concentrations of poverty. These Title I public schools have at least 40% of children attending who are receiving free or reduced lunch.

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

The Department currently has two types of contracted services for slots. One contracted service targets infant and toddler care in group setting for teen parents on-site or near one Title I public high school on Hawaii island, operated by a private provider in partnership with the Department of Education (DOE).

The second contracted service is with the DOE to fund slots at after-school care providers at public elementary schools for the children whose families qualify based on their income. The DOE operates the after-school care programs or contracts with private providers to operate the after-school care programs at nearly 180 (this number varies by school year) public elementary school campuses statewide, including charter schools and schools that are Title I schools.

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.

The Department's contracted statewide child care resource and referral agency (CC R&R) conducts the MRS annually for the Department. Child care providers were advised to update their profiles with the CC R&R in February 2021; CC R&R is currently following up with providers who have not responded. CC R&R may resume the MRS in January 2022, to also include required data as referenced in the MRS waiver pertaining to equal access to child care and the extent to which eligible child care providers participate in the CCDF system as indicated in 4.1.3; payment rates as indicated in 4.3; additional amounts charged by child care providers to families as indicated in 4.5.2; child care providers' part-time and full time rates as indicated in 4.4.1.c.i; and mandatory registration fees as indicated in 4.4.1.c.ii.

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. 03/30/2019; Hawaii Child Care Market Rate Study Summary of Results dated March 2020.

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:

The Hawaii Department of Human Services convenes quarterly with the Child Care Advisory Committee. The Child Care Advisory Committee provides input on potential revisions of the MRS.

b) Local child care program administrators:

The Department's Child Care Advisory Committee includes center-based providers and directors or program administrators.

c) Local child care resource and referral agencies:

The Department consults with statewide child care resource and referral agency (CC R&R) to conduct and develop an annual MRS.

d) Organizations representing caregivers, teachers, and directors:

The Department's Child Care Advisory Committee includes center-based providers and directors.

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 Department's contracted statewide child care resource and referral agency conducts the Market Rate Survey annually for the Department. The child care resource and referral service agency surveys licensed and registered child care providers statewide to reflect geographic variations and enters the responses received into a proprietary data system that captures the data represented by the child care market. The child care resource and referral service agency provides the Department's Audit, Quality Control, and Research Office Research staff with a data extract of the survey responses received from child care providers. The Research staff use statistical software to analyze the child care rate data and create summary reports of the analysis which meets rigorous data collection procedures.

ii. Provide complete and current data:

The 2019 Market Rate Survey was conducted and was published on March 30, 2020, in which of the 904 child care providers statewide who provided responses, only 566 child care providers were included in the study along with the 1,849 rates they provided. Only full-time monthly rates were analyzed. Full-time monthly rates were weighted by total desired capacity of each provider. The desired capacity was used rather than licensed capacity, since individual providers do not always choose to enroll the maximum number of children they are licensed to serve.

The 338 child care providers that were excluded from the study were excluded because they did not offer child care to the general public, such as Head Start and Kamehameha Schools which have eligibility requirements to enroll in their programs. Also excluded were licensed before and after school child care that are only offered to students who are attending that particular school or program during the regular school day. Other reasons for exclusion from the study were inactive/closed provider status, missing rate information, part-time care rates, and missing capacity information.

iii. Use rigorous data collection procedures:

The child care resource and referral service agency provides the Department's Audit, Quality Control, and Research Office Research staff with a data extract of the survey responses received from child care providers. The Research staff use statistical software to analyze the child care rate data and create summary reports of the analysis.

iv. Reflect geographic variations:

904 child care providers from all counties in the state provided responses to the 2019 Market Rate Survey.

v. Analyze data in a manner that captures other relevant differences:

The following types of regulated child care providers were included in the child care rate analysis: Licensed Before/After School Care program, registered family child care home, licensed group child care home, licensed group child care center (i.e. preschool), and licensed infant and toddler center.

Prices are also analyzed by the ages of children served.

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:

Child care rates are examined by geographic area: by state; by county; and by urban/rural classification.

b) Type of provider. Describe:

Data includes prices of care for all types of licensed providers.

c) Age of child. Describe:

Data includes prices of child care for all ages of children, infant/toddler preschool and school age.

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

For the purposes of the study, data on child care provider accreditation is included.

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)).

Missing text box above: The Department has discussed and will continue to discuss the requirement with members and early childhood stakeholders of the Department to conduct the narrow cost analysis

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. March 2020

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The 2019 Market Rate Survey results that was published on March 30, 2020 was posted online at the Department's website: <https://humanservices.hawaii.gov/wp-content/uploads/2020/09/Hawaii-Child-Care-Market-Rate-Study-2019-final-3-2020.pdf>

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

At the Department's Child Care Advisory Committee statewide quarterly meetings, the Department has discussed and will continue to discuss the requirement with members and early childhood stakeholders of the Department to conduct the narrow costs analysis as described in PI 2018-01 as well as the current process for the Market Rate Survey to determine if there are revisions that will need to be made to the Market Rate Survey in subsequent years to capture more information about the cost for programs to meet the licensing requirements and provide higher quality care.

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:\$1733 per month

Full-time weekly base payment rate: \$400

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 65th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

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:\$1733 per month

Full-time weekly base payment rate: \$400

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 65th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

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:\$795 per month

Full-time weekly base payment rate: \$183

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 41st

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

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:\$450 per month

Full-time weekly base payment rate: \$104

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? N/A, the MRS did not capture school age rates.

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

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:\$650 per month

Full-time weekly base payment rate: \$150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 38th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

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:\$650 per month

Full-time weekly base payment rate: \$150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 38th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

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:\$600 per month

Full-time weekly base payment rate: \$138

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 23rd

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

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:\$600 per month

Full-time weekly base payment rate: \$138

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 23rd

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

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)?

The monthly rate multiplied by 12 months and then dividing the total by 52 weeks in the year.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-time care is 87 hours or more of child care needed per month or 45 hours or more of child care needed per month for Licensed or Legally Exempt before school care/after school care. Part-time care is 1-86 hours of child care needed per month or 1-44 hours of child care needed per month for Licensed or Legally Exempt before school care/after school care.

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). January 2, 2020

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 Hawaii rate is statewide.

f. Provide the citation, or link, if available, to the payment rates

<https://humanservices.hawaii.gov/bessd/ccch-subsidies/> (page 71, Exhibit I)

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)).

N/A

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:

The rates are differentiated by centers, accredited centers, group homes, family child care group homes, accredited family child care homes, legally exempt relative, non-relative and center programs and legally exempt before/after school care.

c. Age of child.

Describe:

Higher rates are paid for children who are younger than 25 months old for home-based care and infant and toddler center care.

d. Quality level.

Describe:

The Department provides a higher rate for center-based care providers accredited by the National Association for the Education of Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA) or the National Association for Family Child Care Accreditation (NAFCC). The Department does not define any variations or levels of quality that providers may have other than the three (3) types of accreditations recognized for the tiered subsidy.

e. Other.

Describe:

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:

- 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:

- 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:

- g. Other differential rates or tiered rates.

Describe:

The Department provides a higher rate for center-based care providers accredited by the National Association for the Education of Young Children (NAEYC), the National Early Childhood Program Accreditation (NECPA) or the National Association for Family Child Care Accreditation (NAFCC).

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 Department does not currently have data available to determine the cost for providers to meet the health, safety, training, and staffing requirements under CCDF. Proposed rules will give the Department the flexibility to set rates aligned with provider costs.

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.

Typically, the Department set base rates on data from the market rate survey and budget information. During COVID 19, the Department used information from the 2019 MRS and provider feedback to pay at or above the 75th percentile. These rates are anticipated to be temporary for the duration of the pandemic and supported by Hawaii Department of Human Services Emergency Rules related to Chapter 17-798.3, Child Care Payments. After the pandemic is declared over payment rates will revert to the current rates as dictated by state rule. Hawaii Department of Human Services hopes to set rates at or near the 75th percentile following the next rule revision.

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).

The Department provides a higher rate for center-based group care providers accredited by the National Association for the Education of Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA) to reflect the higher costs associated with quality.

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.

The Department does not use additional facts to determine payment rates ensure equal access. The Department currently does not have data available to determine the cost for providers to meet the health and safety costs due to the COVID-19 pandemic.

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.

Once determined eligible and initial payments have been issued, the Department pays the child care subsidy payments prospectively to the family at the start of the month for that month's child care needs.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

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.

Hawaii Department of Human Services pays the provider prospectively based on the child's enrollment rather than attendance until the Department is notified of the child's disenrollment or more than five (5) unexcused absences, at which time payment may be suspended or reevaluated. When a caretaker does not notify the child care provider of the child's absence, this is considered an unexcused absence.

- ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

- iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

- 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.

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).

The Department pays for child care on a full-time basis (87 hours or more of care needed per month), or on a part-time basis (1 - 86 hours of care needed per month).

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

The Department provides payment for a registration fee up to \$125 once per state fiscal year. If the subsidy family changes providers, the family is responsible to cover any registration fees charged by any subsequent provider during the same state fiscal year.

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:

The Department pays the child care subsidy to the eligible family. Due to confidentiality requirements, the Department is not allowed to release any information to the child care provider regarding the family's eligibility status or the payment amount without the family's written consent. The Department utilizes Electronic Benefit Transfer (EBT) cards or direct deposit to the family for the family to make payments to a legally exempt child care provider. If the family uses a licensed or registered child care provider, with the consent of the family, the Department may forward the family's child care subsidy payment from the family's EBT account to the bank account which the provider has registered with the Department for the forwarding of payments; however, all communication about the eligible child care subsidy payment amount is still directed to the family. It is the family's responsibility to communicate with the child care provider about the eligibility for and child care subsidy payment amount.

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:

The Department pays the subsidy to the eligible family. Due to confidentiality laws and administrative requirements, the Department is not allowed to release any information to the child care provider regarding the family's eligibility status for child care subsidies or the payment amount without the family's written consent. Therefore, all notices regarding

disposition of an application or changes to ongoing eligibility or subsidy payment amounts are sent to the family. It is the family's responsibility to communicate with the child care provider about the eligibility for and child care subsidy payment amount.

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

All notices regarding disposition of an application, redetermination, changes to ongoing eligibility, or changes to child cares subsidy payment amounts are sent to the family. The family is provided with an appeal and resolution process for inaccuracies and disputes, in accordance with Hawaii Administrative Rules Chapters 17-798.3 and 17-602-1. The family has 90 days from the date of the notice to request an appeal of the adverse action taken by the Department.

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.

Once determined eligible and initial payments have been issued, the Department pays the child care subsidy payments prospectively to the family at the start of the month for that month's child care needs.

The Department issues child care subsidy payments prospectively at the start of the month based on the child's enrollment rather than attendance.

The Department issues child care subsidy payments prospectively at the start of the month based on part-time or full-time basis rather than paying for hours of service.

The Department pays for a registration fee cost up to \$125 once per state fiscal year, as most licensed and registered child care providers do charge registration fees to all families needing child care services.

The Department utilizes Electronic Benefit Transfer (EBT) cards or direct deposit to the family for the family to make payments to a legally exempt child care provider. If the family uses a licensed or registered child care provider, with the consent of the family, the Department may forward the family's child care subsidy payment from the family's EBT account to the bank account which the provider has registered with the Department for the forwarding of payments; however, all communication about the eligible child care subsidy payment amount is still directed to the family. It is the family's responsibility to communicate with the child care provider about their eligibility and child care subsidy payment amount.

The Department's payment practices allow families to access a range of legally exempt and licensed and registered child care providers. Most child care providers, whether regulated or not, charge families at the beginning of the month for child care services that will be rendered based on the child's enrollment in the child care program. Because the Department issues child care subsidy payments at the beginning of the month, subsidy families do not need to incur the child care cost up-front and wait for after-the-fact reimbursement from the Department. The Department's reimbursement is timely to coincide with when the child care cost is incurred by the subsidy family. Licensed and registered child care providers that have opted to set up their bank account information with the Department do not require subsidy families to pay the full child care cost up front and the provider works with the subsidy family to have the child care subsidy payment forwarded on to the provider's financial account. This practice reduces the financial hardship for subsidy family to pay for their monthly child care cost.

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: .
- 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
Family co-payment ranges between 0% and 9% of a family's income.
- 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.
- 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 Department does not impose a limit on how much private child care business can charge families, since the child care provider must be able to charge the cost that allows the provider to remain operational. The family chooses the child care provider that best suits the needs of the family and the child. In addition, allowing child care providers to charge full rates opened more options for families accessing subsidies and greater participation in the subsidy program from child care providers.

The payment rates allow families receiving subsidies to access all care types at a majority of the licensed and registered child care facilities and homes throughout the state.

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.

The Department does not currently have the data and requested a waiver to include this question on the extent to which child care providers charge additional amounts above the required co-payment, on the next MRS.

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.

The Department does not currently have the data and requested a waiver to include a question on the extent to which child care providers charge additional amounts above the required co-payment, on the next MRS for the Department to conduct an analysis of the amounts.

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:

Hawaii Revised Statutes (HRS) §346-161 requires that no person shall operate, maintain, or conduct a group child care home or group child care center unless licensed to do so by the Department of Human Services. Under Hawaii Administrative Rules §§ 17-892.1-1, 17-895 and 17-896 Definitions, "Child care center" or "group child care center" means a place maintained by any individual, organization, or agency for the purposes of providing child care. The term child care center extends to child care nurseries, nursery school groups, preschools, child play groups, parent cooperatives, drop-in child care centers, group child care homes, or other similar units

operating under any name.

ii. Describe the licensing requirements:

Center-based licensing requirements for children ages 2 years and older are found in HAR 17-892.1, "Licensing of Group Child Care Centers and Group Child Care Homes". Center-based licensing requirements for children ages 6 weeks to 36 months are found in HAR 17-895, "Licensing of Infant and Toddler Child Care Centers". Center-based licensing requirements for "Licensing of Before and After School Child Care Facilities" for children aged four years and eight months and older who are enrolled in public or private elementary schools.

Licensing requirements for child care centers require that applicants submit an application to operate a child care center, written statement of operation policies, verification that the facility meets the applicable county building codes, completed employment history clearance forms for all staff members, results and consent to conduct criminal history, child abuse/neglect history and employment history clearance checks on all staff members.

Once the application is deemed complete, authorized representatives of the Department shall analyze the qualifications of the providers of child care to ensure that they meet the minimum education and experience requirements appropriate to the age they are assigned to care for. The center's written policies and program provisions are reviewed to ensure that they meet the requirements set in the appropriate Hawaii Administrative Rules (HAR).

Authorized representatives of the Department will also visit the facility during the hours of operation for the purpose of monitoring and inspecting the facility, services, staffing, and other aspects of the child care center. A regular license shall be issued if the result of the Department's evaluation indicates compliance with the applicable rules established in the HAR. A provisional license shall be issued if the result of the Department's evaluation indicates that all of the applicable rules cannot be immediately met but shall be met within six months or less, and the deviations are minor deficiencies and do not threaten the health or safety of the children in care.

iii. Provide the citation:

Hawaii Administrative Rules for licensed and registered providers:

17-892.1

17-895

Hawaii Administrative Rules pending passage for approval as of October 1, 2021:

17-892.2

17-895.1

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Hawaii Revised Statutes (HRS) §346-171 requires that no person shall operate or maintain a family child care home unless registered to do so by the Department of Human Services. "Family child care home" means a private residence, including a home, apartment, unit, or townhouse, as those terms are defined in section 502C-1, at which care may be provided for three to no more than six children who are unrelated to the caregiver by blood, marriage, or adoption, at any given time. According to HAR 17-891.1, "caregiver" or "provider" is defined as any person who is responsible for the physical well-being, health, safety, supervision, and guidance of a child in child care.

ii. Describe the licensing requirements:

Family child care providers must be in compliance with the requirements in HAR 17-891.1 to be issued a certificate of registration. Family child care applicants must submit a signed Department application form, provide evidence of a satisfactory physical examination and TB clearance for all household members, two letters of reference which addresses the provider's character and/or experience with caring for children, completed employment history for the applicant and all household members over the age of 18 years and results for the child abuse/neglect history and criminal history checks for the applicant and all household members over the age of 18 years. The Department shall analyze the qualifications of the provider, review the home's written policies and program provisions.

Authorized representatives of the Department will inspect the home and complete a visit during child care operational hours for the purpose of observing, monitoring and inspecting the facility, activities, staffing, and other aspects of the child care home. A regular certificate of registration shall be issued if the result of the Department's

evaluation indicates compliance with the applicable Hawaii Administrative Rules. A provisional certificate of registration shall be issued if the result of the Department's evaluation indicates that all of the applicable rules cannot be met immediately but shall be met within six months or less, and the deviations are minor deficiencies and do not threaten the health or safety of the children in care.

iii. Provide the citation:

Hawaii Administrative Rules for licensed and registered providers:

17-891.1

Hawaii Administrative Rules pending passage for approval as of October 1, 2021:

17-891.2

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

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:](#)

Exemptions for child care homes or centers that:

1. Care for children less than 6 hours per week;
2. Care for two or fewer children who are unrelated to the caregiver by blood, marriage, or adoption;
3. Any person who enters a home in a child caring capacity and only cares for children who are of that household;
4. Provides exclusively for a specialized training or skill development for children, including but not limited to programs providing activities such as athletic sports, foreign language, the Hawaiian language, dance, drama, music, or martial arts;
5. Are multi-service organizations or community associations duly incorporated under the laws of the State that operates for the purpose of promoting recreation, health, safety, or social group functions for eligible pupils in public and private schools through seventeen years of age;
6. Are county operated child care programs pursuant to section 302A-408;
7. Are a kindergarten, school or child care program licensed or certified by the Department of Education or the U.S. Department of Defense and located on federal property;
8. Operate for only two consecutive weeks in a 3-month period and are for children four years of age and older;
9. Are an afterschool, weekend, and summer recess program conducted by the Department of Education pursuant to section 302A-408, HRS; and
10. Are a provider agency operating or managing a homeless facility or any other program for homeless persons authorized under part XVII of HRS chapter 346.

[ii. Provide the citation to this policy:](#)

Hawaii Revised Statutes 346-152 and Hawaii Administrative Rules §17-800-10

[iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.](#)

License-exempt center-based providers that are CCDF-eligible providers are required to be listed with the Department and required to be in compliance with health and safety standards, undergo comprehensive background checks initially and on an annual basis, complete initial and on-going health and safety training annually, and have annual monitoring inspection visits.

[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:

Child care providers caring for children related to themselves by blood, marriage, or adoption and care for up to two children who are unrelated to themselves in their own home. They may provide care to no more than six children at the same time during any part of a twenty-four hour day, including the provider's own children, except when the provider's children are six years of age or older. Care at the same time for no more than two children under eighteen months of age, including the provider's own children under eighteen months of age. A license-exempt provider may be approved by the department to care for up to four children under eighteen months of age when the family unit has the same number of children of such ages, and the care is during the night-time hours, and the provider does not care for any other children at the same time, including the provider's own children, and exempt in-home care providers meeting the exemption under sections 346-152(a)(10), HRS, may be approved by the department to care for up to eight children, of which up to four children under eighteen months of age, of the same family unit when the family unit has the same number of children needing child care payments, and the provider does not care for any of the provider's own children at the same time.

ii. Provide the citation to this policy:

Hawaii Revised Statutes 346-152 and Hawaii Administrative Rules §§17-798.3-9 and 17-798.3-83

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

License-exempt family child care providers are subject to at least one monitoring visit annually and are required to meet health and safety requirements. They are required to have initial and annual comprehensive background checks for themselves and all adult household members living in the home and must complete initial and annual health and safety training hours.

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 shall provide care to no more than six (6) children at the same time during any part of a 24-hour day, including their own children, except when their own children are 6 years or older; and shall not care for more than two (2) children less than 18 months of age, including their own children under 18 months of age. An in-home child care provider who enters a home in a child caring capacity and only cares for children who are of that household, may be approved by the Department to care for up to eight (8) children, of which up to four (4) children under 18 months of age, of the same family unit when the family unit has the same number of children needing child care payments, and the provider does not care for any of the provider's own children at the same time.

ii. Provide the citation to this policy:

Hawaii Administrative Rules §17-798.3-83; HRS 346-152

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Such exemptions do not endanger the health, safety, and development of children because exempt child care providers are still required to meet minimum health and safety standards to care for children whose families receive child care subsidy payments from the Department, including comprehensive background checks initially and annually, in accordance with Hawaii Administrative Rules §17-798.3-9(c). In-home child care providers are subject to at least one monitoring visit annually and are required to meet health and safety requirements. They shall also complete initial health and safety training and on-going training annually.

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:

6 weeks to 12 months

b. Toddler. Describe:

12 months to 36 months

c. Preschool. Describe:

2 years to 6 years old

d. School-Age. Describe:

Hawaii defines school-age as children aged four years and eight months and older who are enrolled in public or private elementary schools.

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:

4 children : 1 staff

B. Group size:

8

ii. Toddler

A. Ratio:

4 children ages 12 months to 24 months : 1 staff; or

6 children ages 18 months to 36 months : 1 staff

B. Group size:

12

iii. Preschool

A. Ratio:

for 2-year-old -- 8 children : 1 staff;

for 3-year-old -- 12 children : 1 staff; and

for 4-year-old -- 16 children : 1 staff.

B. Group size:

As of October 1, 2021, pending passage of Hawaii Administrative Rules 17-892.2,
2-year olds - 16 children; 3-year olds - 24 children; 4-year olds - 32 children; 5-year
olds - 40 children.

iv. School-age

A. Ratio:

20 children : 1 staff

B. Group size:

As of October 1, 2021, pending passage of Hawaii Administrative Rules 17-896.1, 40 children is maximum group size.

v. Mixed-Age Groups (if applicable)

A. Ratio:

Multi-age grouping for children between 6 weeks - 18 months, or 6 months -36 months shall be the ratio of the age of the youngest child in the group. For multi-age groups, the ratio shall not exceed the ratio and group size of one age group higher than the youngest child in the group, and two thirds of the children must be in the oldest age group.

For 2 - 5-year-old children, if the program does not specify mixing the ages, ratio shall be determined by the age of the youngest child.

When an instructional curriculum and classroom environment and teacher training specifically require mixing the ages, the number of children per staff member is determined by the average of the staff-child ratios (2 yrs. old 8 children : 1 staff; 3 yrs. old 12 children : 1 staff; 4 yrs. old 16 children : 1 staff; 5 yrs. old 20 children : 1 staff) and shall not apply to more than 3 hours of mixed instructional time during any operational day for the same child or group of children.

B. Group size:

Multi-age grouping for children between 6 weeks - 18 months, or 6 months -36 months shall be the group size of the age of the youngest child in the group. For multi-age groups, the group size shall not exceed the group size of one age group higher than the youngest child in the group, and two thirds of the children must be in the oldest age group.

For 2 - 5-year-old children, if the program does not specify mixing the ages, ratio shall be determined by the age of the youngest child.

When an instructional curriculum and classroom environment and teacher training specifically require mixing the ages, the number of children per staff member is

determined by the average of the staff-child ratios (2 yrs. old 8 children : 1 staff; 3 yrs. old 12 children : 1 staff; 4 yrs. old 16 children : 1 staff; 5 yrs. old 20 children : 1 staff) and shall not apply to more than 3 hours of mixed instructional time during any operational day for the same child or group of children.

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.

NA

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 Groups

A. Ratio:

6 children to 1 staff; when there are 3-4 children under 18 months of age requires 2 staff.

B. Group size:

6 children

ii. Infant

A. Ratio:

2 children under 18 months : 1 caregiver

B. Group size:

2 of a group size limit of 6 children (4 other children must be older than 18 months old).

iii. Toddler

A. Ratio:

6 children total in care, including 2 children less than 18 months : 1 caregiver

B. Group size:

6 (including only 2 of which can be younger than 18 months old)

iv. Preschool

A. Ratio:

6 children total in care, including 2 children less than 18 months: 1 caregiver

B. Group size:

6 (including only 2 of which can be younger than 18 months old)

v. School-age

A. Ratio:

6 children total in care, including 2 children less than 18 months: 1 caregiver.

B. Group size:

6 including only 2 of which can be younger than 18 months old)

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.

NA

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 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.

In-home child care providers shall provide care to no more than six (6) children at the same time during any part of a 24-hour day, including their own children, except when their own children are 6 years or older; and shall not care for more than two (2) children less than 18 months of age, including their own children under 18 months of age. An in-home child care provider who enters a home in a child caring capacity and only cares for children who are of that household, may be approved by the Department to care for up to eight (8) children, of which up to four (4) children under 18 months of age, of the same family unit when the family unit has the same number of children needing child care payments, and the provider does not care for any of the provider's own children at the same time.

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:

1. Teacher/caregiver qualifications:

- A degree in child development or early childhood education from an accredited college or university, and six months working experience in an early childhood program; or
- Post-secondary credential in child development associate program or organized two-year (sixty credit) college program and certificate in early childhood education, plus one-year supervised teaching experience in an early childhood program; or
- Baccalaureate (bachelor's degree) in elementary education from an accredited college or university plus six months working in an early childhood program, plus six credits -- semester or equivalent approved child development or early childhood training courses, (may be included as part of Bachelor of Arts or Bachelor of Science degree); or
- Baccalaureate (bachelor's degree) in any field from an accredited college or university plus six months working in an early childhood program, plus twelve

credits--semester or equivalent approved child development or early childhood training courses, (may be included as part of Bachelor of Arts or Bachelor of Science degree).

2. Assistant teacher qualifications:

- Post-secondary credential in child development associate program or associate of arts degree and certificate in early childhood education, and six months experience working in an early childhood program; or
- Two years (sixty credits) of post-secondary education plus six months working in an early childhood program and nine credits--semesters equivalent approved child development or early childhood training courses.

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:

Infant and Toddler Center: A bachelor's degree in early childhood education, child development, or related field from an accredited college or university, including in all cases 30 hours of coursework in infant and toddler development from an accredited teacher training institute or program; and 12 months full time experience working with children under 36 months of age in a licensed group care setting; or two (2) years of college education in early childhood education, child development, or related field, including in all cases, 30 hours of coursework in infant and toddler development from an accredited teacher training institute or program; and 24 months full time experience working with children under 36 months of age in a licensed group care setting.

Preschool: A bachelor's degree from an accredited college or university preferably with courses in early childhood education, child development, or related fields, and 2 years of experience working with children; or combination of two (2) years of college education or child development associate (CDA) certification and four (4) years of experience in work with children; and in either case, at least one (1) year of experience shall be with children of the appropriate age for the preschool being directed.

School-Age: A bachelor's degree from an accredited college or university and 12 months of experience working with children; or child development associate (CDA) certification and 12 months of experience in working with children; or two (2) years of college education and 24 months of experience in working with children.

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

No educational qualifications, work experience, age, or orientation requirements for exempt child care centers.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

<https://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/child-care-regulations/>

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:

Shall be at least 18 years old and have two written references. FCC caregiver must have first aid and child cardiopulmonary resuscitation certification. No other educational qualifications or work experience required. Pending passage of Hawaii Administrative Rules 17-891.2, each caregiver, substitute and volunteer shall complete initial and annual health and safety training.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

Written references and first aid and child cardiopulmonary resuscitation certification are not required.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<https://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/child-care-regulations/>

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:

N/A, this arrangement appears unlikely. However, registered providers shall be at

least 18 years old and have two written references. The registered caregiver must have first aid and child cardiopulmonary resuscitation certification. No other educational qualifications or work experience required. Pending passage of Hawaii Administrative Rules 17-891.2, each caregiver, substitute and volunteer shall complete initial and annual health and safety training.

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: License-exempt in-home providers are required to meet health and safety standards and have initial and annual health and safety training. Written references and certification in first aid and child cardiopulmonary resuscitation are not required.

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.

Prevention and control of infectious disease:

1. Providers shall have health policies for control for the spread of communicable diseases, handwashing procedures and a regular cleaning plan.
2. Handling of diapers, training pants, linen and washable toys require the use of gloves and shall be handled as little as possible to prevent contamination.
3. Training pants and cloth diapers shall be placed in a sealed bag when returning to parents.
4. Toys shall be sanitized daily for infants and toddlers.
5. Providers shall have written policies which have been developed with the assistance of the facility's health consultant which require that staff with fever, other symptoms of illness shall not be allowed to work.
6. There shall be clean bedding for each child and ill children shall be kept isolated while providing adequate supervision.
7. Staff shall have physical and TB clearances.

Immunizations: Each child shall have a health record which provides evidence of a physical clearance, T.B. and current immunizations which relate to the school entry

examination requirements according to the Hawaii Department of Health.

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.

There are no variations in the standards except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the 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.

Hawaii Department of Human Services certifies that health and safety standards for the prevention and control of infectious diseases are met.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.1-20; 17-891.1-23; 17-891.28; 17-891.1-36
17-892.1-20; 17-892.1-23; 17-892.1-28; 17-892.1-29; 17-892.1-30; 17-892.1-38
17-895-14; 17-895-20; 17-895-23; 17-895-28; 17-895-29; 17-895-30; 17-895-32
17-896-19; 17-896-22; 17-896-27; 17-896-28; 17-896-35

Hawaii Administrative Rules for license-exempt providers:

17-798.3-62; 17-798.3-64; 17-798.3-66; 17-798.3-67; 17-798.3-68; 17-798.3-86
17-800-21; 17-800-23; 17-800-25; 17-800-26; 17-800-27; 17-800-45

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules for all licensed and registered providers pending passage for approval as of October 1, 2021:

17-891.2-35
17-892.2-35
17-895.1-35

17-896.1-35

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51

17-800-10

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?

There are no variations in the training requirements except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements.

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. Then, each individual completes a written assessment form with 100% accuracy that measures their understanding of the multiple health and safety information covered in the Guide. Child care centers may choose to review the information with staff in a group session or may review the information individually with

each staff. An addendum to the handbook is mailed to providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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 employees, household members and volunteers of the child care facility that care for children less than 1 year of age shall follow safe sleep practices as recommended by the American Academy of Pediatrics, practices to maintain safe sleep environments, practices to prevent the risk of sudden infant death syndrome, and complete initial and annual safe sleep training that is approved by the Department. Children that are 1 year of age and older shall have an individual bed, crib, cot, mat or rug and a clean sheet to use over the bed, crib, cot, mat or rug. Sleeping areas shall be kept ventilated and at a safe temperature. When night care is provided, cribs or beds shall be placed at least 3 feet apart and staff shall be within hearing distance.

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.

There are no variations in the standards except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the 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.

Hawaii Department of Human Services certifies that health and safety standards for the prevention of sudden infant death syndrome and the use of safe-sleep practices

are met.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.1-15, 17-891.1-39, 17-891.1-41, 17-891.1-42

17-892.1-15, 17-892.1-42

17-895-14, 17-895-43, 17-895-45, 17-895-46,

17-896-15

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51, 17-798.3-85

17-800-10, 17-800-44

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules for registered family child care homes and licensed infant and toddler centers:

17-891.1-41

17-895-45

Hawaii Administrative Rules pending passage for approval as of October 1, 2021:

17-891.2-35; 17-891.2-90

17-892.2-35

17-895.1-35; 17-895.1-96

17-896.1-35

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51

17-800-10

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?

There are no variations in the training requirements except for license-exempt relative

care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements.

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review. All employees, household members and volunteers of the child care facility that care for children less than 1 year of age are required to complete training in safe sleep practices that is approved by the Department, upon hire and on an annual basis. A list of approved safe sleep training courses is available on the Department's website.

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.

When medication prescribed by a physician is administered at the facility:

1. An authorization signed by the parent or guardian for the administration of medication by the facility shall be obtained.
2. The medication shall be kept in the original container bearing the prescription label which shows a current date, the physician's directions for use, and the child's name; and kept out of the reach of the children.

For over the counter medication:

1. An authorization form is signed by the parent or guardian to administer medication.
2. Medication shall be properly stored and kept out of reach of children.

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.

There are no variations in the standards except for license-exempt relative care.

License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the 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.

Hawaii Department of Human Services certifies that health and safety standards for the administration of medication is met.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.1-23

17-892.1-23

17-895-23

17-896-22

Hawaii Administrative Rules for license-exempt providers:

17-798.3-67.01

17-801-26.01

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules pending passage for approval for licensed providers as of October 1, 2021 training requirements will be met:

17-891.2-35(d)(3)

17-892.2-35(c)(3)

17-895.1-35 (c)(3)

17-896.1-35(b)(3) 1

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51

17-800-10

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?

There are no variations in the training requirements except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements.

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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.

Prevention of food and allergic reactions:

1. Written information is requested from the parent or guardian to disclose food and medication allergies.
2. Children shall not be offered foods to which allergic and the parent or guardian of the child shall arrange for substitute foods.

Pending passage of approval for Hawaii Administrative Rules as of October 1, 2021, a list of food items that are provided by the caregiver shall be posted in a prominent place for review of parents.

Response to emergencies due to food and allergic reactions:

1. The provider or responsible adult shall always be within sight or hearing distance to respond to an emergency.
2. Every facility shall have provisions for emergency care requiring treatment at a hospital or clinic, shall obtain the name of a physician or nearest hospital or clinic where care can be provided and accompany the child to the source of emergency care.

3. Written permission from the parents or guardians to allow the child to receive emergency care shall be obtained.

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.

There are no variations in the standards except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the 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.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.1-6; 17-891.2-13; 17-891.2-21; 17-891.2-25

17-892.1-6; 17-892.1-21; 17-892.1-26

17-895-6; 17-895-21; 17-895-25

17-896-6; 17-896-20; 17-896-24.

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 - all standards will be met:

17-891.2-46(e)(f); 17-891.2-42

17-892.2-47(f)(g); 17-892.2-42

17-895.1-46(f)(g); 17-895.1-42

17-896.1-46(h)(i), 17-896.1-42.

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51(c)(7)

17-800-10(b)(4)(A)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules pending passage for approval as of October 1, 2021:

17-891.2-35(d)(4)

17-892.2-35(c)(4)

17-895.1-35(c)(4)

17-896.1-35(b)(4)

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51(c)(7)(a)

17-800-10(b)(4)(A)

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?

There are no variations in the training requirements except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements.

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic

areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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.

The premises, both indoor and outdoor, in which a child care program is carried out shall be free of environmental hazards, shall be clean and comfortable, and provide for adequate space to meet the needs of the children as follows:

1. The outdoor space shall be fenced or have natural barriers to deter children from getting into unsafe areas which may include the adjacent parking areas or the street; free from open drainage ditches, wells or holes and have adequate drainage to prevent stagnant pools of water from collecting; and rodents and insects shall be controlled.
2. Swimming pools shall be maintained in accordance with building and health rules and have a certified lifeguard when in use.
3. Wading pools shall be filled just prior to use and emptied immediately after use.
4. Covered containers shall be used for trash and removed often to avoid creating a health hazard or nuisance.
5. Hazardous items such as poisons, cleaning solutions, poisonous plants, and firearms shall be inaccessible by children.
6. All rooms shall be lighted and ventilated; furniture and equipment shall be sturdily constructed and lead based paint shall not be used on surfaces accessible by children.
7. Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times.
8. If a lodging house, boarding house, or other business conflicts with child care hours and responsibilities, the lodging house, the boarding house, or other business shall not be operated on the premises of the child care home.

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.

There are no variations in the standards except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the 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.

Hawaii Department of Human Services certifies that health and safety standards for building and physical premises safety is met.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.1-32; 17-891.1-37

17-892.1-33; 17-892.1-39

17-895-35; 17-895-40

17-896-31; 17-896-36

Hawaii Administrative Rules for license-exempt providers:

17-798.3-86

17-800-45

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 training requirements will be met:

17-891.2-35(d)(5)

17-892.2-35(c)(5)

17-895.1-35(c)(5)

17-896.1-35(b)(5)

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51(7)(A)

17-800-10(b)(4)(A)

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?

There are no variations in the training requirements except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements.

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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.

Providers shall not use physical punishment as a means of disciplining or managing children's behavior, including but not limited to, spanking, pinching, slapping, or shaking. The provider and the provider's staff shall not cause physical harm or neglect to any child. Providers offer children in care constructive guidance and the setting of clear-cut limits which foster the child's own ability to be self-disciplined. Each child is recognized as an individual and their personal privacy is respected and respect is given to their cultural, ethnic, and family background as well as the child's primary language or dialect.

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.

There are no variations in the standards except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the standards

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.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.2-13

17-892.1-13

17-895.1-12

17-896-13

Hawaii Revised Statutes Chapter 350

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 - all standards will be met:

17-891.2-25(3)(E)

17-892.2-25(4)(E)

17-895.1-25(b)(F)

17-896.1-25(2)(E)

Hawaii Administrative Rules for license-exempt providers:

17-798.3-82

17-800-41

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 training requirements will be met:

17-891.2-35(d)(6)

17-892.2-35(c)(6)

17-895.1-35(c)(6)

17-896.1-35(b)(6)

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51(7)(A)

17-800-10(b)(4)(A)

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?

There are no variations in the standards except for license-exempt relative care.

License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the 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.

There are no variations in the training requirements except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements. The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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.

Each facility shall have a written disaster plan to cover emergencies such as fire, flood, or natural disaster and shall be posted in a prominent place in the facility. The plan shall be practiced at regular intervals and include written procedures for:

1. Evacuation;
2. Relocation of the child care facility if facility becomes uninhabitable or if ordered to evacuate;
3. Shelter in place at the child care facility;
4. Lock-down of the child care facility;
5. Communication and reunification with families during and after an emergency;
6. Continuity of operations during and after an emergency;
7. Providing for the needs of infants and toddlers during an emergency;
8. Providing for the needs of children with disabilities and children with special needs during an emergency;
9. Providing for the needs of children with chronic medical conditions during an emergency;
10. Each facility shall provide emergency preparedness training to staff, employees, and volunteers; and
11. Each facility shall conduct practice drills on emergency preparedness every six months or whenever any new procedures that affect practice have been added.

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.

There are no variations in the standards except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the 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.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.1-30

17-892.1-31

17-895.1-33

17-896-29

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 - all standards will be met:

17-891.2-66

17-892.2-61

17-895.1-71

17-896.1-61

Hawaii Administrative Rules for license-exempt providers:

17-798.3-84

17-800-43

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 training requirements will be met:

17-891.2-35(d)(7)

17-892.2-35(c)(7)

17-895.1-35(c)(7)

17-896.1-35(b)(7)

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51(7)(A)

17-800-10(b)(4)(A)

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?

There are no variations in the training requirements except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements.

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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.

1. Providers shall follow procedures for infection control, to use in all situations to prevent the transmission of blood-borne germs that may be spread through blood and body fluids that might contain blood.
2. Facilities shall have written policies for the routine cleaning and maintenance of the facility. These policies shall specify the type of disinfectant and cleaning agent used, method for cleaning, schedule for cleaning, storage of cleaning material and utensils, disposal of soiled items or spilled body fluids, and cleaning of equipment.
3. Storage of cleaning material shall be in a secured area which is inaccessible to children.

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.

There are no variations in the standards except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the 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.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.1-31; 17-891.1-36

17-892.1-36

17-895-32

17-896-35

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 - all standards will be met:

17-891.2-67; 17-891.2-68; 17-891.2-70; 17-891.2-72

17-892.2-62; 17-892.2-63; 17-892.2-65; 17-892.2-75

17-895.1-71; 17-895.1-73

17-896.1-61; 17-896.1-63; 17-896.1-65

Hawaii Administrative Rules for license-exempt providers:

17-798.3-64; 17-798.3-86(e)

17-800-23; 17-800-45(e)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 training requirements will be met:

17-891.2-35(d)(8)

17-892.2-35(c)(8)

17-895.1-35(c)(8)

17-896.1-35(b)(8)

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51(7)(A)

17-800-10(b)(4)(A)

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?

There are no variations in the training requirements except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements.

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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.

1. The vehicle and driver providing transportation shall be in compliance with all relevant motor vehicle laws of the State.
2. No more than six children under the age of six years shall be transported when only one adult is in the vehicle.
3. Children shall be instructed in safe transportation conduct as appropriate for age and stage of development.
4. All children under three years of age shall be in federally approved child safety seats. All other children and adults shall be secured by seat belts.
5. Children are secured in the back seat of the vehicle.

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.

There are no variations in the standards except for license-exempt relative care.

License-exempt relative care providers are the child's grandparent, great-grandparent,

sibling living in a separate residence, aunt or uncle who are not subject to follow the 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.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.1-12

17-892.1-12

17-895-11

17-896-12

Hawaii Administrative Rules pending passage approval as of October 1, 2021 - all standards will be met:

17-891.2-18

17-892.2-18

17-895.1-18

17-896.1-18

Hawaii Administrative Rules for license-exempt providers:

17-798.3-88

17-800-47

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 training requirements will be met:

17-891.2-35(d)(9)

17-892.2-35(c)(9)

17-895.1-35(c)(9)

17-896.1-35(b)(9)

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51(7)(A)

17-800-10(b)(4)(A)

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?

There are no variations in the training requirements except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements.

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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.

1. Pediatric first aid requirement: There shall be at least one adult caregiver with a current certificate in pediatric first aid at the facility when children are present. The course must be provided by the American Red Cross, American Heart Association, or any organization whose first aid certification standards are equivalent to the American Red Cross or American Heart Association standards and approved by the Department.
2. The child CPR requirement: There shall be at least one adult caregiver with a current certificate in child CPR at the facility when children are present. The child CPR course must be provided by the American Red Cross, American Heart Association, or any organization whose child CPR certification standards are equivalent to the American Red Cross or American Heart Association 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.

There are no variations in the standards except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the 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.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.2-22

17-892.1-22

17-895-22

17-896-21

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 - all standards will be met:

17-891.2-43

17-892.2-43

17-895.1-43

17-896.1-43

Hawaii Administrative Rules for license-exempt providers:

17-800-46(a)(5)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.2-22

17-892.1-22

17-895-22

17-896-21

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 training requirements will be met:

17-891.2-35(d)(10)

17-892.2-35(c)(10)

17-895.1-35(c)(10)

17-896.1-35(b)(10)

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51(7)(A)

17-800-10(b)(4)(A)

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?

There are no variations in the training requirements except for license-exempt relative

care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements.

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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.

Individual providers of child care, or employees or officers of any licensed or registered child care facility, foster home or similar institution are mandated to report suspect child abuse or neglect. In accordance with HRS 350-1.1, persons in their professional or official capacity have reason to believe that child abuse or neglect has occurred or that there exists a substantial risk that child abuse or neglect may occur in the reasonably foreseeable future, shall immediately report the matter orally to the Department or to the police department. Acts or omissions indicated for the purpose of reports by circumstances that include but are not limited to: when a child exhibits evidence of substantial or multiple skin bruising or any other internal bleeding; malnutrition or failure to thrive; burn(s); poisoning; bone fractures; subdural hematoma; soft tissue swelling; extreme pain; extreme mental distress; gross degradation; or death. In addition, when the child has been the victim of sexual contact or conduct; an observable and substantial impairment to the child's ability to function due to injury to the psychological capacity of a child; when the child is deprived of adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision; when the child is provided with dangerous, harmful, or detrimental drugs; or when the child has been the victim of labor or sex trafficking.

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.

There are no variations in the standards except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to follow the 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. Section 350-1.1, Hawaii Revised Statutes.

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 - all standards will be met:

17-891.2-11(a)(13)
17-892.2-11(a)(20)
17-895.1-11(a)(20)
17-896.1-11(b)(21)

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51(c)(13)
17-800-10(b)(9)

Exempt Family Child Care Home-Based Providers complete the DHS 937 Health and Safety Requirements for Exempt Family Child Care Home-Based Providers to certify compliance with the child abuse reporting requirements.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 training requirements will be met:

17-891.2-35(d)(11)
17-892.2-35(c)(11)
17-895.1-35(c)(11)
17-896.1-35(b)(11)

Hawaii Administrative Rules for license-exempt providers:

17-798.3-51(7)(A)
17-800-10(b)(4)(A)

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?

There are no variations in the training requirements except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

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

Licensed and license-exempt providers shall provide written evidence to the Department to show completion of pre-service and on-going training. Training areas include topics that address the major domains of child development. Training topics that address the cognitive domain include but are not limited to: child growth and development; children with special needs; learning activities and play; and physical environment. Training topics that address the physical domain include but are not limited to: physical care of the young child; care of the sick child; child growth and development; child nutrition; learning activities and play; health and safety; physical environment; and pediatric first aid and cardiopulmonary resuscitation. Training topics that address the language domain include but are not limited to: child growth and development; children with special needs; and learning activities and play. Training topics that address social-emotional domain include but are not limited to: family engagement; managing challenging behaviors; community resources; prevention of child maltreatment and abuse; and child care business or program management.

After an initial Health and Safety assessment training is completed, licensed providers are required to complete 16 hours of on-going training annually in two of topic areas, while unlicensed providers are required to complete 8 hours of on-going training annually in the two topic areas listed below:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Children with special needs;

6. Learning activities and play;
7. Family engagement;
8. Managing challenging behaviors;
9. Community resources;
10. Prevention of child maltreatment and abuse;
11. Pediatric first aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business or program management; or
14. Physical environment.

Hawaii Administrative Rules pending passage for approval as of October 1, 2021 training requirements will be met:

17-891.2-35(g)

17-892.2-35(f)

17-895.1-35(f)

17-896.1-35(e)

Hawai`i Administrative Rules for license-exempt providers:

17-798.3-51(c)(7)

17-800-10(b)(4)

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?

There are no variations in the training requirements except for license-exempt relative care. License-exempt relative care providers are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle who are not subject to complete training requirements.

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.

The pre-service training information is provided through a written handbook, "Basic Health & Safety Practices: Child Care Provider's Guide" that all child care providers and caregivers must review. The Guide has information on all of the required topic areas. When the standard is updated, an addendum to the handbook is mailed to licensed, registered and license-exempt providers and the updated information is also provided on the Department's website. An addendum assessment form is also created and mailed to providers to complete and send back for review.

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:

Hawaii Administrative Rules pending passage for approval as of Oct. 1, 2021 - 16 hours for directors, teachers, assistant teachers, aides, caregivers, program leaders, assistant program leaders, 10 hours for substitutes and 8 hours for volunteers.

b. License-exempt child care centers:

8 hours.

c. Licensed family child care homes:

Hawaii Administrative Rules pending passage for approval as of Oct. 1, 2021 - 16 hours and 10 hours for substitutes and 8 hours for volunteers.

d. License-exempt family child care homes:

8 hours.

e.Regulated or registered In-home child care:

Hawaii Administrative Rules pending passage for approval as of Oct. 1, 2021 - 16 hours and 10 hours for substitutes and 8 hours for volunteers.

f. Non-regulated or registered in-home child care:

0 hours.

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:

1. In a facility providing meal service, the minimum meal components and food amounts required by the United States Department of Agriculture (USDA) child care food program shall be met.
2. The home shall offer and provide combination of meals and snacks, including a serving of milk for children in care according to the number of hours that child care is provided.
3. In a home where parents or guardians are allowed to provide food (i.e. sack lunches or snacks) the home, the meal components shall meet the minimum amounts required by the USDA child care food program.
4. School aged children in before or after school care for two or more hours shall be offered a nutritious snack which may be provided by the facility or brought from home.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.2-25

17-892.1-26

17-895-25

17-896-24

b. Access to physical activity:

Describe:

Activities which promote physical development shall include:

1. Daily opportunities for running, climbing, and other vigorous and varied physical activities;

2. Opportunities for children to learn about the health, development, and care of the children's bodies, including exercise, nutrition, and hygiene; and
3. For school age children, at least twenty-five percent of the program time shall be spent in gross motor activities, such as running, climbing and other vigorous activities, to promote physical development.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.1-13

17-892.1-13

17-895-12

17-896-13

c. Caring for children with special needs:

Describe:

1. The infant or toddler with special needs shall be admitted only after consultation between the infant's or toddler's source of health care and the program's health consultant.
2. The consultation shall include written recommendations to accommodate the child's special needs or to define the child's participation in the program.
3. The staff shall receive training related to the nature of the child's disability before the infant or toddler is admitted to the facility.
4. Where the nature of the infant's or toddler's special needs or the number of children with special needs in the program necessitates added care, staff and equipment shall be available to cover these requirements.

Hawaii Administrative Rules for all licensed and registered providers:

17-891.2-24

17-892.1-25

17-895-24

17-896-23

Hawaii Administrative Rules pending passage for approval as of October 1, 2021:

17-891.2-45

17-892.2-46

17-895.1-45

17-896.1-45

d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

N/A

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.

All licensed and license-exempt providers are required to have an initial and annual monitoring visits. Inspecting standards are in place, however, upon passage of approval of the Hawaii Administrative Rules for licensed and registered providers, monitoring inspections will be modified to include all health and safety standards described above in section 5.3. At each visit, the Department's inspectors verify that licensed and license-exempt providers are in compliance with the health and safety standards as described in Section 5. Providers must submit initial pre-service assessment and provide evidence of completion of ongoing training to the Department. Each provider is added to the statewide database of licensed and unlicensed child care providers which maintains contact information, education, teaching qualification, ongoing health and safety training, safe sleep training, and first aid and cardiopulmonary certification. When there is a complaint allegation that the licensed or license-exempt provider is in violation of the health and safety standards in Section 5, an investigation is conducted to verify compliance.

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.

The Department's data system, HANA, records and stores licensed and license-exempt providers' initial and annual health and safety training. Inspectors use the health and safety training data collection in the HANA system to ensure that licensed and license-exempt providers are in compliance with training requirements.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Licensed and license-exempt center providers must meet all applicable building, electrical, plumbing and fire county codes. Verification is obtained through county inspection reports. When food is provided at the licensed and license-exempt center, the Department of Health's food sanitation policies and practices shall be met.

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.

Verification that the licensed center meets the applicable building, electrical, plumbing

and fire county codes through pre-licensure inspections must be received prior to the licensure of the center. The center shall also be in compliance with the Dept of Health food sanitation rules prior to the licensure of the center. Environmental hazards shall not exist at the center during the pre-licensure inspection.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

All licensed centers shall have at least one annual, unannounced inspection visit conducted by the Department's inspectors. The HANA data system maintains electronic records of each licensed center's annual unannounced inspection visit and provides notification to the Department's inspectors when the next annual, unannounced visit is due within 60 and 30 days, respectively, prior to the expiration of the annual period date.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

Unannounced inspections may be conducted to ensure the licensed center's continued compliance with the Hawaii Administrative Rules.

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.

NA

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Hawaii Administrative Rules for all licensed and registered providers:

17-892.1-3

17-895-3

17-896-3

Hawaii Administrative Rules pending passage for approval:

17-892.2-3

17-895.1

17-896.1-3

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

Prior to the registration of a family child care home, the family child care home shall comply with the zoning, building, electrical and plumbing codes of the county in which they are located. There shall be written evidence that the condominium or townhome association allows the applicant to operate a family child care home. The Department's inspectors shall conduct a pre-licensure inspection of the home to verify that health and safety requirements from the Hawaii Administrative Rules are met.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

All registered family child care providers shall have at least one annual, unannounced inspection visit conducted by the Department's inspectors. The HANA data system maintains electronic records of each registered family child care provider's annual unannounced inspection visit and provides notification to the Department's inspectors when the next annual, unannounced visit is due within 60 and 30 days, respectively, prior to the expiration of the annual period date.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

Unannounced inspections may be conducted to ensure the licensed center's continued compliance with the Hawaii Administrative Rules.

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.

NA

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Hawaii Administrative Rules for all licensed and registered providers:

17-891.1-38

Hawaii Administrative Rules pending passage for approval:

17-891.2-80

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.

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.

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.

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

Hawaii Department of Human Services Child Care Licensing offices

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.

All license-exempt centers that are approved to be listed with the Department shall have at least one annual, unannounced inspection visit conducted by the Department's inspectors. Multiple unannounced monitoring visits may be conducted over the annual period in order to ensure continued compliance with the Hawaii Administrative Rules. The HANA data system maintains electronic records of each license-exempt center's annual unannounced inspection visit and provides notification to the Department's inspectors when the next annual, unannounced visit is due within 60 and 30 days, respectively, of the expiration of the annual period date. Announced monitoring visits of license-exempt center-based providers are anticipated to begin in January 2022 if not sooner. Licensing inspectors completed training to conduct monitoring visits for license-exempt center-based providers during the weeks of April 5, 2021 and April 12, 2021.

i. Provide the citation(s) for this policy or procedure

Hawaii Revised Statutes 346-152.5 and Hawaii Administrative Rules 17-800-10(b)(5)

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.

All license-exempt family child care CCDF providers shall have at least one annual, announced inspection visit conducted by the Department's inspectors. More than 1 announced monitoring visits may be conducted in order to ensure compliance with the Hawaii Administrative Rules. An unannounced visit may be conducted when an allegation that the license-exempt family child care provider is in violation of the Hawaii Administrative Rules is received. The HANA data system maintains electronic records of each license-exempt family child care provider's annual unannounced inspection visit and provides notification to the Department's inspectors when the next annual, unannounced visit is due within 60 and 30 days, respectively, prior to the expiration of the annual period date.

i. Provide the citation(s) for this policy or procedure

Hawaii Revised Statutes 346-152.5 and Hawaii Administrative Rules 17-798.3-51(c)(8).

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.

License-exempt in-home care CCDF providers except for relative care providers who are the child's grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle, shall have at least one (1) annual, announced inspection visit conducted by the Department's inspectors. More than one (1) announced monitoring visits may be conducted in order to ensure compliance with the Hawaii Administrative Rules. An unannounced visit may be conducted when an allegation that the license-exempt family child care provider is in violation of the Hawaii Administrative Rules is received. The HANA data system maintains electronic records of each license-exempt in-home care provider's annual unannounced inspection visit and provides notification to the Department's inspectors when the next annual, unannounced visit is due within 60 and 30 days, respectively, of the expiration of the annual period date.

- b. Provide the citation(s) for this policy or procedure.

Hawaii Revised Statutes 346-152.5 and Hawaii Administrative Rules 17-798.3-51(c)(8)

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

The Department's licensing inspectors and the Fire Prevention Bureau on Oahu and local fire departments.

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

The Department has established minimum qualification requirements for individuals hired to be licensing inspectors. Graduation from an accredited 4 year college or university with a bachelor's degree which included a minimum of 12 semester credit hours in courses such as counseling, criminal justice, human services, psychology, social work, social welfare, sociology, or other behavioral sciences, or a bachelor's or master's degree from social working a program of study accredited by the Council on Social Work Education, or a doctoral degree in social work from a college or university accredited by the Western Association of Schools and Colleges, or comparable regional accreditation body. Minimum Experience and education are requirements to achieve levels II and III of a licensing inspector. All licensing inspectors completed the training in license-exempt provider monitoring in March 2021 which was provided by the Staff Development Office within the Department's Benefit, Employment and Support Services Division.

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 Department's licensing inspectors received training on health and safety requirements that are appropriate to the age of the children in care and provider types in March 2021 and May 2021.

c. Provide the citation(s) for this policy or procedure.

Hawaii Department of Human Resources and Development position classification requirements and Benefit, Employment and Support Services Division's new hire employment procedures. All newly hired child care licensing inspectors complete the training for licensing inspector modules provided by the Staff Development Office within the Department's Benefit, Employment and Support Services Division.

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.

The Statewide Branch Administrator for the Benefit, Employment and Support Services Division conducted an analysis of the number of licensed, registered and legally exempt providers that are caring for children whose families receive CCDF subsidies and who are not the child's grandparent, great-grandparent, adult sibling residing outside the home, aunt or uncle and the number of licensing inspectors statewide. Hawaii Department of Human Services considered regional variations and driving distances, to enable the State to conduct inspections of such child care providers and facilities on a timely basis.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

1 licensing inspector : 48 providers is the average inspector caseload, per the Statewide Branch Administrator for the Benefit, Employment and Support Services

Division.

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:

Hawaii Revised Statutes 346-154; 846-2.7; Hawaii Administrative Rules 17-801

All other providers eligible to deliver CCDF Services

Citation:

Hawaii Revised Statutes 152.5; Hawaii Administrative Rules 17-801-4

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Hawaii Administrative Rules 17-801-4; DHS 948 form

All other providers eligible to deliver CCDF Services

Citation:

Hawaii Administrative Rules 17-801-4; DHS 948 form

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Hawaii Administrative Rules 17-801-4; DHS 948 form

All other providers eligible to deliver CCDF Services

Citation:

Hawaii Administrative Rules 17-801-4; DHS 948 form

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:

Hawaii Administrative Rules 17-801-4; DHS 948 form

All other providers eligible to deliver CCDF Services

Citation:

Hawaii Administrative Rules 17-801-4; DHS 948 form

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

Hawaii Administrative Rules 17-801-4; DHS 948 form

All other providers eligible to deliver CCDF Services

Citation:

Hawaii Administrative Rules 17-801-4; DHS 948 form

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:

The DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The interstate background check requirement is not in the Hawaii Administrative Rules 17-801. The Department plans to add the requirement in the next rule amendments.

All other providers eligible to deliver CCDF Services

Citation:

The DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The interstate background check requirement is not in the Hawaii Administrative Rules 17-801. The Department plans to add the requirement in the next rule amendments.

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:

The DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The interstate background check requirement is not in the Hawaii Administrative Rules 17-801. The Department plans to add the requirement in the next rule amendments.

All other providers eligible to deliver CCDF Services

Citation:

The DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The interstate background check requirement is not in the Hawaii Administrative Rules 17-801. The Department plans to add the requirement in the next rule amendments.

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:

The DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The interstate background check requirement is not in the Hawaii Administrative Rules 17-801. The Department plans to add the requirement in the next rule amendments.

All other providers eligible to deliver CCDF Services

Citation:

The DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The interstate background check requirement is not in the Hawaii Administrative Rules 17-801. The Department plans to add the requirement in the next rule amendments.

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.

Consent to conduct background checks are given on forms supplied by the Department which is the DHS 948 form. For new applicants applying to become licensed or registered home and center providers, the DHS 948 form is provided with the application packet. For license-exempt center and home-based providers, the child care subsidy unit provides the DHS 948 form to the subsidy client to provide the form to their license-exempt provider. The DHS 948 form is used for initial and annual background checks and is provided by the child care licensing unit, child care subsidy unit or is accessible on the Department's website. The DHS 948 form is available upon request to the child care licensing unit or subsidy unit.

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)).

The Department charges a nominal fee for processing FBI fingerprint checks of \$13.25 which is the cost of the fee charged by the FBI. The fee is assessed to the individual needing background checks, including the FBI fingerprint check. This fee is assessed to the Department by the State's criminal justice data agency processing the fingerprint samples on behalf FBI. There are no other fees that are associated with the remaining background checks completed by the Department that are passed on to the individual.

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:

Hawaii Administrative Rules 17-801-5 allows a person to work in a licensed or license-exempt center on a provisional basis after the person completes and clears the FBI and State fingerprint criminal record registry or database check. The person is required to be continuously supervised by another person who has been determined suitable to provide care based on all of the comprehensive checks which include FBI and State fingerprint criminal record registry or database, state sex offender registry and national sex offender registries, state child abuse and neglect registry, adult abuse perpetrator registry and employment history check. The interstate background check requirement is not in the Hawaii Administrative Rules 17-801 and not being conducted, however, the DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The number of individuals that have lived outside of the State of Hawaii is relatively low. The Department plans to add the interstate background check requirement in the next rule amendments.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

The interstate checks have not been put in place for all current (existing) and prospective child care staff members.

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.

All persons in a licensed or registered child care facility, or exempt child care facility are required to provide consent to the Department to conduct background checks prior to operating, working on-site at, or within five working days of living in a child care facility or exempt child care facility, and annually thereafter. The results of the background checks are entered in the Department's HANA system and the HANA system keeps track of the person's 12-month anniversary date from the last background check. By the person's 12-

month anniversary date and annually thereafter, all persons must provide consent to the Department to conduct the background checks which include the state criminal name registry, state sex offender registry and national sex offender registry, state child abuse and neglect registry and adult abuse perpetrator registry. All persons must submit to FBI and State fingerprint-based checks initially, however, the FBI and State fingerprint-based check component of the background check process which must be conducted every 5-years has not yet been implemented. The Hawaii DHS plans by 12/31/21, that all persons who are required to have the FBI and State fingerprint-based check within a 5-year period will have completed the FBI and State fingerprint-based check. The Hawaii DHS also plans to participate in the FBI and State Rap Back Program with the Hawaii Criminal Justice Data Center by 12/31/21.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Hawaii Administrative Rules 17-801-5 require applicants, caregivers, staff members, employees, rehired employees, substitutes or volunteers who have stopped providing care, stopped residing in a child care home, or left the State for a period of 180 consecutive days or more, are required to complete the DHS comprehensive background checks again. The Department's licensing inspectors review the requirement with the licensed, registered and license-exempt home and center providers during initial and annual monitoring visits and verify that providers are complying with the requirement upon receipt of the DHS 974 Notification of Change form which reports the status of employees' employment status.

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)).

<https://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/child-care-center-Licensing-forms/>

<https://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/applying-for-a-child-care-center-license/>

<https://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/applying-for-a-family-child-care-home-registration/>

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.

Statutory authority to conduct the In-State Background check is established through the Hawaii Revised Statutes 846-2.7 and through the Hawaii Administrative Rules for licensed, registered and exempt-based provider chapters 17-891.1, 17-892.1, 17-895, 17-896, 17-798.3 and 17-800 which require all applicants, employees and adult household members to be fingerprinted and have the criminal history background checks which includes the In-State background check.

New employees are fingerprinted at the Department's six (6) child care licensing offices statewide and for Oahu also at six (6) of the Department's TANF Work Participation

offices. The individual's fingerprints are submitted to the FBI national registry and State criminal record registry through the Hawaii Criminal Justice Data System. The Hawaii Criminal Justice Data Center also conducts the NCIC NSOR name-based check. The results of the In-State background check, FBI and State registry and NCIC NSOR check are accessed through the Hawaii Integrated Information System that is maintained by the Hawaii Criminal Justice Data Center.

Determination of eligibility is based on the individual's In-State Background check results in accordance with the suitability requirements in Hawaii Administrative Rules 17-801-5.

A person is not suitable to provide child care for children if the person:

1. Refuses to provide consent to the background checks;
2. Makes a materially false statement or omission in disclosing any prior background §17-801-5 801-8 history that may affect the person's ability and suitability;
3. Is registered or is required to be registered, on a state sex offender registry or repository or the national sex offender registry;
4. Is identified on another state's registry or database as the perpetrator of child abuse, neglect, harm, or threatened harm;
5. Within a five-year period starting from the date that the child abuse case record was closed, the person has been confirmed by the department as the perpetrator of threatened harm as defined in section 587A-4, HRS. In situations when a finding of threatened harm occurred more than five years from the date that the child abuse case record was closed, a person's suitability shall be based on paragraph (8); or
6. Is confirmed at any time as the perpetrator of harm against a child as defined in section 587A-4, Is confirmed at any time as the perpetrator of abuse of a vulnerable adult as defined in section 346-222, HRS; or Is found by the department, for any other reason that has not been identified in 17-801, to not be of reputable and responsible character or may pose a risk to the health, safety, or well-being of the children in care.

For any other reason not identified under 17-801-5, an assessment shall be conducted:

1. Of the nature of the incident;
2. When the incident occurred;
3. Patterns of behavior the Department determines resulted in or could have resulted in injury to self or others;
4. Any other relevant information received and deemed credible by the Department;
and
5. Evidence of rehabilitation.

[b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.](#)

NA

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).

For states that are National Fingerprint File (NFF) States in which an individual lived in within the previous five years, the interstate check is conducted at the time the individual's fingerprints are submitted to the FBI and State registries. For Interstate Background checks to non-NFF states, the Department has not yet started this process.

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.

The Department does not have a procedures in place to make an eligibility determination in the event not all of the components of the background check are completed within the 45 day timeframe except for the Hawaii Administrative Rules citation when a person may start working on a provisional basis when the requirements in section 17-801-4(a)(1) are completed and the Department does not receive results or other information that the person may pose a risk to children in care, or is not suitable to provide care.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The Department does not have procedures for conducting a check when the state of residence is different than the state in which the staff member works since the State of Hawaii's population is mainly across six (6) islands which would make residing and working in two (2) different states highly unlikely.

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).

Hawaii is a National Fingerprint File (NFF) state so the full information is already provided to the FBI.

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).

The Hawaii Criminal Justice Data Center maintains a central registry of sex offenders and other covered offenders for the State of Hawaii. Persons who have been convicted of certain sex offenses are required to register. Covered Offender search displays sex offenders and other covered offenders registered with the State of Hawaii and is a public search. Positive identification of a person believed to be a covered offender cannot be established unless the person's fingerprints are compared against the offender's fingerprints taken at the time of arrest or incarceration.

<https://sexoffenders.ehawaii.gov/sexoffender/welcome.html>

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).

Since the data belongs to the Child Welfare Services Branch, another division within Hawaii Department of Human Services, the written request for the interstate child abuse and neglect check must be submitted by the individual to the Department of Human Services Child Welfare Services Branch using the "Consent to Release Information from the Child Protective Services System Central Registry" form to release child abuse and neglect information from the Child Protective Services System Central Registry. When received, the request is directed to the Social Services Division to conduct the search. The information released is restricted to confirmed cases of child abuse or neglect in which an individual was confirmed as the perpetrator of child abuse or neglect. A copy of the results of the check is provided to the individual requesting the Child Protective Services System Central Registry check.

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:

The interstate background check requirement is not in the Hawaii Administrative Rules 17-801 and not being conducted, however, the DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The number of individuals that have lived outside of the State of Hawaii is relatively low. The Department plans to add the interstate background check requirement in the next rule amendments.

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:

The interstate background check requirement is not in the Hawaii Administrative Rules 17-801 and not being conducted, however, the DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The number of individuals that have lived outside of the State of Hawaii is relatively low. The Department plans to add the interstate background check requirement in the next rule amendments.

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:

The interstate background check requirement is not in the Hawaii Administrative Rules 17-801 and not being conducted, however, the DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The number of individuals that have lived outside of the State of Hawaii is relatively low. The Department plans to add the interstate background check requirement in the next rule amendments.

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:

Hawaii Administrative Rules 17-801 Exhibit I & II Prohibiting Crimes. The other disqualifying crimes include felonies and misdemeanors such as reckless endangering, extortion, burglary, robbery, theft, fraud, harassment and cruelty to animals.

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)).

Upon the applicant's request about their eligibility to work in a child care program, the applicant's identity is verified prior to the release of the applicant's eligibility based on the applicant's background checks. Once the applicant's identity is verified, the results page of the DHS 948 form is provided to the applicant which indicates eligibility or ineligibility. When an applicant is ineligible to work in a child care program due to their background checks, the applicant is provided written notification that the applicant is ineligible to work or volunteer in a licensed, registered, or exempt facility that is regulated by the Department.

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)).

When the felony drug offense occurred more than five years from the date of the last background check, an assessment of whether the individual is of reputable and responsible character and eligible to provide child care shall be conducted.

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.

A person who is determined not suitable to provide care based on the background check report may contest the results of the background checks as follows:

1. The person requests an informal review by the Department for the limited purpose of contesting the accuracy or completeness of the information contained in the person's records that formed the basis for the decision:

- The person shall provide a written statement to the Department specifying the information and the reason why the person believes the background check information is inaccurate or incomplete;
- The Department shall attempt to verify the accuracy of the information challenged by the person, including making an effort to locate any missing disposition information related to the disqualifying record:
 - If the Department locates any missing or corrected information, the Department shall review the new or corrected information and issue a written notice to the person with the suitability determination by the Department; or
 - If the Department cannot locate any missing or corrected information, the

Department shall issue a written notice that indicates the Department's efforts to verify the accuracy of the information challenged, and refer the person to the agency or program that produced or maintains the record the person believes to be inaccurate or incomplete, so that the person can have the record corrected or completed; and

- After the person has successfully had the records corrected or completed by the agency or program that produced or maintains the record, the person may request for another background check to be completed by the Department in accordance with this chapter.

1. The person shall have the right to obtain a copy of the person's criminal history records that were obtained through a fingerprint-based check under this section, according to Title 28 CFR Part 16, and for other records, the Department, upon request, shall provide information to the person on how to obtain further information of the person's reports. The person shall contact the Hawaii Criminal Justice Data Center to challenge the validity of the criminal history records that were obtained through the FBI National and State fingerprint-based check and the NCIC NSOR check.
2. The person may file a written request for an administrative appeal to appeal the decision by the Department.

For child abuse and neglect reports, the person shall directly contact the Hawaii Department of Human Services Child Welfare Services to challenge the validity of the report.

For adult abuse or neglect reports, the person shall contact the Hawaii Department of Human Services Adult Protective Services.

[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?](#)

The interstate background check requirement is not in the Hawaii Administrative Rules 17-801 and not being conducted, however, the DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The number of individuals that have lived outside of the State of Hawaii is relatively low. The Department plans to add the interstate background check requirement in the next rule amendments.

[c. Interstate Child Abuse and Neglect \(CAN\) Registry Check:](#)

The interstate background check requirement is not in the Hawaii Administrative Rules

17-801 and not being conducted, however, the DHS 948 form requires individuals to list the states they previously lived in within the past 5 years. The number of individuals that have lived outside of the State of Hawaii is relatively low. The Department plans to add the interstate background check requirement in the next rule amendments.

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:

If the Department receives information that the relative provider is in violation of the health and safety requirements in Hawaii Administrative Rules 17-798.3 or Hawaii Revised Statutes 346-152, the Department will conduct an investigation, including an inspection of the child care facility.

- 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:

The Department's Child Care Provider Registry contractor utilizes the standards and competencies developed by the community-based collaborative workgroup of 27 agencies, organizations and State Departments, which can be found at

<http://patchhawaii.org/wp-content/uploads/2016/12/ASK-Booklet.pdf>.

The competencies define what all staff in all early childhood roles and setting are required to know and be able to do.

ii. Career pathways. Describe:

The Department has a career lattice and framework that is in alignment with the requirements for staff at licensed center-based child care facilities and can be found at <http://patchhawaii.org/wp-content/uploads/2016/12/ASK-Booklet.pdf>

The career lattice describes the sequence of qualifications related to professional development, including education, training, and experience required to fulfill various roles at licensed child care facilities throughout Hawaii. The career lattice is used as a voluntary guide and planning resource for career counseling provided through the Department's contracted agency for the Child Care Provider Registry service and to guide early childhood staff in securing scholarships through the Department's Training contracted services for continuing education in the early childhood workforce. The Department will continue to work with early childhood stakeholders from the Department's Child Care Advisory Committee and the community-based collaborative workgroup of 27 agencies, organizations and State Departments to determine if updated competencies specific for early care workforce, including home providers and center-based staff will be developed or updated.

iii. Advisory structure. Describe:

The Hawaii Department of Human Services convenes quarterly the Child Care Advisory Committee with 20 voting members statewide from a variety of early childhood stakeholders, including:

- a statewide child care center director's group;
- an association for independent schools;
- the Head Start Association;
- the statewide Child Care Resource and Referral agency;
- a Kauai island representative;
- a Family Child Care provider;
- a Hawaii island representative;
- a parent representative;
- the Tribal/Native Hawaiian CCDF agency;
- a faith-based representative;
- the Hawaii Association for the Education of Young Children;
- the Department of Health;
- a multi-site child care center organization group;

a Maui County representative;
a school-aged care representative;
the non-TANF child care subsidy case management agency;
the University of Hawaii, Center on the Family;
the Department of Education;
the University of Hawaii Community Colleges; and
an early childhood advocacy group.

Additionally, other early childhood stakeholders are invited to attend the Child Care Advisory Committee meetings and participate in the discussions.

The Department has had discussions with the Child Care Advisory Committee members and early childhood stakeholder attendees regarding workforce development issues. The Department will continue to work with the Department's Child Care Advisory Committee to review and improve upon the Professional Development requirements.

[iv. Articulation. Describe:](#)

Articulation agreements are in place across and within institutions of higher education within Hawaii. This is also monitored within the group of higher education representatives that meet regularly to discuss ways to increase the availability and accessibility of higher education coursework.

[v. Workforce information. Describe:](#)

The Department has standardized the evaluation of staff qualifications for education and experience through a statewide contracted service for the Department's Child Care Provider Registry. Staff employed at licensed infant and toddler centers, group child care centers, and group child care homes are required to submit their education and experience qualifications to the registry service to determine which position(s) the individual is qualified to fill at a licensed infant and toddler center, group child care center, or group child care home. Registered family child care home operators and legally exempt child care providers caring for children whose families are receiving CCDF subsidies are not required to participate in the Child Care Provider Registry.

[vi. Financing. Describe:](#)

The Hawaii Department of Human Services offers scholarships to child care providers

and staff working with children and pursuing Child Development Associate credential or post-secondary degrees in early childhood education or child development through the contracted Scholarships services.

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:

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

At the Department's Child Care Advisory Committee statewide quarterly meetings, the Department has discussed and will continue to discuss the requirement with members, comprised of training and professional development providers, and early childhood stakeholders to address aligning training and educational opportunities to capture more information about supporting the early childhood workforce in on-going professional development, including meeting the on-going training requirements that the Department is in the process of establishing.

The Attitude, Skills, and Knowledge (ASK) core competencies for center-based child care program were adopted in 2000 and are utilized by the Department's Child Care Provider Registry, which has standardized the review and evaluation of qualifications for education and experience for staff at licensed infant and toddler centers, group child care centers, and group child care homes. The Department will continue to work with early childhood stakeholders from the Department's Child Care Advisory Committee and the community-based collaborative workgroup of 27 agencies, organizations and State Departments that are interested in having a workgroup update the core competencies for center-based staff and formalizing core competencies for home-based child care providers that can be adopted by the Hawaii Department of Human Services which will align with the Department's child care licensing and registration requirements and can be utilized in the Department's Child Care Registry contracted agency.

The Department continues to look at opportunities to partnering with the Department of Education on the development of professional development curricula and providing school-age specific providers (home-based and center-based) sustainable, on-going professional development modules to meet the on-going training requirements for CCDF.



iii. Other

Describe:

The Department will continue discussion with higher education institutions to consider collaborations and partnerships in the development of continuing education unit trainings and credit-bearing professional development.

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.

At the Department's Child Care Advisory Committee statewide quarterly meetings, the Department has discussed and will continue to discuss the requirement with members, including higher education and providers of community-based trainings, and early childhood stakeholders to address aligning training and educational opportunities to capture more information about supporting the early childhood workforce in on-going professional development, including meeting the on-going training requirements that the Department is in the process of establishing.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The career lattice describes the sequence of qualifications related to professional development, including education, training, and experience required to fulfill various roles at licensed child care facilities throughout Hawaii. The career lattice is used as a voluntary guide and planning resource for career counseling provided through the Department's contracted agency for the Child Care Provider Registry and Scholarship service and to guide

early childhood staff in securing scholarships through this contracted service for continuing education in the early childhood workforce.

Articulation agreements are in place across and within institutions of higher education within Hawaii allow for the early childhood workforce to be able to transfer higher education coursework across campuses to obtain required credits toward the early childhood education or child development degrees. Financial assistance is provided to attain credentials and post-secondary degrees.

The Hawaii Department of Human Services offers scholarships to child care providers and staff working with children and pursuing Child Development Associate credential or post-secondary degrees in early childhood education or child development through the contracted Child Care Registry and Scholarships services. Scholarships are provided for post-secondary education coursework to individuals working in the child care sector or not yet entered and pursuing their post-secondary degrees in Early Childhood Education or obtaining a Child Development Associate to promote qualified staff and retention of staff through a career pathway.

The Attitude, Skills, and Knowledge (ASK) core competencies for center-based child care program were adopted in 2000 and are utilized by the Department's Child Care Provider Registry, which has standardized the review and evaluation of qualifications for education and experience for staff at licensed infant and toddler centers, group child care centers, and group child care homes. The Department will continue to work with early childhood stakeholders from the Department's Child Care Advisory Committee and the community-based collaborative workgroup of 27 agencies, organizations and State Departments that are interested in having a workgroup update the core competencies for center-based staff and formalizing core competencies for home-based child care providers that can be adopted by the Hawaii Department of Human Services which will align with the Department's child care licensing and registration requirements and can be utilized in the Department's Child Care Registry contracted agency.

The Department contracts for services to provide educational outreach services, technical assistance, and resources to promote quality of care for subsidy families utilizing legally exempt friend, family, and neighbor (FFN) care and their child care providers as well as

registered family child care providers. The contractor sends monthly informational packets to home-based child care providers and subsidy families. The packets provide information about latest research based best practices in child development and care. The contractor also provides home learning activity ideas and reflection surveys that can be returned to the contractor. The provider or family will receive a children book to keep, for each completed and returned reflection survey. The monthly newsletters are posted on the contractor's website. In addition, the contractor has developed the initial health and safety training guidebook that is being used for all licensed and registered child care homes and facilities, as well as to legally exempt providers caring for children whose families receive CCDF subsidies. The guidebook was translated in 11 additional languages besides English. The 11 translated languages are Chinese, Chuukese, Hawaiian, Ilocano, Japanese, Korean, Marshallese, Samoan, Spanish, Tagalog, and Vietnamese. The contractor is currently operating a small pilot project to provide facilitation and support for registered Family Child Care (FCC) providers to complete the National Association for Family Child Care (NAFCC) accreditation. The pilot project provides technical assistance, educational outreach services, and resources with the aim of increasing their expectations and efforts to provide quality care that fosters children's early learning, school-readiness, and healthy development. The NAFCC Accreditation Facilitation Project supports FCC providers in achieving higher quality by offering monthly training sessions, home visits, observations, and one-to-one coaching sessions as they move towards becoming accredited.

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)).

The Department's initial health and safety training guide is designed to provide foundational knowledge across roles and settings for licensed and registered child care as well as legally exempt providers that care for children whose families receive child care subsidies. The guide is divided into two sections:

1. HEALTH and
2. SAFETY.

The on-going training requirements provide and establish best practices for maintaining a safe, healthy, child care environment that support providers and staff to participate in continuous quality improvement and opportunities to further their own professional development to gain knowledge and skills that can be used with children in their care. The on-going training requirements may be fulfilled by taking both community-based professional development opportunities that are available through a variety of entities and/or by completing credit-based coursework that support continuing education and degree attainment.

The Department's contracted agency for Training services revamped their services to provide self-paced trainings and live webinars, and will eventually return to in-person learning once the pandemic is under control. To highlight one series entitled "Challenging Behaviors" (basic and advance levels) which addresses creating supportive environments and teaching positive behaviors. Over the past year the resiliency of Hawaii's keiki (children) have been tested and changes to their behavior are to be expected. The social-emotional/behavioral and mental health needs of these keiki will continue to be supported throughout the pandemic.

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)).

The Department also contracts for services to provide training services to promote on-going professional development opportunities to support quality child care settings to early childhood practitioners, including providers supported through tribal organizations and the statewide Hawaiian medium early learning provider and its employees, for a nominal cost that covers 12 separate series and 111 classes. The trainings include information about research and best practices in child development, including social emotional development, cognitive development, physical health and development, cultural diversity, and meaningful parent and family engagement.

The training contractor also provides quarterly newsletters to those who have signed up for the newsletters and the newsletters are posted on the training contractor's website for the general public to access.

The statewide Hawaiian medium early learning provider's employees may access the Department's Registry and Scholarship contract services for employees to pursue obtaining additional early childhood coursework to obtain an early childhood degree and become qualified for assistant teacher, teacher, or director positions at the program. Scholarships are provided for post-secondary education coursework to individuals working in the child care sector or not yet entered and pursuing their post-secondary degrees in Early Childhood Education or Child Development to promote qualified staff and retention of staff through a career pathway. The scholarships are available to staff working in the system of Hawaiian medium early learning centers to obtain early childhood coursework and obtain a Child Development Associate credential or a degree in early childhood education or child development.

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

The contracted agency for the Training services is required to provide interpreter services and reasonable accommodations for attendees of 12 separate training series and 111 classes provided through the training contracts.

b) who have disabilities

The contracted agency for the Training services is required to provide reasonable accommodations for attendees of 12 separate training series and 111 classes provided through the training contracts.

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)).

The Department contracts for community-based training services for a nominal cost that covers 12 separate series and 111 classes addressing the on-going professional development needs of the early childhood sector. The trainings include information about research and best practices in child development, including social emotional development, cognitive development, physical health and development, and meaningful parent and family engagement.

1. Various methodologies of training are available: online training, in- person training, and live-webinar training. This is to ensure that best practice is being met and the quality of

the child care workforce increases. Continuing training provides opportunities to the child care workforce by keeping them abreast of the latest research and allows them to be more responsive to child development, program management and professionalism.

2. The training is available to any employee of licensed child care facilities, including Hawaiian medium early learning and care employees, or registered family child care provider, or potential applicant to become a registered family child care provider.
3. The contracted agency is required to provide interpreter services for attendees of trainings provided through the contract.
4. Community-based trainings provided through the Department's contracted training services address a range of ages in care from birth to school age. Trainings also address cultural diversity and family partnerships for child care providers.
5. A training series focus on an inclusive environment in early childhood settings for special needs children. Some of the areas addressed in the classes are the importance of building family partnerships, cultural awareness and effective communication, strategies for building tolerance and acceptance, exploring attitudes towards inclusion.

Hawaii is a state that officially recognizes two languages English and Hawaiian. Consequently, there is a statewide system of Hawaiian medium early learning centers. Children from these centers are prepared to enter public schools where Hawaiian is the medium of instruction. There are 19 such schools that are located throughout the state on every island, except Lanai. In addition, the Native American Languages Act of 1990 (NALA), a landmark legislation addresses generations of federally imposed suppression of Native American languages, provides that it is the policy of the United States to preserve, protect, and promote the rights of Native peoples to use, practice and develop Native languages, including the Hawaiian language, specifically in education, tribal affairs, and public proceedings. The Department is also coordinating with 'Aha Punana Leo, the statewide Hawaiian medium early learning provider for Native Hawaiian children, in the on-going development of three proposed collaborative pilot projects:

1. Between the Department, the statewide Hawaiian medium early learning provider, other Hawaiian medium providers, and the Hawaii State Hawaiian Language College at the University of Hawaii at Hilo in the development of a Hawaiian language domain for Hawaii's Early Learning and Development Standards to recognize the developmental process and progress for children acquiring Hawaiian language skills as their primary language at-home and/or in a program offering Hawaiian language medium curriculum.
2. Between the Department, the statewide Hawaiian medium early learning provider, other

Hawaiian medium providers, and the Hawaii State Hawaiian Language College at the University of Hawaii at Hilo in the development of a framework detailing the competencies and guidelines for Hawaiian medium early learning workforce that align with the State's early care and development workforce competencies, where applicable, to ensure that the Native Hawaiian culture and language continue to thrive in Hawaii's communities.

3. Between the Department, the statewide Hawaiian medium early learning provider, other Hawaiian medium providers, and the Hawaii State Hawaiian Language College at the University of Hawaii at Hilo in the development of a degree program, courses, professional development opportunities, and/or a Child Development Associate (CDA) - like credential equivalent established through the Hawaii State Hawaiian Language College and recognized by the Department for staff qualifications for the Hawaiian medium early learning workforce and to provide career pathway for the Hawaiian medium early learning workforce to ensure that the Native Hawaiian culture and language continue to thrive in Hawaii's communities.

The statewide Hawaiian medium early learning provider will continue to partner with the Department in promoting healthy and safe environments through licensure by the Department for all keiki (children) in its programs and ensure school readiness for keiki who continue their Hawaiian medium education into kindergarten and beyond. The statewide Hawaiian medium early learning provider will continue to engage with the Department's Healthy Child Care Hawaii contracted training services provided in partnership by University of Hawaii John A. Burns School of Medicine, Department of Pediatrics, the Hawaii chapter of American Academy of Pediatrics, and the Department of Health, that promote and support healthy child development in child care settings.

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).

The Hawaii Department of Human Services will continue discussions with the Governor's Coordinator on Homelessness and the Department's Homeless Programs Office to focus on increasing outreach to the numerous community organizations who are serving homeless

families across the State through the Continuum of Care. The public health pandemic halted discussions during the past year. The Department will focus on strategies to improve training and technical assistance for outreach to partner agencies in obtaining information about the availability of Department's child care services, including the child care subsidy program and the child care resource and referral services, so that the community providers are helping the families access these services that are essential to supporting homeless families with young children find and maintain stable employment or secure vocational training or educational opportunities in order for the families to maintain and increase their economic self-sufficiency and to be able to secure and maintain permanent housing for themselves.

The Department's contractor is part of Hawaii's Childhood Homelessness Action Team and works alongside the Department of Education Community Liaison focusing on outreach efforts providing resources with organizations serving homeless families. The contractor provides curriculum on the Education Leads Home Series, Understanding the Impact of Unstable Housing, Family Engagement and Supportive Program Policies. By going through the curriculum, providers are expected to: develop empathy towards families that may be experiencing homelessness; develop an understanding of policies and procedures; and discuss supportive strategies that may lead to best practices when working with families.

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).

The Hawaii Department of Human Services will continue the existing partnership with the Governor's Coordinator on Homelessness and the Department's Homeless Programs Office to focus on increasing outreach to the numerous community organizations who are serving homeless families across the State through the Continuum of Care. The Department will focus on strategies to improve training and technical assistance for outreach to partner agencies in obtaining information about the availability of Department's child care services, including the child care subsidy program and the child care resource and referral services, so that the community providers are helping the families access these services that are essential to supporting homeless families with young children find and maintain stable employment or secure vocational training or educational opportunities in order for the families to maintain and increase their economic self-sufficiency and to be able to secure and maintain permanent housing for themselves.

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.

The Department contracts with an agency that provides training to child care providers. This agency offers several courses in business practices for the Family Child Care provider. Some of the areas addressed by these business courses are budgeting, record keeping, marketing and parent-provider communication. Since the fall of 2015, the agency began to offer courses in business practice for the Group Child Care Providers. Some of the areas addressed by these courses are the fundamentals of early childhood education and care, staff qualifications and professional development, diversity and inclusive settings and families, child care centers and community partnerships.

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:

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:

The Department's contractor for training services developed research-based training classes that address social, emotional, physical, and cognitive development of children.

The Hawaii Department of Human Services is in discussions with Department of Health in partnering to provide support in health consultation services which could tap into available community training programs.

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:

The Department's contractor for training services developed research based training classes that address positive behavior interventions.

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:

The agency that Department contracts with for training services offers an online infant and toddler trainings that addresses social-emotional development and early childhood mental health, including strategies to reducing challenging behaviors. The Department's contractor for training also developed additional training series to address strategies to reducing challenging behaviors in preschool-age children and promoting nurturing positive behaviors and building positive relationships with children and their families.

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:

The Department's contractor for training services developed research based training classes that align with the Attitude, Skills, and Knowledge (ASK) core competencies and the Hawaii Early Learning and Development Standards (HELDS).

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:

The Department's contractor for Training services revamped their services to provide self-paced trainings and live webinars, and will eventually return to in-person learning to support children's learning and development, once the pandemic is under control.

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:

N/A

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:

The Department's contractor for Training services has an Education Leads Home Series on understanding the impact of unstable housing, family engagement and supportive program policies.

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:

The Department's contractor for Training services developed research-based training classes that address topic areas of growth and development; relationships and guidance; working with families; and diversity.

The Department of Education provided three (3) Civil Rights Compliance Training sessions, addressing children with special needs.

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:

The Department's contractor for Training services developed research-based training classes on Challenging Behaviors that focuses on children ages 2 - 8.

The Department continues to look at opportunities to partnering with the Department of Education (DOE). DOE is part of the Hawaii Afterschool Alliance Quality Committee, which focuses on improving the quality for the after-school and out-of-school-time field, including developing professional development curricula and providing school-age specific providers sustainable, on-going professional development modules to meet the on-going training requirements for CCDF.

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:

N/A

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:

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.

The Hawaii Department of Human Service will review and evaluate its operations and contracted service providers' quarterly activity report that provides data on number of individuals served and outcome measures to ensure outcome goals are met.

1. Number of licensed child care facilities becoming accredited by the National

- Association for the Education for Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA);
2. Number of registered family child care homes that become accredited by the National Accreditation for Family Child Care (NAFCC);
 3. Number of registered family child care providers and child care staff that receive scholarship funds from the Department;
 4. Number of registered family child care providers and child care staff that receive a post-secondary degree or Child Development Associate through the scholarship funds from the Department;
 5. Number of legally exempt child care providers caring for children whose families are receiving subsidies that are visited and meet minimum health and safety requirements;
 6. Number of children whose families are receiving CCDF subsidies who attend an accredited child care facility or home;
 7. Number of licensed and registered child care homes and facilities were provided training services;
 8. Number of legally exempt providers caring for children whose families receive CCDF subsidies received health and safety training guidebooks;
 9. Number of licensed and registered child care homes and facilities received health and safety training guidebooks;
 10. Number of children served by the licensed and registered child care homes and facilities receiving training services;
 11. Number of licensed and registered child care homes and facilities receiving health consultation services;
 12. Number of licensed and registered child care homes and facilities receiving menu review;
 13. Number of child care referral services provided by child care resource and referral agency;
 14. Number of unduplicated persons receiving child care referral services provided by child care resource and referral agency;
 15. Number of unduplicated persons finding child care as a result of child referral services provided by child care resource and referral agency;
 16. Number of referrals to other types of resources or services needed provided by child care resource and referral agency;
 17. The number of family child care providers or employees of licensed infant and toddler centers that are trained through the infant and toddler training contractor;
 18. The number of infant and toddler age children served in programs operated by the participating trainees; and
 19. The number of registered family child care homes and licensed infant and toddler centers adhering to the safe sleep requirements.

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.

In 2014, Hawaii's public pre-kindergarten (Pre-K) program was established for the 2014-2015 school year. It currently is operating in 37 classrooms on 34 public elementary school campuses across the state. The Executive Office on Early Learning (EOEL), the agency administratively attached to the Department of Education, administers the public Pre-K program. The teachers in the public Pre-K program have incorporated the HELDS into the public Pre-K curricula. The HELDS are vertically aligned with three sets of learning standards for kindergarten children currently being implemented in the Hawaii Department of Education:

1. The Common Core State Standards (CCSS) for English language Arts and Literacy and Mathematics;
2. The Hawaii Content and Performance Standards (HCPS) III in seven content areas (Social Studies, Science, Health, Physical Education, Fine Arts, World Languages, and Career and Technical Education); and
3. General Learner Outcome (GLOs) that have indicators that identify student effort, work habits and behavior.

The standards were developed and researched by an advisory group that included

representatives from Hawaii P-20 Partnerships for Education, Center on the Family at the University of Hawaii (COF), the Early Learning Advisory Board (ELAB), Good Beginnings Alliance (GBA), the Hawaii Association for the Education of Young Children (HAEYC), and the Hawaii State Department of Education (HIDOE).

[ii. Developmentally appropriate.](#)

The standards were developed and researched by an advisory group that included representatives from Hawaii P-20 Partnerships for Education, Center on the Family at the University of Hawaii (COF), the Early Learning Advisory Board (ELAB), Good Beginnings Alliance (GBA), the Hawaii Association for the Education of Young Children (HAEYC), and the Hawaii State Department of Education (HIDOE).

These organizations are also members of the Department's Child Care Advisory Committee or regular early childhood stakeholder participants in the Committee meetings. Additionally, supplemental guides were developed for Infants and Toddlers and Preschoolers in partnership with various Committee member organizations and early childhood stakeholders. The supplemental guides were developed to help support child care providers implement current strategies, interactions, environments, and plans to support optimal individual development of children in care.

[iii. Culturally and linguistically appropriate.](#)

Language and literacy are one of the five (5) areas addressed in the standards as an expected set of knowledge and behaviors. This domain covers English Language Arts and Literacy which also touches on reading literature, reading informational, reading foundational, writing, speaking and listening, and language.

[iv. Aligned with kindergarten entry.](#)

The Hawaii Early Learning and Developmental Standards (HELDS) are grouped by the children's ages; however, the Hawaii Department of Education standards are grouped by grade. Since some children will turn five prior to attending kindergarten, the HELDS addresses their development.

[v. Appropriate for all children from birth to kindergarten entry.](#)

The current Hawaii Early Learning and Developmental Standards (HELDS) were endorsed by the Governor and the Early Learning Advisory Board in 2012. A

workgroup consisting of members from higher education institutions from the early childhood education faculty in Hawaii began reviewing the HELDS for revisions to be finalized and approved by various stakeholder groups.

The HELDS span five age groups:

1. Infants (children from birth to 12 months old),
2. Younger Toddlers (children 12-24 months old),
3. Older Toddlers (children 24-36 months old),
4. 3-years old (children 36-48 months old),
5. 4 years old (children 48 months - Kindergarten entry), with the standards listed for each age range indicating what the child should be able to do by the end of the age range. The HELDS are grouped by the children's ages; however, the Hawaii Department of Education standards are grouped by grade. Since some children will turn five prior to attending kindergarten, the HELDS addresses their development.

[vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

The standards were developed and researched by an advisory group that included representatives from Hawaii P-20 Partnerships for Education, Center on the Family at the University of Hawaii (COF), the Early Learning Advisory Board (ELAB), Good Beginnings Alliance (GBA), the Hawaii Association for the Education of Young Children (HAEYC), and the Hawaii State Department of Education (HIDOE).

These organizations are also members of the Department's Child Care Advisory Committee or regular early childhood stakeholder participants in the Committee meetings. Additionally, supplemental guides were developed for Infants and Toddlers and Preschoolers in partnership with various Committee member organizations and early childhood stakeholders. The supplemental guides were developed to help support child care providers implement current strategies, interactions, environments, and plans to support optimal individual development of children in care.

[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.](#)

Hawaii Early Learning and Developmental Standards (HELDS) was established in

2012.

The HELDS are vertically aligned with the Common Core State Standards (CCSS) for English language Arts and Literacy and Mathematics.

ii. Social development.

Hawaii Early Learning and Developmental Standards (HELDS) was established in 2012. A workgroup of higher education early childhood stakeholders will be reviewing the Hawaii Early Learning and Development Standards for possible revisions.

The HELDS include five domains:

1. Physical Well-Being, Health, and Motor Development
2. Social and Emotional Development
3. Approaches to Learning
4. Cognition and General Knowledge
5. Language and literacy.

iii. Emotional development.

Hawaii Early Learning and Developmental Standards (HELDS) was established in 2012. A workgroup of higher education early childhood stakeholders will be reviewing the Hawaii Early Learning and Development Standards for possible revisions.

The HELDS include five domains:

1. Physical Well-Being, Health, and Motor Development
2. Social and Emotional Development
3. Approaches to Learning
4. Cognition and General Knowledge
5. Language and literacy.

iv. Physical development.

Hawaii Early Learning and Developmental Standards (HELDS) was established in 2012. A workgroup of higher education early childhood stakeholders will be reviewing the Hawaii Early Learning and Development Standards for possible revisions. The HELDS are vertically aligned with the Hawaii Content and Performance Standards (HCPS) III in seven content areas (Social Studies, Science, Health, Physical Education, Fine Arts, World Languages, and Career and Technical Education).

v. Approaches toward learning.

Hawaii Early Learning and Developmental Standards (HELDS) was established in 2012. A workgroup of higher education early childhood stakeholders will be reviewing the Hawaii Early Learning and Development Standards for possible revisions. The HELDS are vertically aligned with the General Learner Outcome (GLOs) that have indicators that identify student effort, work habits and behavior.

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.

Hawaii Early Learning and Developmental Standards (HELDS) was established in 2012. A workgroup of higher education early childhood stakeholders will be reviewing the Hawaii Early Learning and Development Standards for possible revisions.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

The Hawaii Department of Education (DOE) is in the process of adopting the quality guidelines for school-age programs developed by the Hawaii Afterschool Alliance. The guidelines will be used by the DOE for its Out of School Time programs for 21st Century Community Learning Centers, UPLINK and REACH programs at middle schools throughout the state, and the A-Plus programs at elementary schools statewide.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

<http://earlylearning.hawaii.gov/wp-content/uploads/2014/02/HELDS-continuum-2014.04.01.pdf>

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 Department's contractor for the Training services must align the existing training curricula provided through the Department's contracted Training services to reflect the applicable components of the Hawaii Early Learning and Development Standards (HELDS), which is the early learning guidelines for Hawaii. Other professional development opportunities, including credit-bearing courses and community-based trainings, align the curricula to the HELDS.

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)).

N/A

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)).

An analysis of supply and demand was conducted during federal fiscal year 2020 through the Preschool Development Grant Birth-5 year olds in the comprehensive needs assessment analysis posted at <https://www.earlychildhoodhawaii.com/resources>. This analysis referenced Hawaii early learning needs assessment, DeBaryshe, B.D., Bird, O., Stern, I., & Zysman, D. (2017). Honolulu: University of Hawaii Center on the Family.

Hawaii Department of Human Services collaborates with the Executive Office on Early Learning to determine the methodology and scope of any subsequent assessments. In addition, the University of Hawaii Center on the Family conducts assessments on a reoccurring basis to refine data from published reports.

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.

Hawaii's 2020 statewide early childhood system needs assessment was carried out by the ICF project team in the Fall of 2019 with support of Hawaii based consulting partner Summer Helms assisted by Elizabeth Brey, PhD, on behalf of the Department of Human Services and the Executive Office on Early Learning. The report reviewed major findings from the previous needs assessment and did a "risk and reach analysis". The report recommends:

1. Increase the capacity of childcare and preschool programs targeting infant and toddler seats and child care in gap regional areas.
 - Coordinate for greater efficiencies and funding streams for distribution of programs. Increase and diversify funding streams including state, county, and business support.
 - Update DHS tuition subsidy rates and develop other solutions to help providers remain in business.

2. Decrease out-of-pocket costs, especially for low- and moderate-income families, while protecting freedom of choice in selecting care.
 - Increase the pool of funds for tuition subsidies and reduce co-payments so that recipients spend no more than 7% of family income on childcare
 - Ensure that subsidies reflect the differential cost of infant-toddler care.

3. Support high quality early childhood experiences throughout the community.
 - Explore options for quality metrics and a continuous quality improvement system.

 - Assist and provide incentives for providers to become accredited.
 - Provide outreach and support to informal family, friend, and neighbor care providers.

 - Educate families on how to identify high quality childcare and early learning options.

4. Make strategic investments in a skilled and stable early childhood workforce.
 - Develop strategies to strengthen career pathways.
 - Ensure that professional development offerings are tailored to the unique needs of each sector and Increase access to evidence-based practices such as ongoing coaching.

The Department has developed the following goals for quality improvement that align with the report's recommendations:

Goal 1: Promoting access to quality and accredited child care for low-income families receiving the CCDF subsidies.

Hawaii's 2020 needs assessment found families choosing legally exempt care rather than licensed care. Families reported limited slots are available in licensed and registered child care settings or because of the cost of regulated child care or where the opening was available. In adjusting the child care payment rates and reducing family co-payments for accredited and licensed child care providers, the Hawaii Department of Human Services may be able to identify trends as to whether families would shift to utilizing accredited licensed and registered child care homes and facilities when their out-of-pocket cost for such care is lowered.

The Hawaii Department of Human Services analyzes the utilization trends annually to monitor whether or not families shift to accessing accredited licensed and registered child care homes and facilities when their out-of-pocket cost for such care is lowered.

The Department will continue to evaluate the feasibility of implementing technical assistance services to increase the number of child care facilities that complete the accreditation process for both National Association for the Education for Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA).

The Department facilitated and supported two (2) child care homes to complete National Association for Family Child Care (NAFCC) accreditation. The Department also facilitated and supported two (2) child care homes in completing the renewal of their NAFCC accreditation. The pilot project going into their 5th year looked at strategies to provide opportunities to registered family child care homes on the Neighbor Islands as well.

The Department raised the child care payment rates for group care and NAEYC and NECPA accredited centers. The Department also established higher payment rates for family child care homes that are accredited by NAFCC when the Department adopts administrative rules to fully implement the remaining requirements for the Child Care and Development Block Grant.

The Department also established decreased family co-payments for all families receiving child care subsidies and waives a portion of the family's co-payment when at least one subsidy child between the ages of birth to kindergarten entry is attending a licensed group care facility or early childhood nationally accredited facility.

The increased child care payment rates and future decreased family co-payments will allow Hawaii's working families who are struggling to make ends meet have the opportunity to afford quality child care and promote continuity and stability of care and increase school readiness for Hawaii's most vulnerable children.

1. The Hawaii Department of Human Services provides technical assistance services to increase the number of child care that complete the accreditation process for NAFCC and continue to explore the feasibility of support centers pursue and obtain NAEYC or NECPA accreditation;
2. The Hawaii Department of Human Services provides a higher child care subsidy amount to families due to increased payment rates and lowered family co-payments;

3. Number of child care referral services provided by child care resource and referral agency;
4. Number of unduplicated persons receiving child care referral services provided by child care resource and referral agency;
5. Number of unduplicated persons finding child care as a result of child referral services provided by child care resource and referral agency;
6. Number of referrals to other types of resources or services needed provided by child care resource and referral agency.

Goal 2: Ensuring the health, safety, and welfare of children in licensed and registered child care homes and facilities and in legally exempt, non-relative care for children.

Hawaii obtained statutory authority to subject legally exempt child care providers caring for children whose families are receiving child care subsidies to health and safety standards. For federal fiscal year 2020, Hawaii's children were cared for by 428 legally exempt, non-relative child care providers, the majority of which are home-based providers. Hawaii is an outlier for the proportion of children receiving care by a relative in their home (Administration for Children and Families, Office of Child Care, CCDF Data table 6, FY2009-2019).

Implementing health and safety monitoring inspections of such legally exempt, non-relative child care providers presents a significant change for child care licensing staff by nearly doubling the number of child care providers that licensing staff need to cover, in addition to completing the additional background check requirements. Monitoring of legally exempt, non-relative child care providers requires additional training and support for the licensing staff as they transition into the legally exempt sector. The Department will continue to assess the workload and caseload ratio for licensing staff after implementation of the monitoring requirements for legally exempt child care providers caring for children whose families are receiving CCDF subsidies. The Department's priority is to ensure the health, safety and well-being of children in care with licensed, registered, and legally exempt providers through on-going monitoring inspections, completion of background checks, and supporting providers in meeting the minimum standards for health and safety for legally exempt providers caring for children whose families are receiving CCDF subsidies as well as for licensed and registered child care providers.

1. Number of licensed and registered child care homes and facilities were provided training services;
2. Number of legally exempt providers caring for children whose families receive CCDF subsidies received health and safety training guidebooks;
3. Number of licensed and registered child care homes and facilities received health and

- safety training guidebooks;
4. Number of children served by the licensed and registered child care homes and facilities receiving training services;
 5. Number of subsidy children served by the legally exempt provider caring for children whose families receive CCDF subsidies;
 6. Number of licensed and registered child care homes and facilities receiving health consultation services;
 7. Number of licensed and registered child care homes and facilities receiving menu reviews;
 8. Number of licensed child care facilities inspected annually;
 9. Number of legally exempt providers caring for children whose families receive CCDF subsidies inspected annually; and
 10. Number of background checks completed annually.

Goal 3: Improving the quality of child care, wherever children are, by providing resources and supports for licensed and registered child care providers and for legally exempt providers caring for children whose families are receiving CCDF subsidies.

The Department is interested in continuing to support child care providers in improving the quality of care provided to children and offers a variety of services for Hawaii's child care providers, including licensed, registered, and legally exempt caring for CCDF subsidy children. The Hawaii Department of Human Services continues to review existing services being provided as well as considering additional services and needs that may be needed.

1. Number of registered family child care providers and child care staff that receive scholarship funds from the Department;
2. Number of registered family child care providers and child care staff that receive a post-secondary degree or Child Development Associate through the scholarship funds from the Department;
3. Number of legally exempt child care providers caring for children whose families are receiving subsidies that are visited and meet minimum health and safety requirements; and
4. Number of children whose families are receiving CCDF subsidies who attend an accredited child care facility or home.

Existing contracted services provided by the Department are:

1. Services to provide training and scholarship services to promote on-going professional development opportunities to support quality child care settings to interested persons,

including parents and caregivers for a nominal cost that covers 12 separate series and 111 classes. The trainings include information about research and best practices in child development. The contractor and the Department are exploring ways to make community-based child care training more accessible to all child care providers statewide. Hawaii is made up of 6 primary islands, and there are local community needs and transportation issues. On-line training has been a great help to those providers who reside in areas that are not easily accessible or who lack adequate transportation. Scholarships are provided for post-secondary education coursework to individuals working in the child care sector or not yet entered and pursuing their post-secondary degrees in Early Childhood Education to promote qualified staff and retention of staff through a career pathway.

2. Services to provide infant and toddler training that meets the requirements of initial 30 hours and an additional 15 hours of training in infant and toddler development needed within 2 years for staff employed at licensed infant and toddler centers. The goals of this service is to increase the availability of infant and toddler care settings by increasing the pool of qualified infant and toddler center staff who are appropriately trained to care for infants and toddlers and increase the quality of care in early childhood settings by providing training which increases the knowledge and expertise of caregivers who work with infants and toddlers.
3. Health consultation services, which trains community-based medical professionals so that they can be health consultants for licensed child care facilities, and provides trainings throughout the year to licensed and registered child care providers about current issues or new research-based practices affecting the child care sector, such as emergency preparedness, resiliency, toxic stress, and infectious diseases. As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the health consultation program and community public health offices.
4. Nutrition training and menu review program, which provides community-based nutrition training for licensed and registered child care homes and facilities as well as menu review services for child care programs that are not participating in the Child and Adult Care Food Program (CACFP). As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the nutrition training and menu review program.
5. The Department contracts for services to provide educational outreach services, technical assistance, and resources to promote quality of care for subsidy families utilizing legally exempt friend, family, and neighbor (FFN) care and their child care providers as well as registered family child care providers. The contractor sends monthly informational packets to home-based child care providers and subsidy families. The packets provide information about latest research based best practices in child development and care. The contractor also provides home learning activity ideas and reflection surveys that can be returned to the contractor. The provider or family will receive a children book to keep, for each completed and returned reflection survey.

The monthly newsletters are posted on the contractor's website. In addition, the contractor has developed the initial health and safety training guidebook that is being used for all licensed and registered child care homes and facilities, as well as to legally exempt providers caring for children whose families receive CCDF subsidies. The guidebook was translated in 11 additional languages besides English. The 11 translated languages are Chinese, Chuukese, Hawaiian, Ilocano, Japanese, Korean, Marshallese, Samoan, Spanish, Tagalog, and Vietnamese. The contractor is currently operating a small pilot project to provide facilitation and support for registered Family Child Care (FCC) providers to complete the National Association for Family Child Care (NAFCC) accreditation. The pilot project provides technical assistance, educational outreach services, and resources with the aim of increasing their expectations and efforts to provide quality care that fosters children's early learning, school-readiness, and healthy development. The NAFCC Accreditation Facilitation Project supports FCC providers in achieving higher quality by offering monthly training sessions, home visits, observations, and one-to-one coaching sessions as they move towards becoming accredited. The project continues to look for ways to expand to provide support to family child care homes on the Neighbor Islands.

6. The Department contracts for the Child Care Provider Registry services which has standardized the review and evaluation of qualifications for education and experience for staff at licensed infant and toddler centers, group child care centers, and group child care homes. Additional services that may be considered by the Department: mental health consultation and technical assistance support services to promote children's social-emotional health; an infant-toddler specialist network to support providers caring for infants and toddlers; piloting home-visitation service model to exempt home-based providers who are friend, family, or neighbor (FFN) and care for children whose families receive child care subsidy payments from the Department; a professional development entity to provide a comprehensive cross-sector calendar of available professional development opportunities throughout the state that can be accessed by the child care workforce; development of a quality assurance process for reviewing community-based early childhood/child care training and trainers to support the child care workforce in its work with children; technical assistance and support services for providers seeking or maintaining national accreditation through NAEYC, NECPA, and NAFCC to promote families' access to high quality care; considerations for partnering with the Department of Education on the development of professional development opportunities to meet the on-going training requirements for school-age specific providers (home-based and center-based); and other quality improvement opportunities that may arise.

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:
- 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:
- 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:
- 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:
- 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:

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:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

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:

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:

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.
- 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?

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:

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:

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:

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.

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:

The Hawaii Department of Human Services contracts with a private agency to provide one (1) infant and toddler child care center for teen parents enrolled in/attending high schools located on the island of Hawaii. The center provides care for children ages 6 weeks to 3 years old, and the teen parents must be participating in the Department of Education's (DOE) Reality and Dual Role Skills (GRADS) program or alternate on-campus program that provides educational and parenting support services for pregnant and parenting teens. This childcare service enables them to continue their high school education with a goal of graduation and to learn life skills and child development skills as appropriate parents to ensure a healthy and safe environment for their child. The staff of these high schools select motivated students and refer them to the GRADS program and the child care program. The students' attendance and grades are monitored by the DOE and contracted agency's staff. Participation in the child care program activities is expected. The teen parents sign a contract with respect to enrollment and participation in this service. Violation of their personal contracts dismisses them from using the child care service. The service is available when the public schools are in session. The DOE and contracted agency track the number of teen parents enrolled in the program who were promoted to the next grade or graduated high school.

The Hawaii Department of Human Services of Human Services will continue to work with the DOE and the Executive Office on Early Learning to determine the feasibility of DOE opening additional infant and toddler child care center for teen parents enrolled in/attending high schools at other DOE high school campuses statewide.

- 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:

The Department's contractor provides quarterly networking for a small community based center. The contractor will begin rolling out network sessions for family child care providers during the FYE 2022.

- 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:

The Hawaii Department of Human Services of Human Services contracts with a private agency to provide infant and toddler training that meets the requirements of initial 30 hours and an additional 15 hours of training in infant and toddler development needed within 2 years for staff employed at licensed infant and toddler centers. The training is available to family child care providers as well. The goals of this service are to increase the availability of infant and toddler care settings by increasing the pool of qualified infant and toddler center staff who are appropriately trained to care for infants and toddlers and increase the quality of care in early childhood settings by providing training which increases the knowledge and expertise of caregivers who work with infants and toddlers.

The Hawaii Department of Human Services of Human Services contracts with

Windward Community College to provide educational outreach services and resources to registered Home Based Family Child Care providers, also known as FCC providers, with the aim of increasing their expectations and efforts to provide quality care that fosters children's early learning, school-readiness, and healthy development, including technical assistance to support registered FCC providers in providing quality child care and promoting accreditation by the National Association for Family Child Care (NAFCC). The contract's NAFCC Accreditation Facilitation Project supports providers in achieving higher quality by offering monthly training sessions, home visits, observations, and one-to-one coaching sessions as they move towards becoming accredited.

- 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:

N/A

- 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:

N/A

- 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:

N/A

- 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:

Hawaii Department of Human Services included safe sleep requirements within its administrative requirements for licensed infant and toddler centers and registered family child care homes that cover maintaining policies, annual training, sleep environment, and sleep positioning of children under 12 months of age who are in care.

- 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:

N/A

- 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:

N/A

- 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:

N/A

- 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:

The Hawaii Department of Human Services is in discussions with Department of Health in partnering to provide support in health consultation services which could tap into available community training programs.

- 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:

N/A

- 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:

N/A

- 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:

N/A

- 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.

As part of the contract service provider's contract, a quarterly activity report is due that collects data. The data for each contract varies dependent of the type of service being provided. Examples of data collected are:

1. The number of children served by the child care centers on or near the Department of Education public high school campuses.
2. The number of teens that are promoted to the next grade level or graduate from high school.
3. The number of family child care providers or employees of licensed infant and toddler centers that are trained through the infant and toddler training contractor.
4. The number of infant and toddler age children served in programs operated by the participating trainees.
5. The number of registered family child care homes and licensed infant and toddler centers adhering to the safe sleep requirements.
6. The number of individuals who have taken Safe Sleep Training.
7. The number of children whose families are receiving CCDF subsidies who are less than 12 months of age and are being cared for by a legally exempt child care provider.
8. The number of family child care providers that receive National Association for Family Child Care (NAFCC) accreditation.
9. The number of individuals that have completed the initial Health and Safety Assessment.
10. The number of individuals that have completed their required on-going Health and Safety Assessment.

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?

The statewide child care resource and referral agency provides in-person services on the islands with the majority of the population (Hawaii island, Maui, Oahu, and Kauai) and provide telephone consultation services for the islands of Molokai and Lanai.

The following services are provided by the contracted agency:

1. Maintain and update a comprehensive resource database listing of child care services, licensed and registered child care homes and facilities, and assistance and child care subsidy programs in the communities;
2. Offer a child care referral service which actively responds to parental request for child care information including children with special needs (including information about Part B and Part C programs of the Individuals with Disabilities Education Act);
3. Provide listing of licensed and registered child care homes and facilities upon request from the public, including such providers, if any, who may provide non-traditional hours of care;
4. Document and tabulate the information regarding the supply and demand for child care services in communities;
5. Provide information on how to access professional development opportunities, including child care conferences, educational training, classes and workshops in the community, for existing and prospective child care providers as well as parents and other community members;
6. Promote public awareness of the importance of child care issues such as availability, affordability, and quality of child care services;
7. Aid employers in identifying and meeting the child care needs of employees;
8. Provide written materials to support child care resource and referral services to families, child care providers and the community;
9. Provide outreach, survey and marketing work to promote any new DHS childcare initiatives;

10. Provide support through telephone, email, or face-to-face for public users of the websites maintained by DHS that are available to the public that provides consumers information about licensed and registered child care providers; and
11. Assist parents, including parents eligible to receive child care subsidies from the Department, and consumers through telephone, email, or face-to-face to find, select, and maintain quality child care arrangements by helping them understand and evaluate child care options.

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 contracted service provider, as stipulated in their contract, is required to report on the following outcomes that outlines the proposed annual goal of 90-100% to correspond with the number of individuals served to ensure:

1. Number of families or individuals whose need for child care needs were met through the R/R services;
2. Number of eligible subsidy families provided consumer education services at time of subsidy intake interview who requested R/R services;
3. Number of families or individuals whose need for information on various programs were met;
4. Number of families or individuals whose need form information on IDEA were met;
5. Number of families or individuals whose need for information on child care assistance were met;
6. Number of child care providers that attended networking events hosted by the provider;
7. Number of prospective providers provided child care information and referral services;
8. Number of prospective providers provided information and referred to family child care recruitment program;
9. Number of child care providers and child care staff Statewide shall have received the requested child care information and referral services regarding he provider support/development activities;
10. Number of child care referral services provided by child care resource and referral agency;
11. Number of unduplicated persons receiving child care referral services provided by child care resource and referral agency;
12. Number of unduplicated persons finding child care because of child referral services provided by child care resource and referral agency; and
13. Number of referrals to other types of resources or services needed provided by child care resource and referral agency.

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:

The Hawaii Department of Human Services contracts with a private agency through the training services to actively recruit family child care homes in the efforts to meet the child care needs of Hawaii's families. These potential family child care providers are offered a series of courses to help prepare them for the field of child care. To reach out and increase recruitment of potential child care providers, the agency makes follow up calls, home visits and pre-licensing home visits promptly.

The Hawaii Department of Human Services is interested in continuing to support child care providers in improving the quality of care provided to children and offers a variety of services for Hawaii's child care providers, including licensed, registered, and legally exempt caring for CCDF subsidy children. The Hawaii Department of Human Services will continue to review existing services being provided as well as considering additional services and needs that may be needed.

Existing contracted services provided by the Hawaii Department of Human Services and partnerships that have been built are:

1. Services to provide training services to promote on-going professional development opportunities to support quality child care settings to interested persons, including parents and caregivers for a nominal cost that covers 12 separate series and 111 classes. The trainings include information about research and best practices in child development. The contractor and the Hawaii Department of Human Services are exploring ways to make community-based child care training more accessible to all child care providers statewide. Hawaii is made up of 6 primary islands, and there are local community needs and transportation issues. On-line training has been a great help to those providers who reside in areas that are not easily accessible or who lack adequate transportation.
2. Services to provide scholarships to promote on-going professional development for post-secondary education coursework to individuals working in the child care sector or not yet entered and pursuing their post-secondary degrees in Early Childhood Education to promote qualified staff and retention of staff through a career pathway.
3. Nutrition training and menu review program, which provides community-based nutrition training for licensed and registered child care homes and facilities as well as menu review services for child care programs that are not participating in the Child and Adult Care Food Program (CACFP). As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the nutrition training and menu review program.
4. The Hawaii Department of Human Services contracts for services to provide educational outreach services, technical assistance, and resources to promote quality of care for subsidy families utilizing legally exempt friend, family, and neighbor (FFN) care and their child care providers as well as registered family child care providers. The contractor sends monthly informational packets to home-based child care providers and subsidy families. The packets provide the providers and families with information about research-based best practices in child development and care. The contractor also provides home-learning activity ideas and reflection surveys that can be returned to the contractor. The provider or family will receive a children's book to keep, for each completed and returned reflection survey. The monthly newsletters are also posted on the contractor's website. The contractor also developed the health and safety training guidebook that is being used for the initial training content for all licensed and registered child care homes and facilities as well as legally exempt providers caring for children whose families receive CCDF subsidies. The guidebook was translated in 11 additional languages besides English. The 11 translated languages are Chinese, Chuukese, Hawaiian, Ilocano, Japanese, Korean, Marshallese, Samoan, Spanish, Tagalog, and Vietnamese.
5. Services to provide infant and toddler training that meets the requirements of initial 30 hours and an additional 15 hours of training in infant and toddler development needed within 2 years for staff employed at licensed infant and toddler centers. The goals of this service is to increase the availability of infant and toddler care settings by increasing the pool of qualified infant and toddler center staff who are appropriately

trained to care for infants and toddlers and increase the quality of care in early childhood settings by providing training which increases the knowledge and expertise of caregivers who work with infants and toddlers.

6. The Department has standardized the evaluation of staff qualifications for education and experience through a statewide contracted service for the Department's Child Care Provider Registry. Staff employed at licensed infant and toddler centers, group child care centers, and group child care homes are required to submit their education and experience qualifications to the registry service to determine which position(s) the individual is qualified to fill at a licensed infant and toddler center, group child care center, or group child care home. Registered family child care home operators and legally exempt child care providers caring for children whose families are receiving CCDF subsidies are not required to participate in the Child Care Provider Registry.

7. The Department included safe sleep requirements within its administrative requirements for licensed infant and toddler centers and registered family child care homes that cover maintaining policies, annual training, sleep environment, and sleep positioning of children under 12 months of age who are in care. The Hawaii Department of Human Services is partnering with the Safe Sleep Hawaii coalition of stakeholders which has established a review panel and is developing criteria that will be used for review and recommendation of available safe sleep trainings that may be approved by the Department to meet the initial and annual safe sleep training requirements that providers, caregivers, staff, volunteers, and household members must complete.

8. The Hawaii Department of Human Services has partnered and collaborated with the Department of Health on strategies to improve coordination of public health information dissemination or health services for child care providers or children in child care. Activities that have resulted from the partnerships include coordinated outreach to child care providers about:
 - Changes to administrative requirements for tuberculosis health clearances for child care providers and children in child care;
 - Communicable diseases, including dengue, zika, chikungunya, rat lungworm, measles, and mumps;
 - Changes to administrative requirements for obtaining food establishment permits and allowable exemptions;
 - Tools and activities to support children's nutritional and physical development;
 - Professional development opportunities for supporting children's social-emotional development; and
 - Information about safe sleep practices that are required for regulated child care providers and why it is important to ensure that children sleep safe each and every

time. Informational brochures for parents were developed in collaboration with the Department of Health (DOH) and distribution for a community-wide effort is being coordinated by the DOH.

9. Ensuring that compliance history information, including inspection visit reports, substantiated complaints, and deficiencies and corrective actions taken by the provider and the Department are posted on the consumer education website.

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:

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.

1. Number of licensed and registered child care homes and facilities were provided training services;
2. Number of legally exempt providers caring for children whose families receive CCDF subsidies received health and safety training guidebooks;
3. Number of licensed and registered child care homes and facilities received health and safety training guidebooks;
4. Number of children served by the licensed and registered child care homes and facilities receiving training services;
5. Number of subsidy children served by the legally exempt provider caring for children whose families receive CCDF subsidies; and

6. Number of licensed and registered child care homes and facilities receiving menu reviews.

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.

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.

1. Number of registered family child care providers and child care staff that receive scholarship funds from the Department;
2. Number of registered family child care providers and child care staff that receive a post-secondary degree or Child Development Associate through the scholarship funds from the Department;
3. Number of legally exempt child care providers caring for children whose families are receiving subsidies that are visited and meet minimum health and safety requirements; and
4. Number of children whose families are receiving CCDF subsidies who attend an accredited child care facility or home.

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:

The Hawaii Department of Human Services provides a higher child care payment rate for licensed centers that are nationally accredited by the National Association for the Education for Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA). The Hawaii Department of Human Services will implement a higher child care payment rate for registered family child care homes and group child care homes that are nationally accredited by the National Association for Family Child Care (NAFCC) when the Department adopts revised administrative rules for implementation of the remaining Child Care and Development Block Grant requirements.

The Department contracts with the Windward Community College to provide a pilot program for educational outreach services and resources to registered home-based Family Child Care providers, also known as FCC providers, with the aim of increasing their expectations and efforts to provide quality care that fosters children's early learning, school-readiness, and healthy development, including technical assistance to support registered FCC providers in providing quality child care and promoting

accreditation by the National Association for Family Child Care (NAFCC). The contract's NAFCC Accreditation Facilitation Project supports FCC providers in achieving higher quality by offering monthly training sessions, home visits, observations, and one-to-one coaching sessions as they move towards becoming accredited. The project continues to look for ways to expand to provide support to family child care homes on the Neighbor Islands.

The Department will seek information and input to consider a pilot project for supporting National Association for the Education for Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA) accreditation for center-based programs.

- 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.

1. Number of licensed child care facilities becoming accredited by the National Association for the Education for Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA); and
2. Number of registered family child care homes and group child care homes that become accredited by the National Accreditation for Family Child Care (NAFCC).

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

The Hawaii Department of Human Services collaborates with the Hawaii Department of Health, including the Early Intervention Services Section in supporting child care providers with health consultation services. As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the health consultation program and community public health offices.

The Department contracts for nutrition training and menu review program, which provides community-based nutrition training for licensed and registered child care homes and facilities as well as menu review services for child care programs that are not participating in the Child and Adult Care Food Program (CACFP). As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the nutrition training and menu review program.

The Department contracts for services to provide educational outreach services,

technical assistance, and resources to promote quality of care for subsidy families utilizing legally exempt friend, family, and neighbor (FFN) care and their child care providers as well as registered family child care providers. The contractor sends monthly informational packets to home-based child care providers and subsidy families. The packets provide information about latest research based best practices in child development and care. The contractor also provides home learning activity ideas and reflection surveys that can be returned to the contractor. The provider or family will receive a children's book to keep, for each completed and returned reflection survey. The monthly newsletters are posted on the contractor's website. In addition, the contractor has developed the initial health and safety training guidebook that is being used for all licensed and registered child care homes and facilities, as well as to legally exempt providers caring for children whose families receive CCDF subsidies. The guidebook was translated in 11 additional languages besides English. The 11 translated languages are Chinese, Chuukese, Hawaiian, Ilocano, Japanese, Korean, Marshallese, Samoan, Spanish, Tagalog, and Vietnamese. The contractor is currently operating a small pilot project to provide facilitation and support for registered Family Child Care (FCC) providers to complete the National Association for Family Child Care (NAFCC) accreditation. The pilot project provides technical assistance, educational outreach services, and resources with the aim of increasing their expectations and efforts to provide quality care that fosters children's early learning, school-readiness, and healthy development. The NAFCC Accreditation Facilitation Project supports FCC providers in achieving higher quality by offering monthly training sessions, home visits, observations, and one-to-one coaching sessions as they move towards becoming accredited. The project continues to look for ways to expand to provide support to family child care homes on the Neighbor Islands.

The Department contracts for services to provide training and scholarship services to promote on-going professional development opportunities to support quality child care settings to interested persons, including parents and caregivers for a nominal cost that covers 12 separate series and 111 classes. The trainings include information about research and best practices in child development. The contractor and the Department continue to explore ways to make community-based child care training more accessible to all child care providers statewide. Hawaii is made up of six (6) primary islands, and there are local community needs and transportation issues. On-line training has been a great help to those providers who reside in areas that are not easily accessible or who

lack adequate transportation. Scholarships are provided for post-secondary education coursework to individuals working in the child care sector or not yet entered and pursuing their post-secondary degrees in Early Childhood Education or obtaining a Child Development Associate to promote qualified staff and retention of staff through a career pathway.

The Department contracts for infant and toddler training that meets the requirements of initial 30 hours and an additional 15 hours of training in infant and toddler development needed within two (2) years for staff employed at licensed infant and toddler centers. The goals of this service is to increase the availability of infant and toddler care settings by increasing the pool of qualified infant and toddler center staff who are appropriately trained to care for infants and toddlers and increase the quality of care in early childhood settings by providing training which increases the knowledge and expertise of caregivers who work with infants and toddlers.

The Attitude, Skills, and Knowledge (ASK) core competencies for center-based child care program were adopted in 2000 and are utilized by the Department's Child Care Provider Registry, which has standardized the review and evaluation of qualifications for education and experience for staff at licensed infant and toddler centers, group child care centers, and group child care homes. The Department will continue to work with early childhood stakeholders from the Department's Child Care Advisory Committee and the community-based collaborative workgroup of 27 agencies, organizations and State Departments that are interested in having a workgroup update the core competencies for center-based staff and formalizing core competencies for home-based child care providers that can be adopted by the Hawaii Department of Human Services which will align with the Department's child care licensing and registration requirements and can be utilized in the Department's Child Care Registry contracted agency.

b. Preschoolers

The Hawaii Department of Human Services collaborates with the Hawaii Department of Health, including the Early Intervention Services Section in supporting child care providers with health consultation services. As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the health consultation program and community public health offices.

The Department contracts for nutrition training and menu review program, which provides community-based nutrition training for licensed and registered child care homes and facilities as well as menu review services for child care programs that are not participating in the Child and Adult Care Food Program (CACFP). As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the nutrition training and menu review program.

The Department contracts for services to provide educational outreach services, technical assistance, and resources to promote quality of care for subsidy families utilizing legally exempt friend, family, and neighbor (FFN) care and their child care providers as well as registered family child care providers. The contractor sends monthly informational packets to home-based child care providers and subsidy families, and the packets provide the providers and families with information about research and best practices in child development. The contractor also provides activity sheets and reflection surveys that can be returned to the contractor and the provider or family will receive children's books to keep. The contractor also posts the newsletters on their website. The contractor is also developed the initial health and safety training guidebook that is being used for all licensed and registered child care homes and facilities as well as legally exempt providers caring for children whose families receive CCDF subsidies. The guidebook was translated in 11 additional languages besides English. The 11 translated languages are Chinese, Chuukese, Hawaiian, Ilocano, Japanese, Korean, Marshallese, Samoan, Spanish, Tagalog, and Vietnamese. The contractor is currently operating a small pilot project to provide facilitation and support for child care homes to complete National Association for Family Child Care (NAFCC) accreditation. The pilot project provides educational outreach services and resources to registered home-based Family Child Care providers, also known as FCC providers, with the aim of increasing their expectations and efforts to provide quality care that fosters children's early learning, school-readiness, and healthy development, including technical assistance to support registered FCC providers in providing quality child care and promoting accreditation by the National Association for Family Child Care (NAFCC). The contract's NAFCC Accreditation Facilitation Project supports FCC providers in achieving higher quality by offering monthly training sessions, home visits, observations, and one-to-one coaching sessions as they move towards becoming accredited. The project continues to look for

ways to expand to provide support to family child care homes on the Neighbor Islands.

The Department contracts for services to provide training and scholarship services to promote on-going professional development opportunities to support quality child care settings to interested persons, including parents and caregivers for a nominal cost that covers 12 separate series and 111 classes. The trainings include information about research and best practices in child development. The contractor and the Department continue to explore ways to make community-based child care training more accessible to all child care providers statewide. Hawaii is made up of six (6) primary islands, and there are local community needs and transportation issues. On-line training has been a great help to those providers who reside in areas that are not easily accessible or who lack adequate transportation. Scholarships are provided for post-secondary education coursework to individuals working in the child care sector or not yet entered and pursuing their post-secondary degrees in Early Childhood Education or obtaining a Child Development Associate to promote qualified staff and retention of staff through a career pathway.

The Attitude, Skills, and Knowledge (ASK) core competencies for center-based child care program were adopted in 2000 and are utilized by the Department's Child Care Provider Registry, which has standardized the review and evaluation of qualifications for education and experience for staff at licensed infant and toddler centers, group child care centers, and group child care homes. The Department will continue to work with early childhood stakeholders from the Department's Child Care Advisory Committee and the community-based collaborative workgroup of 27 agencies, organizations and State Departments that are interested in having a workgroup update the core competencies for center-based staff and formalizing core competencies for home-based child care providers that can be adopted by the Hawaii Department of Human Services which will align with the Department's child care licensing and registration requirements and can be utilized in the Department's Child Care Registry contracted agency.

[c. and/or School-age children.](#)

The Hawaii Department of Human Services is considering opportunities to collaborate and partner with the Department of Education (DOE) on the development of professional development curricula and providing school-age specific providers (home-based and center-based) sustainable, on-going professional development modules to meet the on-

going training requirements for CCDF. The DOE is in the process of adopting the quality guidelines for school-age programs developed by the Hawaii Afterschool Alliance. <https://www.hawaiiafterschoolalliance.org/quality-guidelines.html>. The guidelines will be used by the DOE for its Out of School Time programs for 21st Century Community Learning Centers, UPLINK and REACH programs at middle schools throughout the state, and the A-Plus programs at elementary schools statewide.

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.

The priority of the Hawaii Department of Human Services is to ensure the health, safety and well-being of children in care with licensed, registered, and legally exempt providers through on-going monitoring inspections, completion of background checks as appropriate to the provider type, and establishing minimum standards for health and safety for legally exempt providers caring for children whose families are receiving CCDF subsidies.

1. Number of licensed child care facilities inspected annually;
2. Number of legally exempt providers caring for children whose families receive CCDF subsidies inspected annually; and
3. Number of background checks completed annually.

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:

The Hawaii Department of Human Services is currently working to enhance the consumer education public website.

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:

Monitoring activities include the review of quarterly reports and monthly invoices by the Department's Child Care Program Specialists assigned to oversee the contract to ensure timely payments to providers.

- b. Fiscal oversight of grants and contracts

Describe:

The Department's Child Care Program Administrator and the Child Care Program Specialist assigned to oversee and monitor the contract or grant conducts reviews and processes payments to contractors upon receipt of original invoices verifying costs and expenditures align with the approved budget. Quarterly activity reports are submitted by contractors. If necessary, payment may be withheld until receipt of the quarterly report. Annual reports are submitted by contractors and the final payment will not be processed without receipt of the annual report, even if an invoice has been received. Program Specialist reviews quarterly and annual reports and may cross-check the reports to ensure accuracy of data reporting. If inconsistencies are noted, Program Specialist follows up with contractors for clarification and/or correction. Program Specialist also tracks payments issued to contractors to ensure that aggregate payments do not exceed the contract maximum amount at the end of the fiscal year. Meetings may occur when there are any concerns or questions, as well as for status updates about the scope of services specifications for a contract. Contractors must submit copies of their annual audit reports to the Program Specialist; the Department's Financial Evaluation office will conduct reviews if the contractors do not have an annual audit completed or for any contract services where an additional review is needed.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

Budgets are received, reviewed, and approved by the Department for each contract year with all budget line items having justification; monthly or quarterly invoice and expenditure reports are reviewed against the approved budget and requests for budget amendments are approved by the Department; monthly or quarterly activity reports and year end reports are reviewed.

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:

b. Establish checks and balances to ensure program integrity

Describe:

Child care subsidy case managers and supervisors who have authority to authorize child care subsidy benefits are not able to issue Electronic Benefit Transfer (EBT) cards to subsidy families. Administrative support staff who do not have authority to authorize child care subsidy benefits are the persons allowed to verify and issue EBT cards for subsidy families.

The Department runs system reports that flag potential errors or high risk actions and/or collects cumulative data for monthly review.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The Department's Research Office runs a monthly extract to identify a list of cases to be reviewed by the Unit Supervisor or designated Quality Assurance (QA) staff. The

Unit Supervisor or QA staff ensures that appropriate and complete documentation is on file verifying the administrative rules were applied when determining child care eligibility. If any errors are found, they make corrective action recommendations and provide staff a deadline to resolve the error.

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:

The Department sends letters directly to all licensed and registered child care providers regarding any changes in regulatory requirements or child care payment rate changes. For legally exempt home-based child care providers that care for children whose families receive a child care subsidy, information is mailed to the child care subsidy client/parent, so they are informed of policy changes. The client is responsible for sharing the information with their exempt home-based child care provider.

ii. Issue policy manual.

Describe:

iii. Provide orientations.

Describe:

iv. Provide training.

Describe:

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The Department's licensing staff is responsible for monitoring health and safety requirements and keeping providers up to date on an ongoing basis. The Department relays information about subsidy policy changes and other CCDF policy implementation to the provider through the parent.

vi. Meet regularly regarding the implementation of policies.

Describe:

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:

The Department's Child Care Program Office in the Benefit, Employment and Support Services Division (BESSD) is responsible for policy development and administrative direction for the Department's Child Care Subsidy program, Child Care Licensing program, and quality initiatives, including contracted services to support quality care. The Child Care Program notifies child care licensing staff and child care subsidy staff when any policy clarifications or updated procedures or forms are issued. When there are policy clarifications or updated procedures or forms issued by Child Care Program, the Department's Staff Development Office incorporates those updates into the standardized training on the Department's child care licensing and subsidy policies, procedures, and the IT data system. The Child Care Program posts a headline and an electronic copy of the policy clarification on the BESSD SharePoint internal website that child care licensing and child care

subsidy staff are instructed to check daily for new posted information. The Child Care Program also issues email reminders to Unit Supervisors and conducts meetings as needed to review the policy clarifications.

ii. [Train on policy change notices.](#)

[Describe:](#)

The Staff Development Office (SDO) develops and conducts training for the Department's Benefit, Employment and Support Services Division and provides training on policy change notices: The Department's child care subsidy policies, procedures, and the IT data system for new staff and refresher training for existing staff; The Department's child care licensing policies, procedures, and the IT data system for child care licensing staff (new and existing staff) who monitor licensed and registered child care providers, as well as legally exempt providers caring for children whose families receive child care subsidy payments from the Department, once implemented by the Department.

iii. [Issue policy manuals.](#)

[Describe:](#)

iv. [Train on policy manual.](#)

[Describe:](#)

The Department's Staff Development Office:

1. Trains staff members on child care subsidy and licensing policies, procedures, and the IT data system.
2. Develops and conducts training for the Department's Benefit, Employment and Support Services Division and
3. Provides training on policy change notices:
 - The Department's child care subsidy policies, procedures, and the IT data system for new staff and refresher training for existing staff.
 - The Department's child care licensing policies, procedures, and the IT data system for child care licensing staff (new and existing staff) who monitor licensed and registered child care providers, as well as legally exempt providers caring for children whose families receive child care subsidy payments from the Department, once implemented by the Department.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The Hawaii Department of Human Services conducts on-going monitoring of the child care licensing and child care subsidy contracted services by the Program Specialist with the Department's Child Care Program Office as well as guidance requested from the child care licensing staff and child care subsidy staff regarding existing policies or procedures or clarifications issued. The non-TANF child care subsidy cases are contracted to a private organization. The Department's contract requires that the contracted organization implements procedures to monitor administrative and program operations, fiscal administration, and costs for compliance with all requirements. The quality assurance plan shall also provide for procedures to determine whether the target group receives consistent, high quality services. The quality assurance plan shall also identify roles and responsibilities for on-going monitoring. The outcome performance measures for the non-TANF child care subsidy contract document has benchmarks of 90% for completing eligibility determination for the family's application for non-TANF child care subsidy payments; 90% of on-going non-TANF child care subsidy cases are processed and completed with correct child care benefit amount issued; and 90% of total non-TANF child care cases have all of the required forms, verification, and documentation to determine eligibility and correct child care benefit amount issued. The contracted organization conducts on-going QA reviews of cases randomly selected by the Department each month and the contracted organization completes the reviews and submits their status reports monthly. The Program Specialists who conduct case reviews or the Program Specialist that monitors the contract may review the results submitted by the contractor.

vi. Meet regularly regarding the implementation of policies.

Describe:

The Department's Child Care Program Office in the Benefit, Employment and Support Services Division (BESSD) hosts statewide quarterly meetings for both the Child Care Subsidy and the Child Care Licensing programs. These quarterly meetings allow for active discussion about policy clarifications and feedback from the staff.

vii. Other.

Describe:

On-going quality assurance reviews of the child care licensing records and child care subsidy cases by the Supervisors, Section Administrators, the contractor's quality assurance staff, the Program Specialists with the TANF Program Office and Child Care Program Office through on-going monitoring of the (contracted) services.

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The Department has an internal auditor to provide guidance and assistance in regard to internal control activities. The audit is conducted annually.

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:

- 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:

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The Department's Research Office runs a monthly extract to identify a list of cases to be reviewed by the Unit Supervisor or designated Quality Assurance staff. Approximately 500 to 2000 cases are reviewed annually by the TANF work participation staff and non-TANF child care subsidy staff, respectively. Results are submitted monthly on the audit findings. These audit findings may result in additional policy clarifications by the Child Care Program office. When there are policy clarifications or updated procedures or forms issued by Child Care Program, the material is covered during the Quarterly Child Care Supervisor's meeting.

During the last improper payment review period a cover sheet with the audit findings were provided to staff to respond to identified errors and to provide corrective action.

- v. Audit provider records.

Describe the activities and the results of these activities:

- vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Department's Staff Development Office trains staff members on child care subsidy and licensing policies, procedures, and the IT data system. Standardized training allows for consistent application of child care policies and procedures which applies to both new staff and refresher training for existing staff resulting in minimal child care payment 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:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Department's Child Care Program Office reviews monthly system reports that identifies possible overpayments which are then referred to the investigative team. The findings may result in additional policy clarifications and system modifications to support benefit edits.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The Department's Research Office runs a monthly extract to identify a list of cases to be reviewed by the Unit Supervisor or designated Quality Assurance staff. Approximately 500 to 2000 cases are reviewed annually by the TANF work

participation staff and non-TANF child care subsidy staff, respectively. Results are submitted monthly on the audit findings. These audit findings may result in additional policy clarifications by the Child Care Program office. When there are policy clarifications or updated procedures or forms issued by Child Care Program, the material is covered during the Quarterly Child Care Supervisor's meeting.

During the last improper payment review period a cover sheet with the audit findings were provided to staff to respond to identified errors and to provide corrective action.

v. Audit provider records.

Describe the activities and the results of these activities:

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Department's Staff Development Office trains staff members on child care subsidy and licensing policies, procedures, and the IT data system. Standardized training allows for consistent application of child care policies and procedures which applies to both new staff and refresher training for existing staff resulting in minimal child care payment 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:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Department's Child Care Program Office reviews monthly system reports that identifies possible overpayments which are then referred to investigative team. The findings may result in additional policy clarifications and system modifications to support benefit edits.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The Department's Research Office runs a monthly extract to identify a list of cases to be reviewed by the Unit Supervisor or designated Quality Assurance staff. Approximately 500 to 2000 cases are reviewed annually by the TANF work participation staff and non-TANF child care subsidy staff, respectively. Results are submitted monthly on the audit findings. These audit findings may result in additional policy clarifications by the Child Care Program office. When there are policy clarifications or updated procedures or forms issued by Child Care Program, the material is covered during the Quarterly Child Care Supervisor's meeting.

During the last improper payment review period a cover sheet with the audit findings were provided to staff to respond to identified errors and to provide corrective action.

- v. Audit provider records.

Describe the activities and the results of these activities:

- vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Department's Staff Development Office develops and conducts training for the Benefit, Employment and Support Services Division:

1. The Department's child care subsidy policies, procedures, and the IT data system.
2. The Department's child care licensing policies, procedures, and the IT data system.

Standardized training allows for consistent application of child care policies and procedures which applies to both new staff and refresher training for existing staff resulting in minimal child care payment errors..

- 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).

Hawaii DHS Investigations Office; Office of the Attorney General, upon referral.

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:

Any overpayment made to the caretaker shall be recovered through repayment in

cash or by a reduction of not less than ten percent (10%) in the amount payable to the caretaker in subsequent months until the entire amount of overpayment is recovered. The minimum dollar amount is \$1. The result is the Department shall work with the families to recover any misspent funds.

- 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:

By order of the court through a criminal conviction, monthly restitution payments may be established by the court. Such restitution payments will be processed by the Division's Investigation's Office as a result of unsuccessful attempts to work with the families to recover misspent funds.

- 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:

By order of the court through a criminal conviction, if the convicted criminal has the means to pay the restitution amount in full. The result is full recovery of misspent funds to the Department.

- 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:

Refer to the Investigations Office within the Department's Benefit, Employment and Support Services Division comprising of investigators to review, investigate and pursue TANF, SNAP, and CCDF intentional improper violations and fraud. Cases may

then be referred to the Department of the Attorney General by the Division's Investigations Office for criminal charges being filed in a court of law. The referral is a result of unsuccessful attempts to work with the families to recover misspent funds.

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:

Any overpayment made to the caretaker shall be recovered through repayment in cash or by a reduction of not less than ten percent (10%) in the amount payable to the caretaker in subsequent months until the entire amount of overpayment is recovered. The minimum dollar amount is \$1. The result is the Department shall work with the families to recover any misspent funds.

- 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:

The child care subsidy case manager will establish the overpayment amount and notify the client of the overpayment amount, and the client may choose to establish a repayment plan if the client is unable to remit the overpayment amount in full. The

repayment plan process allows the Department to work with families for an equitable result.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

If the client is actively receiving child care subsidy payments then the child care subsidy case manager will deduct the monthly repayment amount from the on-going child care subsidy payments until the overpayment amount is recovered in full. The monthly repayment process allows the Department to work with families for an equitable result.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The child care subsidy case manager will establish the overpayment amount and notify the client of the overpayment amount, and the client may choose to establish a repayment plan if the client is unable to remit the overpayment amount in full. The Fiscal Management Office's Collections and Recovery Section maintains and processes remittances if the client is sending repayments back to the Department and the client is not actively receiving child care subsidy payments from which to deduct repayments. If the client fails to make remittances for 36 months, the Collections and Recovery Section will refer the overpayment case to the Department of the Attorney General to process the case for recovery of the remaining balance of the overpayment through state tax intercept as a result of unsuccessful attempts to work with the families to recover misspent funds.

vii. Recover through other means.

Describe the activities and the results of these activities:

The child care subsidy case manager will establish the overpayment amount and notify the client of the overpayment amount, and the client may choose to make a one-time payment if the client is able to remit the overpayment amount in full. The result is full recovery of misspent funds to the Department.

If the client has chosen to forward the child care payments directly to the licensed and registered child care provider's financial account that has been registered with the

Department and the child disenrolled from the child care provider's program, the child care provider may also opt to return the child care subsidy overpayment amount back to the Department which also results in full recovery of misspent funds.

- 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 Fiscal Management Office has a Collections and Recovery Section unit that will process remittances from clients who received over payments. The result is dedicated staff with expertise in collections and recovery.

- ix. 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.

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:

Any overpayment made to the caretaker shall be recovered through repayment in cash or by a reduction of not less than ten percent (10%) in the amount payable to the caretaker in subsequent months until the entire amount of overpayment is recovered. The minimum dollar amount is \$1. The result is the Department shall work with the families to recover any misspent funds.

- 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:

The child care subsidy case manager will establish the overpayment amount and notify the client of the overpayment amount, and the client may choose to establish a repayment plan if the client is unable to remit the overpayment amount in full. The repayment plan process allows the Department to work with families for an equitable result and the recovery of misspent funds. The Fiscal Management Office's Collections and Recovery Section maintains and processes remittances if the client is sending repayments back to the Department and the client is not actively receiving child care subsidy payments from which to deduct repayments which also result in recovery of misspent funds.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

The child care subsidy case manager will establish the overpayment amount and notify the client of the overpayment amount, and the client may choose to establish a repayment plan if the client is unable to remit the overpayment amount in full. If the client is actively receiving child care subsidy payments then the child care subsidy case manager will deduct the monthly repayment amount from the on-going child care subsidy payments until the overpayment amount is recovered in full. The monthly repayment process allows the Department to work with families for an equitable result.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The child care subsidy case manager will establish the overpayment amount and notify the client of the overpayment amount, and the client may choose to establish a repayment plan if the client is unable to remit the overpayment amount in full. The Fiscal Management Office's Collections and Recovery Section maintains and processes remittances if the client is sending repayments back to the Department and the client is not actively receiving child care subsidy payments from which to deduct repayments. If the client fails to make remittances for 36 months, the Collections and

Recovery Section will refer the overpayment case to the Department of the Attorney General to process the case for recovery of the remaining balance of the overpayment through state tax intercept as a result of unsuccessful attempts to work with the families to recover misspent funds.

vii. Recover through other means.

Describe the activities and the results of these activities:

The child care subsidy case manager will establish the overpayment amount and notify the client of the overpayment amount, and the client may choose to make a one-time payment if the client is able to remit the overpayment amount in full. The result is full recovery of misspent funds to the Department.

If the client has chosen to forward the child care payments directly to the licensed and registered child care provider's financial account that has been registered with the Department and the child disenrolled from the child care provider's program, the child care provider may also opt to return the child care subsidy overpayment amount back to the Department which also results in full recovery of misspent funds.

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 Fiscal Management Office has a Collections and Recovery Section unit that will process remittances from clients who received over payments. The result is dedicated staff with expertise in collections and recovery.

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:

- 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:

- c. Prosecute criminally.

Describe the activities and the results of these activities:

For situations where improper payments occur due to program violations, child care subsidy staff are to complete a referral to the Investigations Office within the Department's Benefit, Employment and Support Services Division comprising of investigators to review, investigate and pursue TANF, SNAP, and CCDF intentional improper violations and fraud. Cases may then be referred to the Department of the Attorney General by the Division's Investigations Office for criminal charges being filed in a court of law as a result of unsuccessful attempts to work with the families to recover misspent funds.

- d. Other.

Describe the activities and the results of these activities:

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.

The completion of the Market Rate Survey (MRS). Hawaii Department of Human Services is seeking relief from the MRS as the last survey was conducted in 2019 and the state had intentions of conducting a survey in 2020 to meet requirements of the state plan, however the pandemic significantly disrupted child care in Hawaii making it difficult to conduct a meaningful and accurate MRS to include the required data collection. Hawaii Department of Human Services would like to include data pertaining to equal access to child care and the extent to which eligible child care providers participate in the CCDF system as referenced in 4.1.3; payment rates as referenced in 4.3; additional amounts charged by child care providers to families as referenced in 4.5.2; child care providers' part-time and full-time rates as indicated in 4.4.1.c.i.; and mandatory registration fees as referenced in 4.4.1.c.ii.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

While a waiver would not improve the delivery of child care services for children, it would allow Hawaii Department of Human Services additional time to implement the Market Rate Survey to collect more accurate market information and have a better understanding how to respond to the data post pandemic.

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.

The Hawaii Department of Human Services certifies that the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the temporary extension, as Hawaii Department of Human Services increased child care payment rates during the COVID-19 pandemic and will continue the increased rates through at least December 2021, with assistance of the CARES Supplementary allowance thus allowing Hawaii families to maintain their child care eligibility and allowing the same families to stabilize themselves during this global pandemic.

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.

The Narrow Cost Analysis for FY 2022-2024. Hawaii Department of Human Services will continue to discuss the requirement with members and early childhood stakeholders to conduct the Narrow Cost Analysis. Hawaii Department of Human Services had intentions of conducting the Narrow Cost Analysis, however the pandemic significantly disrupted child care in Hawaii. Hawaii Department of Human Services would like to include data pertaining to equal access to child care and the extent to which eligible child care providers participate in the CCDF system as referenced in 4.1.3; payment rates as referenced in 4.3; additional amounts charged by child care providers to families as referenced in 4.5.2; child care providers' part-time and full-time rates as indicated in 4.4.1.c.i.; and mandatory registration fees as referenced in 4.4.1.c.ii.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

A waiver would allow Hawaii Department of Human Services additional time to discuss requirements with stakeholders and implement the Narrow Cost Analysis.

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.

The Hawaii Department of Human Services certifies that the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the temporary extension, as Hawaii Department of Human Services increased child care payment rates during the COVID-19 pandemic and will continue the increased rates through at least December 2021, with assistance of the CARES Supplementary allowance thus allowing Hawaii families to maintain their child care eligibility and allowing the same families to stabilize themselves during this global pandemic.