

OMB Control No: 0970-0114

Expiration date: 03/31/2027

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 150 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C. 9858.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0114 and the expiration date is 03/31/2027. If you have any comments on this collection of information, please contact ACF's Office of Child Care.



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

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:49:24 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

Table of Contents

Overview	4
1 CCDF Program Administration	6
1.1 CCDF Leadership.....	6
1.2 CCDF Policy Decision Authority	7
1.3 Consultation in the Development of the CCDF Plan.....	10
2 Child and Family Eligibility and Enrollment and Continuity of Care	12
2.1 Reducing Barriers to Family Enrollment and Redetermination.....	12
2.2 Eligible Children and Families.....	14
2.3 Prioritizing Services for Vulnerable Children and Families	23
2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities	25
2.5 Promoting Continuity of Care.....	26
3 Child Care Affordability	31
3.1 Family Co-payments	31
3.2 Calculation of Co-Payment.....	33
3.3 Waiving Family Co-payment.....	34
4 Parental Choice, Equal Access, Payment Rates, and Payment Practices	35
4.1 Access to Full Range of Provider Options.....	35
4.2 Assess Market Rates and Analyze the Cost of Child Care.....	36
4.3 Adequate Payment Rates	40
4.4 Payment Practices to Providers.....	44
4.5 Supply Building.....	46
5 Health and Safety of Child Care Settings	49
5.1 Licensing Requirements	50
5.2 Ratios, Group Size, and Qualifications for CCDF Providers	51
5.3 Health and Safety Standards for CCDF Providers	54
5.4 Pre-Service or Orientation Training on Health and Safety Standards	65
5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements	67
5.6 Ongoing Health and Safety Training.....	72
5.7 Comprehensive Background Checks	73
5.8 Exemptions for Relative Providers	84
6 Support for a Skilled, Qualified, and Compensated Child Care Workforce	84
6.1 Supporting the Child Care Workforce	84
6.2 Professional Development Framework	86
6.3 Ongoing Training and Professional Development	88
6.4 Early Learning and Developmental Guidelines.....	89
7 Quality Improvement Activities	90
7.1 Quality Activities Needs Assessment.....	91
7.2 Use of Quality Set-Aside Funds	91

8	Lead Agency Coordination and Partnerships to Support Service Delivery.....	93
8.1	Coordination with Partners to Expand Accessibility and Continuity of Care.....	93
8.2	Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds.....	95
8.3	Coordination with Child Care Resource and Referral Systems.....	97
8.4	Public-Private Partnerships	98
8.5	Disaster Preparedness and Response Plan.....	99
9	Family Outreach and Consumer Education.....	100
9.1	Parental Complaint Process	100
9.2	Consumer Education Website	101
9.3	Increasing Engagement and Access to Information	106
9.4	Providing Information on Developmental Screenings.....	108
10	Program Integrity and Accountability	109
10.1	Effective Internal Controls.....	109
10.2	Fraud Investigation, Payment Recovery, and Sanctions	112
	Appendix 1: Lead Agency Implementation Plan	117
	Appendix 1: Form.....	118

Overview

Introduction

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

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

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

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

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

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **State of Hawaii Department of Human Services**
 - ii. Street Address: **1390 Miller Street #209**
 - iii. City: **Honolulu**
 - iv. State: **Hawaii**
 - v. ZIP Code: **96813**
 - vi. Web Address for Lead Agency: **<https://humanservices.gov>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Ryan**
 - ii. Lead Agency Official Last Name: **Yamane**
 - iii. Title: **Director**
 - iv. Phone Number: **(808) 586-4997**
 - v. Email Address: **dhs@dhs.hawaii.gov**

1.1.2 CCDF Administrator

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

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Scott**

- ii. CCDF Administrator Last Name: **Nakasone**
 - iii. Title of the CCDF Administrator: **Assistant Benefit, Employment and Support Services Division Administrator**
 - iv. Phone Number: **(808) 586-7083**
 - v. Email Address: **snakasone2@dhs.hawaii.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name: **Dayna**
 - ii. CCDF Co-Administrator Last Name: **Luka**
 - iii. Title of the CCDF Co-Administrator: **Child Care Regulation Program Administrator**
 - iv. Phone Number: **(808) 586-7058**
 - v. Email Address: **dluka@dhs.hawaii.gov**
 - vi. Description of the Role of the Co-Administrator: **The Child Care Program Administrators drafts, revises, submits, and implements the CCDF State Plan. The Child Care Regulation Administrator oversees the child care licensing and quality programs. The Child Care Subsidy Administrator oversees the child care subsidy programs.**

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

- a. All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - State or Territory.

- Local entity (e.g., counties, workforce boards, early learning coalitions).
- Other. Identify the entity and describe the policies the entity can set:
- ii. Sliding-fee scale is set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- 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 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	[x]	[x]	[]	[x]	[] Describe:
Who issues payments?	[x]	[x]	[]	[]	[] Describe:
Who monitors licensed providers?	[x]	[]	[]	[]	[] Describe:
Who monitors license-exempt providers?	[x]	[]	[]	[]	[] Describe:
Who operates the quality improvement activities?	[x]	[]	[]	[]	[] Describe:

1.2.3 Information systems availability

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

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

a. Tasks to be performed.

[x] Yes. If yes, describe: **For the subrecipient contracted to implement the statewide child care resource and referral agency, monitoring activities include review of budgets, quarterly reports, and monthly invoices. A penalty provision in the contract is specified for lack of satisfactory performance as defined by the contract. The Department of Human Services implements the subsidy program and the TANF subsidy program through Work Participation offices and a contracted organization; the Department reviews monthly data reports and conducts random case reviews to determine issuance of correct payment and to determine the need for retraining or policy clarifications. The Department of Human Services 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 of Human Services and administered through contracts.**

[] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: **Monthly review of invoices, budgets and case reviews. Quarterly review of reports, expenditures, and fiscal expenditures.**

No. If no, describe:

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

Yes. If yes, describe: **Budget and invoices are reviewed monthly to be in line with contractual requirements. Monitoring activities include review of budgets and monthly invoices.**

No. If no, describe:

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

Yes. If yes, describe: **Monthly data reports are reviewed, and random case reviews are completed to determine issuance of correct payment and to determine the need for retraining or policy clarifications.**

No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **N/A**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in

the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **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 are also members of the Early Learning Board.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Department of Human Services convenes quarterly for meetings with the Child Care Advisory Committee with 20 voting members from a variety of early childhood stakeholders including: A Statewide child care director's group; An association for independent schools; The Head Start association; The Statewide Child Care Resource & Referral agency; A Family Child Care Provider; A Hawaii Island representative; A Kauai Island representative; A parent representative; A faith-based representative; The Hawaii Association For Young Children; The Department of Health; A multi-site child care center organization group; A Maui County representative; A school-aged care representative; 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 of Human Services is also a non-voting ex-officio member of the Early Learning Board which is a governing board that directs and supports the Executive Office on Early Learning. The Early Learning Board meets on a monthly basis and its members represent public and private entities such as child care providers, family-child interaction learning program providers, Hawaiian medium early learning providers, home-visiting providers, parents, philanthropic organizations that support early learning, state and local government departments, Head Start, association of independent schools, and the Hawaii Chapter of the American Academy of Pediatrics.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal

organizations(s) within the State: **N/A**

- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **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 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 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

- i. Date of the public hearing: **5/31/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **5/8/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
 Yes.
 No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **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/>. Announcements were made at the Early Learning Board meeting on April 11, 2024, and at the Department of Human Services Child Care Advisory meeting on February 13, 2024 and May 14, 2024.**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **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/>.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in

multiple formats, etc.): **The proposed plan was posted on the Department’s website at <http://humanservices.hawaii.gov/bessd/child-care-program/>. The public notice also informed interested parties to contact the Benefit, Employment and Support Services Division Child Care Program Office to request a copy of the proposed plan at no cost.**

- vii. Describe how the information provided by the public was 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. Other substantive amendments to the plan which require further review as considerations may be needed for funding, changes to the Department’s administrative rules, and discussion with the Department’s Child Care Advisory Committee.**

1.3.3 Public availability of final Plan, amendments, and waivers

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **<http://humanservices.hawaii.gov/bessd/child-care-program/>**
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. Working with advisory committees. Describe: **Work with the Department’s Child Care Advisory Committee. Distribute via email the notice of the public hearing, the website link for the draft CCDF Plan, and any Plan amendments.**
 - ii. Working with child care resource and referral agencies. Describe: **Work with the Department’s contracted statewide child care resource and referral agency to distribute via email the notice of the public hearing, website link for the State CCDF Plan, and any Plan amendments to its listed members.**
 - iii. 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.**
 - iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe: **Information on the 2025-2027 Draft CCDF State plan, notice of public hearing and information to provide oral/written testimony will be shared on the Governor’s social media pages.**
 - v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **Information on the 2025-2027 Draft CCDF State plan, notice of public hearing and information to provide oral/written testimony will be shared on the Governor’s social media pages. An informational flyer on the 2025-2027 CCDF State Plan will**

also be shared with partner agencies.

- vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **Information on the 2025-2027 Draft CCDF State plan, notice of public hearing and information to provide oral/written testimony will be distributed via email to the Hawaii Afterschool Alliance.**
- vii. Direct communication with the child care workforce. Describe: **Information is shared at the child care advisory committee meeting where there is representation of licensed child care center providers.**
- viii. Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and

identify how long the period of presumptive eligibility is: **The Department of Human Services may provide two (2) months of presumptive eligibility for foster children. Families may use this time to obtain documentation to support their continued eligibility. If the family does not provide the supporting documentation after two (2) months, the two (2) presumptive payments are not considered overpayments.**

- ii. Leveraging eligibility from other public assistance programs. Describe:
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:
 - iv. Self-assessment screening tools for families. Describe: **The Department of Human Services provides informational sheets for families to review prior to submitting their child care application. Families may review any of the nine (9) informational sheets to ensure they have the necessary documentation or meet the required eligibility requirements based on their family composition.**
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations:
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
 Yes.
 No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies:
 No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
- 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. Leveraging eligibility from other public assistance programs.
- ix. Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
 - Yes. If yes, describe the policies:
 - No.

2.2 Eligible Children and Families

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

2.2.1 Eligibility criteria: age of children served

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

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
 - Yes.
 - No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.
- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?
 - No.
 - Yes.
 - i. If yes, the upper age is (may not equal or exceed age 19): **18.00**
 - ii. 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 extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?
 - No.
 - Yes. If yes, and the upper age is (may not equal or exceed age 19):
- d. How does the Lead Agency define the following eligibility terms?

- i. **“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.

2.2.2 Eligibility criteria: reason for care

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

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
 - i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search.
 - viii. Other. Describe:
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
 - i. Vocational/technical job skills training.

- ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.
 - v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.
 - vii. Study time.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe: **Hawaii Administrative Rules 17-798.3 identifies only the definition of Attending. Attending means enrolled and participating in a job training or educational program as defined by the institution, agency, or business that sponsors the program.**
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
- Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- Work. Describe:
 - Job training. Describe:
 - Education. Describe:
 - Combination of allowable activities. Describe:

Other. Describe:

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

Yes.

No. If no, describe the additional work requirements:

- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.

No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

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

Children in foster care.

Children in kinship care.

Children who are in families under court supervision.

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

Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

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

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe:

- g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No.

Yes.

- h. 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.

- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of

children in protective services?

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	4517.00	85.00	3840.00
2	5907.00	85.00	5021.00
3	7297.00	85.00	6202.00
4	8687.00	85.00	7384.00
5	10077.00	85.00	8565.00

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

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

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for

families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

- c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:
- i. Gross wages or salary.
 - ii. Disability or unemployment compensation.
 - iii. Workers’ compensation.
 - iv. Spousal support, child support.
 - v. Survivor and retirement benefits.
 - vi. Rent for room within the family’s residence.
 - vii. Pensions or annuities.
 - viii. Inheritance.
 - ix. Public assistance.
 - x. Other. Describe: **Adoption assistance payments; Dividends from stockholdings or memberships in associations; Periodic interest on savings or bonds; Income from estates or trust funds; Income from rental of property after business expenses; Royalties.**
- d. What is the effective date for these income eligibility limits? **August 6, 2021**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
 LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2019**
- Other. Describe:
- f. Provide the direct URL/website 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>

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

- i. Average the family’s earnings over a period of time (e.g., 12 months).
Identify the period of time **The average of the prior two (2) months gross income for existing employment.**
- ii. Request earning statements that are most representative of the family’s monthly income.
- iii. Deduct temporary or irregular increases in wages from the family’s standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
 Yes.
 No. If no, describe:
- 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:

2.2.7 Additional eligibility criteria

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

- a. Eligibility determination? If checked, describe: **Per Hawaii Administrative Rules 17-798.3-9(b)(4): A caretaker shall be eligible for child care payments, provided the caretaker: Is a resident of the State.**
- b. Eligibility redetermination? If checked, describe: **Per Hawaii Administrative Rules 17-798.3-9(b)(4): A caretaker shall be eligible for child care payments, provided the caretaker: Is a resident of the State.**

2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
[x]	[]	Applicant identity. Describe how you verify: 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.).
[x]	[]	Applicant’s relationship to the child. Describe how you verify: 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).
[x]	[]	Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: 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.
[x]	[x]	Work. Describe how you verify: 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.
[x]	[x]	Job training or educational program. Describe how you verify: 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.
[x]	[x]	Family income. Describe how you verify: 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.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Household composition. Describe how you verify: 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.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant residence. Describe how you verify: 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.
<input type="checkbox"/>	<input type="checkbox"/>	Other. Describe how you verify: N/A

2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: **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 Hawaii Administrative Rules (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:

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. “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; or**
 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.**
- e. “Families with very low incomes.” **Gross income is less than 100% of the Federal Poverty Guidelines.**

2.3.2 Prioritization of child care services

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

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

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **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
- Prioritize for enrollment, serve without placing these populations on waiting lists, waive co-payments and pay higher rates for access to higher quality care.**

2.3.3 Enrollment and grace period for children experiencing homelessness

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

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

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

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **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 two months 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 two months, 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. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

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

Children experiencing homelessness: **The provider shall allow a grace period of up to three (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 (DOH) 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. DOH is the agency that established these requirements for the State of Hawaii through the administrative rule-making public process.**

Children who are in foster care: **The provider shall allow a grace period of up to three (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 DOH 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. DOH is the agency that established these requirements for the State of Hawaii through the administrative rule-making public process.**

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

Yes.

No. If no, describe:

- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **The Hawaii Administrative Rules HAR §11-157-6.2(b) provides a grace period of up to three (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 (DOH) TB Control Branch to provide information about no-cost TB clearances that can be issued by the TB clinics statewide and about the DOH's family health centers which house the DOH public health nurses which can provide immunization services.**

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

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

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

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
- i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.
 - iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.
 - vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.
 - v. Partnerships with State and local programs and associations focused on disability- related topics and issues.
 - vi. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
 - vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
 - ix. Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

- i. Lead Agency accepts applications at local community-based locations.
 - ii. Partnerships with community-based organizations.
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
- i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Department of Human Services will continue discussions with its Homeless Program Office to focus on increasing outreach services to the numerous community organizations who are serving homeless families across the state. The Department will focus on strategies to improve training and technical assistance for partner agencies to obtain information about the availability of child care services and child care subsidies so that families can access these services that are essential to supporting homeless families with young children to increase their economic self-sufficiency and 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 which focuses on providing resources to organizations that serve 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.**
 - ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The Department of Human Services will continue the existing partnership with the Department’s Homeless Program Office to focus on increasing outreach to the numerous community organizations who are serving homeless families across the state. The Department will focus on strategies to improve training and technical assistance for partner agencies to obtain information about the availability of child care services, including the child care subsidy program and the child care resource and referral services, so that the community providers who are helping the families access these services that families are able to maintain and increase their economic self-sufficiency and to be able to secure and maintain permanent housing for themselves.**

2.5 Promoting Continuity of Care

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

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **The Department of Human Services (DHS) refers families with children with multiple risk factors to the department’s contractor for Child Care Resource & Referral services to provide information on available community resources providing development screening services available under Early and Periodic Screening, Diagnosis Treatment, Part B of Section 619, and Part C of the Individuals with Disabilities Education Act. DHS encourages families to only report mandatory changes that will not disrupt their child's enrollment in a child care setting. Payment redeterminations will be conducted no sooner than the families 12-months redetermination period unless the reported changes result in an increase to the child care payment.**

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
 Yes.
 No. If no, describe:
 - b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?
 1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
 2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
 3. Any student holiday or break for a parent participating in a training or educational program.
 4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
 5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.

6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.

7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe:

c. Are the policies different for redetermination?

No.

Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

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

i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **The Department of Human Services does not allow seeking employment as an eligible activity at initial application. However, the Department shall allow up to three (3) months for the caretaker to resume participating in an allowable activity during redetermination of eligibility.**

iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

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

Yes. The Lead Agency continues assistance.

No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **Hawaii Administrative Rules 17-798.3-17(a)(10)(C): 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 loss of the prior allowable activity(ies), child care payments shall be terminated in accordance with section 17-798.3-19.**

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **DHS shall allow up to three months for the caretaker to resume participating in an activity allowable under Hawaii Administrative Rules 17-798.3-9(b)(3).**

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **DHS shall allow three months from the date of the loss of the prior allowable activity(ies).**

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

i. Not applicable.

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

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

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

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Hawaii Administrative Rules 17-798.3-9(b)(4): A caretaker shall be eligible for child care payments, provided the caretaker is a resident of the State.**

Hawaii Administrative Rules 17-798.3-17(a)(2): A caretaker who is a recipient of child care payments shall report changes to the department within ten calendar days of the change for the following: (2) Address changes, including: (A) Place of residence; and (B) Mailing address.

Hawaii Administrative Rules 17-798.3-17(c)(1): When changes are reported pursuant to this section, the department shall take action on the reported changes and calculate payments for the balance of the eligibility period, after timely and adequate notice, as follows: (1) Changes that are reported within ten calendar days of the occurrence shall be implemented in the first month following the month in which the change was reported.

Hawaii Administrative Rules 17-798.3-19(a)(6): The caretaker does not meet the eligibility requirements reference in subsection 17-198.3-9(a); in reference to a change in residency, child care payments may be terminated.

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance:

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families

to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

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

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

Yes.

No. If no, describe: **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.**

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

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

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

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

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

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

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

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
 - i. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
 - v. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

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

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

3.1 Family Co-payments

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

3.1.1 Family co-payment

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

- a. What is the maximum percent of a family’s gross income any family could be charged as a co-payment? **The Department of Human Services (DHS) is not compliant by 10/01/24 for section 98.20(a)(2)(i): 85 percent of the State’s median income (SMI) based on most recent SMI data. Preliminary Notice of Possible Non-Compliance Rev. date: 01/2023. DHS will need additional time to fully implement the requirement. The maximum percent of a family’s gross income is 9%. The Department of Human Services is in the process of amending the Hawaii Administrative Rules (HAR) Chapter 17-798.3 Child care Payments, for copayments at 7% of a family’s gross income. The amendment package for Subsidy Rules is currently with the Attorney General for review. The eligibility chart in HAR, Chapter 17-798.3-9(b)(1) lists dollar amounts. The amendments will include language to refer to the most recent data rather than having actual dollar amounts.**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

Yes.

No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	1199.00	12.00	1.00	3632.00	327.00	9.00
2	1622.00	16.00	1.00	4749.00	427.00	9.00
3	2046.00	20.00	1.00	5867.00	528.00	9.00
4	2469.00	25.00	1.00	6985.00	629.00	9.00
5	2892.00	29.00	1.00	8102.00	729.00	9.00

c. What is the effective date of the sliding-fee scale(s)? **August 6, 2021**

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

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

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

No.

Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a

demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **The Department of Human Services does not impose a limit on how much private child care businesses 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. 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 of Human Services does not currently have the data on the extent to which child care providers charge additional amounts above the required co-payment.**

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. The fee is a dollar amount and (check all that apply):
 - The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
 - ii. The fee is a percent of income and (check all that apply):
 - The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional percentage is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as

indicated in 1.2.1). Describe:

Other. Describe:

- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

No.

Yes.

If yes, check and describe those additional factors below:

- i. Number of hours the child is in care. Describe:
- ii. Quality of care (as defined by the Lead Agency). 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 \$100 whichever is less, per child.**
- iii. Other. Describe:

- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

- i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
- ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
- iii. Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. Families experiencing homelessness.

- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **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;
 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.
- vii. Families meeting other criteria established by the Lead Agency. Describe the policy:

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

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

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

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

4.1 Access to Full Range of Provider Options

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

4.1.1 Parent choice

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

below the recommended 50th percentile of the current market rate survey.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **1) Certificate provides information about the choice of providers;**
2) Certificate provides information about the quality of providers;
3) Certificate is not linked to a specific provider, allowing parents to choose any child care provider;
4) Consumer education materials are provided on choosing child care;
5) Referrals provided to child care resource and referral agencies;
6) Child care provider selection information and assistance via the Department of Human Service contracted, Child Care Resource and Referral agency; and
7) The Department of Human Services website:
<https://humanservices.hawaii.gov/bessd/ccch-subsidies/>.
- e. Describe what information is included on the child care certificate: **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.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

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

the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

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

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

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

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

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to

date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

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

- iii. State Advisory Council or similar coordinating body: **The Department of Human Services convenes quarterly with the Child Care Advisory Committee. The Child Care Advisory Committee provides input on potential revisions of the Market Rate Survey.**
- iv. Local child care program administrators: **The Department of Human Services Child Care Advisory Committee includes center-based providers and directors or program administrators.**
- v. Local child care resource and referral agencies: **The Department of Human Services 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 and enters the responses received into a proprietary data system that captures the data. 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.**
- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The Department of Human Services Child Care Advisory Committee includes individuals from identified organizations representing child care caregivers, teachers, and directors.**
- vii. Other. Describe: **N/A**

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? **11/17/2023**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **May - June 2023**
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The Department of Human Services contracted statewide child care resource and referral agency, People Attentive To Children (PATCH), conducts the Market Rate Survey annually for the Department. PATCH surveys licensed and registered child care providers statewide and enters the responses received into a proprietary data system that captures the data. PATCH also 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. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The Department of Human Services contracted statewide child care resource and referral agency, People Attentive To Children, maintains information in a proprietary National Association of Child Care Resource and Referral Agencies data system.**
 - v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The Department of Human Services contracted statewide child care resource and referral agency, People Attentive To Children (PATCH), conducts the Market Rate Survey annually for the Department. PATCH surveys licensed and registered child care providers statewide and enters the responses received into a proprietary data system that captures the data. PATCH also 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.**
 - vi. What is the percent of licensed or regulated child care centers responding to the survey? **82.00**
 - vii. What is the percent of licensed or regulated family child care homes responding to the survey? **75.00**
 - viii. Describe if the survey conducted in any languages other than English: **The survey was not conducted in other languages. Providers were informed if they needed assistance in translation of the survey, they may contact the contracted statewide child care resource and referral agency for interpreter services.**
 - ix. Describe if data were analyzed in a manner to determine price of care per child: **Data includes prices of child care for all ages of children, infant/toddler, preschool and school age.**
 - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **542 surveyed providers were included in the final analysis. A total of 2,527 rates from these providers were used in the survey. Providers with the following license types were included in the child care rate analysis: Licensed Before and After School Program, Registered Family Home, Licensed Group Home, Licensed Infant/Toddler Center, and Licensed Preschool. Full-time monthly rates were weighted by total desired capacity of each provider. The desired capacity rather than licensed capacity was used because individual providers do not always choose to enroll the maximum number of children they are licensed to serve. For providers with missing desired capacity information, licensed capacity was used. A provider’s rate data was excluded from the analysis if both desired and licensed capacity were missing.**
- e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **Child care rates are examined by geographic area: by state, by county, and by urban/rural classification.**
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The market rate survey included center-based infant/toddler centers, accredited center-based providers, licensed center-based/group child care home, registered family child care home ☐ infant/toddler providers, registered family child care home providers, and licensed before and after school care providers.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The market rate survey reflected infants ages six (6) weeks to 12 months, toddlers ages 12 months to 36 months, preschool ages two (2) years to six (6) years and school-age from kindergarten age enrolled in public or private elementary schools.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The market rate survey also included accredited center-based providers. Accredited means providers who are certified by the National Association for the Education of Young Children or the National Early Childhood Program Accreditation.**

4.2.2 Cost analysis

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

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **An online cost calculator, accessed through <https://costofchildcare.org/>, is a tool that estimates the cost of providing care in Hawaii, was used for the narrow cost analysis in addition to the 2023 Hawaii Market Rate Survey. For this purpose, the Department of Human Services chose to analyze the cost to increase staff salaries to incentivize quality in licensed Center-Based Infant and Toddler Centers and licensed Group Center-Based providers and compare the findings to Hawaii’s current child care payment rates for these particular child care**

centers.

- b. In the Lead Agency’s analysis, were there any relevant variations by geographic location, category of provider, or age of child? **One (1) relevant variation is the online cost of care calculator distinguishes infant and toddlers as separate ages while the Department of Human Services combines infant and toddlers under one (1) group.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **To achieve a higher level of care, one assumption is the staff to child ratio would be fewer children to one (1) teacher. The online cost of care calculator provided an estimated base cost lower than Hawaii’s 2023 Market Rate Survey. Another assumption was the online cost of care calculator did not account for accredited facilities which incur additional expenses to the overall costs to be accredited. Hawaii’s child care payment rates for the preschool are based on facilities that are accredited and non-accredited. The online cost of care calculator indicated a figure between Hawaii’s 2023 Market Rate Survey for accredited and non-accredited care.**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? **A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). The Department of Human Services provides a higher rate for center-based child care providers accredited by the National Association for the Education of Young Children, the National Early Childhood Program Accreditation, or the National Association for Family Child Care Accreditation . The Department of Human Services 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. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The online cost calculator and Market Rate Survey were utilized to evaluate the gap between cost and price. Based on the data collected for 2023 Hawaii Market Rate Survey, to provide equal access (75th percentile) to the child care in the following care settings, the child care payment rates should be set at: \$2,260 per month per child in a licensed Center-Based Infant and Toddler setting, and \$1,525 per month per child in a licensed Accredited Center-Based setting. The Department is currently working on policy amendments for the Child Care Subsidy Program; and one (1) area being reviewed is the child care payment rates as referenced in Chapter 798.3, Hawaii Administrative Rules. The Department continues to collaborate with its program contractors as well as other child care partners on ways to narrow the gap in the department’s child care payment rates to provide equal access for CCDF families.**

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

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

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

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

- i. Provide the date the report was completed: **11/17/2023**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **11/21/2023**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **<https://humanservices.hawaii.gov/bessd/child-care-program/>**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **At the Department of Human Services 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 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 Adequate Payment Rates

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

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

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

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?
- Yes.
- i. If yes, check if the Lead Agency:
- Sets the same payment rates for the entire State or Territory.
- Sets different payment rates for different regions in the State or Territory.
- No.
- ii. If no, identify how many jurisdictions set their own payment rates:
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **8/6/2021**
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **The monthly rate multiplied by 12 months and then dividing the total by 52 weeks in the year.**

4.3.2 Base payment rates

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

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

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

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

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

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	1733.00 Per Month	100.00	400.00	43.00	1800.00	1900.00	2260.00	0.00 Per Month	77.00
Family Child Care for Infants (6 months)	650.00 Per Month	100.00	150.00	7.00	850.00	900.00	1000.00	0.00 Per Month	65.00
Center Care for Toddlers (18 months)	1733.00 Per Month	100.00	400.00	43.00	1800.00	1900.00	2260.00	0.00 Per Month	77.00
Family Child Care for Toddlers (18 months)	650.00 Per Month	100.00	150.00	7.00	850.00	900.00	1000.00	0.00 Per Month	65.00
Center Care for Preschoolers (4 years)	795.00 Per Month	100.00	183.00	14.00	1000.00	1100.00	1210.00	0.00 Per Month	66.00
Family Child Care for Preschoolers (4 years)	600.00 Per Month	100.00	138.00	4.00	850.00	900.00	960.00	0.00 Per Month	62.00

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for School-Age (6 years)	155.00 Per Month	100.00	36.00	46.00	175.00	220.00	235.00	0.00 Per Month	66.00
Family Child Care for School-Age (6 years)	600.00 Per Month	100.00	138.00	4.00	850.00	900.00	960.00	0.00 Per Month	62.00

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

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

a. Does the Lead Agency provide any rate add-ons above the base rate?

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

Yes.

No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based

on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

- i. Differential rate for non-traditional hours. Describe:
- ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe:
- iii. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
- iv. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
- v. Differential rate for higher quality, as defined by the Lead Agency. Describe:
- vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:
- vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

Yes. If yes, describe: **The Department of Human Services pays the child care subsidy family the price the child care provider charges or the department's maximum reimbursement rate, whichever is lower.**

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Department of Human Services uses the results from the most recent Market Rate Survey.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Based on the statewide 2023 Market Rate Survey results, the accredited center-based rate of \$980 places the department at the 16% level and the Infant and Toddler care of \$1733 is at the 43% level. The Department of Human Services is currently working on rule amendments to increase child care payment rates to be at least at the 75th percentile.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Typically, the Department of Human Services (DHS) set base rates on data from the market rate survey and budget information. DHS is currently working on rule amendments to increase child care payment rates to be at least at the 75th percentile.**

- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The Department of Human Services provides a higher rate for center-based care providers accredited by the National Association for the Education of Young Children, the National Early Childhood Program Accreditation, or the National Association for Family Child Care Accreditation. The Department of Human Services 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. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

4.4 Payment Practices to Providers

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

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family’s eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

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

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?
 - Yes. If yes, describe: **Once determined eligible and initial payments have been issued, the Department of Human Services pays the child care subsidy payments prospectively to the family at the start of the month for that month’s child care needs.**
 - No, it is not a generally-accepted payment practice for each provider type. If no,

describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency’s payment practice that ensures timely payment for that provider type:

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?
- Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child’s attendance or the number of absences a child has.
- No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:
- It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?
- Yes.
- No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency’s rationale for not paying on a part-time or full-time basis:
- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?
- Yes. If yes, identify the fees the Lead Agency pays for: **The Department of Human Services 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.**
- No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:
- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **The Department of Human Services (DHS) pays the child care subsidy to the eligible family. Due to confidentiality requirements, DHS 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. DHS 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, DHS 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 DHS 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 their child care provider regarding continued eligibility requirements and child care subsidy payment amounts.

- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **The Department of Human Services (DHS) pays the subsidy to the eligible family. Due to confidentiality laws and administrative requirements, DHS 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 their child care provider about their eligibility status and child care subsidy payment amount.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **All notices regarding disposition of an application, redetermination, changes to ongoing eligibility, or changes to child care 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 of Human Services.**
- f. Other. Describe any other payment practices established by the Lead Agency: **N/A**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **The Department of Human Services (DHS) issues child care subsidy payments prospectively at the start of the month based on the child's enrollment rather than attendance. DHS 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. DHS 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. DHS 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, DHS 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 DHS 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. DHS 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. DHS 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 a subsidy family to pay for their monthly child care cost.

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

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

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The Department of Human Services is the lead agency for TANF and through TANF the department has a contracted service with the Hawaii Department of Education to operate afterschool care programs at nearly 180 (this number varies by school year) public elementary school campuses statewide, including rural and underserved geographic areas. Parent(s) also have the option to select other child care providers through the child care certificates if they prefer. Future plans include a pilot proposal for creating subsidized slots for infant and toddler care as the Department of Human Services is currently receiving technical assistance from the Office of Child Care.**

If no, skip to question 4.5.2.

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

Children with disabilities. Number of slots allocated through grants or contracts:

Infants and toddlers. Number of slots allocated through grants or contracts:

Children in underserved geographic areas. Number of slots allocated through grants or contracts:

Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

School-age children. Number of slots allocated through grants or contracts:

Children experiencing homelessness. Number of slots allocated through grants or contracts:

Children in urban areas. Percent of CCDF children served in an average month:

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

Other populations. If checked, describe:

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

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

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

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

Yes.

No.

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

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

4.5.3 Shortages in the supply of child care

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

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

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: **Information from Hawaii's Preschool Development Grant through Five (PDG B-5); and Hawaii's P20 (Partnerships for Education) which links cross-agency information from infancy, early learning, K-12, and postsecondary education.**
 - ii. Method of tracking progress: **P20W State Longitudinal Data System (SLDS), State's cross-section reports, Early Childhood through Workforce State Longitudinal Data System.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Department of Human Services contracts with the University of Hawaii system, Learning to Grow project to broaden the scope of services to address infant and toddler shortages and contracts with People Attentive to Children (PATCH) to provide family child care home recruiter services.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Department of Human Services is currently receiving technical assistance from the Office of Child Care regarding a pilot proposal for creating subsidized slots for infant and toddler care. While the Department develops the scope of services for Hawaii's Child Care Classroom Contracts Pilot, Hawaii's P20 Early Care & Education Pilot Program (CECEP) offers an opportunity to increase supply of infant and toddler care, provide higher payments to providers who meet quality standards, provide higher compensation to the workforce, and pay the full cost of care to enable families to access the quality of care they need to work and ensure their children are safe and supported. The Department plans to learn from best practices from the CECEP to accomplish serving families through grants and contracts.**
- b. In different regions of the State or Territory:
 - i. Data sources used to identify shortages: **Market Rate Survey. Plans to collect information from the Dept of Education and State Public Charter School Commission on children's preschool experiences prior to admission into Dept of Education and State Public Charter School Commission Kindergarten grade level to inform the Department of possible shortages of child care centers in geographic regions.**
 - ii. Method of tracking progress: **Annual survey and quarterly reports from contracted services for Child Care Resource & Referral program.**
 - iii. What is the plan to address the child care shortages using family child care homes? **Address child care deserts and shortages when developing the pilot proposal for subsidized slots for infant and toddler care. Review and analyze data from annual survey and quarterly reports to address additional child care needs. Continue to work with Parents Attentive to Children Family Child Care Home**

Recruiter services to improve on the number of family child care home providers. Partner with the City & County Department of Honolulu to support their efforts to sustain the number of family child care homes in the Honolulu County. Plan with the other county departments statewide to support their efforts to sustain the number of family child care homes.

iv. What is the plan to address the child care shortages using child care centers?
Address child care deserts and shortages when developing the pilot proposal for subsidized slots for infant and toddler care. Review and analyze data from annual survey and quarterly reports to address additional child care needs. Partner with the City & County Department of Honolulu to support their efforts to expand the number of child care centers in the Honolulu County. Plan with the other county departments statewide to support their efforts to expand the number of child care centers.

c. In care for special populations:

i. Data sources used to identify shortages: **N/A**

ii. Method of tracking progress: **No current method**

iii. What is the plan to address the child care shortages using family child care homes? **Review protected services as an option to support families identified as special populations.**

iv. What is the plan to address the child care shortages using child care centers?
Review protected services as an option to support families identified as a special population.

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

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

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

a. Underserved geographic areas. Describe: **The Department of Human Services (DHS) 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. 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. DHS contracts for services with the statewide Child Care Resource and Referral (CC R&R) agency. The statewide CC R&R agency promotes coordination among early childhood partners and programs while identifying and focusing on making child care and child care resources more accessible to underserved families and children. The statewide CC R&R agency provides outreach to rural areas on child care resources and assistance. Additionally, CC R&R collaborates with both public and private community partners on**

child care resources including: Parents and Children Together, Honolulu Community Action Program, Maui Economic Opportunity, Aloha United Way, Head Start, Easter Seals, Kamehameha Schools, Hawaii Department of Education, Hawaii Department of Health, and the University of Hawaii system.

Additionally, DHS will be executing a contract with the Hawaii Association for the Education of Young Children (HIAEYC) to assist with accreditation support services for early childhood programs.

DHS utilizes data sources as a tool to assist with identifying the gaps in the supply and quality of child care services. Information from Hawaii's Preschool Development Grant through Five (PDG B-5); and Hawaii's P20 (Partnerships for Education) which links cross agency information from infancy, early learning, K-12 and post secondary education. Data tools to track progress include the P20W State Longitudinal Data System (SLDS), State's cross-section reports, Early Childhood through Workforce State Longitudinal Data System. Other data sources that assist in identification of gaps of supply is the Market Rate Survey. DHS plans to collect information from the Department of Education and State Public Charter School Commission on children's preschool experiences prior to admission into the Department of Education and State Public Charter School Commission Kindergarten grade level to inform DHS of possible shortages of child care centers in geographic regions. Annual surveys and quarterly reports from the contracted services for Child Care Resource and Referral program can also assist in identifying gaps in the supply and quality of child care services. DHS also attends meetings with county coordinators to hear about the support they need to be able to support providers in their community and collaborates with county coordinators and community stakeholders to provide resources.

- b. Infants and toddlers. Describe: The Department of Human Services has implemented the Infant Toddler staff qualification waiver guidelines workgroup. The workgroup consists of infant/toddler educators, community partners and infant/toddler center directors. As authorized by the Hawaii Administrative Rules chapter 17-895.1-92, Infant Toddler centers can submit a demonstration project proposal to waive caregiver requirements using the infant toddler guidelines as a tool. The demonstration project intent is to maintain and increase the supply of infant and toddler caregivers, resulting in an increase in infant and toddler child care capacity. The requirement of having a waived caregiver who is directly supervised by a qualified caregiving staff ensures that health and safety requirements are not compromised.

DHS utilizes data sources as a tool to assist with identifying the gaps in the supply and quality of child care services. Information from Hawaii's Preschool Development Grant through Five (PDG B-5); and Hawaii's P20 (Partnerships for Education) which links cross agency information from infancy, early learning, K-12 and post secondary education. Data tools to track progress include the P20W State Longitudinal Data System (SLDS), State's cross-section reports, Early Childhood through Workforce State Longitudinal Data System. The Department of Human Services contracts with the University of Hawaii system, Learning to Grow project to broaden the scope of services to address infant and toddler shortages and contracts with People Attentive to Children (PATCH) to provide family child care home recruiter services. The Department of Human Services is currently receiving technical assistance from the Office of Child Care regarding a pilot proposal for creating subsidized slots for infant and toddler care. While the Department develops the scope of services for Hawaii's Child Care Classroom Contracts Pilot, Hawaii's P20 Early Care & Education Pilot Program (CECEP) offers an opportunity to increase supply of infant and

toddler care, provide higher payments to providers who meet quality standards, provide higher compensation to the workforce, and pay the full cost of care to enable families to access the quality of care they need to work and ensure their children are safe and supported. The Department plans to learn from best practices from the CECEP to accomplish serving families through grants and contracts. In addition, DHS will also continue to review and analyze data from annual surveys and quarterly reports to identify additional child care needs.

- c. Children with disabilities. Describe: **The Department of Human Services contracted services with the statewide Child Care Resource and Referral agency, People Attentive To Children which 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 of Human Services child care licensing inspectors also provide technical assistance to licensed and registered child care providers during monitoring inspection visits or via telephone consultations. The Department of Human Services is a recent partner in the State Interagency Inclusion Team, (led by the Hawaii Department of Education with the technical support of the Early Childhood Technical Assistance Center) that is exploring strategies to promote and expand inclusion of children with special needs in all early childhood environments.**
- d. Children who receive care during non-traditional hours. Describe: **The Department of Human Services is currently working on policy amendments for the child care payment rates as referenced in Chapter 798.3, Hawaii Administrative Rules to address child care during non-traditional hours. The proposed Child Care Payment Administrative Rules address one (1) child care rate per type of care with a minimum of one-hour of care. The Department of Human Services contracts with People Attentive To Children (PATCH) for the Child Care Resource & Referral Program. PATCH conducts a needs assessment with families to identify and assist families in understanding available and appropriate care including non-traditional hours, respite care for children with disabilities and care for ill children.**
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **The Department of Human Services (DHS) contracts with the University of Hawaii Windward Community College Learning to Grow Project to provide NAFCC technical assistance support for registered family child care home providers to obtain if they are interested. DHS will also be implementing a technical assistance for accreditation support program for center-based providers who are interested in becoming NAEYC accredited.**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The Department of Human Services (DHS) coordinates with the (DHS) Homeless Program Office to ensure child care resources are being delivered to communities via resource fairs, contracted providers, and homeless shelters. Also, through the Department’s contracted statewide Child Care Resource & Referral agency, People Attentive to Children promotes coordination among early childhood partners and programs while identifying and focusing on making child care and child care resources more accessible to underserved families and children.**

5 Health and Safety of Child Care Settings

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

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **Group Child Care Center, Group Child Care Homes, Infant and Toddler Child Care Centers, Before and After School Child Care Facilities.**

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

Yes. If yes, describe:

No.

- b. Identify the family child care 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 or family child care or FCC means any private residence at which care is provided to six or fewer children at any given time, as defined in section 346-151, HRS at which care may be provided for three to no more than six (6) children who are unrelated to the caregiver by blood, marriage, or adoption, at any given time. According to Hawaii Administrative Rules 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.**

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

Yes. If yes, describe:

No.

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

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

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

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

- a. License-exempt center-based child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **License-exempt before and after school programs, license-exempt group child care centers.**
- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the

exemption. Exemptions for child care homes or centers:

1. Care for children less than six (6) hours per week.
2. Care for two (2) or fewer children who are unrelated to the caregiver by blood, marriage or adoption as (A) an aunt, uncle, grandparent, great-grandparent, great-great grandparent, first cousin, niece, nephew, grandniece, grandnephew, great aunt, or great uncle; (B) a stepfather, stepmother, stepbrother, or stepsister; or (C) The spouse of a person named in (A) or (B), even if the marriage is terminated by death, separation or divorce.
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 (2) consecutive weeks in a 3-month period and are for children four (4) 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, Hawaii Revised Statutes; and
10. Are a provider agency operating or managing a homeless facility or any other program for homeless persons authorized under part OVII of HRS chapter 346.

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. They are also required to be in compliance with health and safety standards and undergo comprehensive background checks initially and on annual basis, complete initial and on-going health and safety annually, and have annual monitoring inspection visits.**

b. License-exempt family child care. Describe by answering the questions below.

- i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Relative care providers, license-exempt family child care home providers.**
- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Care for two (2) or fewer children who are unrelated to the caregiver by blood, marriage or adoption as (A) an aunt, uncle, grandparent, great-grandparent, great-great grandparent, first cousin, niece, nephew, grandniece, grandnephew, great aunt, or great uncle; (B) a stepfather, stepmother,**

stepbrother, or stepsister; or (C) The spouse of a person named in (A) or (B), even if the marriage is terminated by death, separation or divorce.

Care for up to two (2) children who are unrelated to themselves in their own home. They may provide care to no more than six (6) children at the same time during any part of a 24-hour day, including the provider's own children, except when the provider's children are six (6) years of age or older. Care at the same time for no more than two (2) children under 18 months of age, including the provider's own children under 18 months of age.

A license-exempt provider may be approved by the department to care for up to four (4) children under 18 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), Hawaii Revised Statutes, 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.

- 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 (1) 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 by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **Exempt in-home child care provider.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **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 six (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.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **In-home care providers are**

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 (1) 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 Ratios, Group Size, and Qualifications for CCDF Providers

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

5.2.1 Age classifications

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

- a. Infant. Describe: **6 weeks to 12 months**
- b. Toddler. Describe: **12 months to 24 months**
- c. Preschool. Describe: **2 years to 5 years old**
- d. School-Age. Describe: **Hawaii defines school-age children aged four (4) years and eight (8) months and older who are enrolled in public or private elementary schools.**

5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:

- i. Infant.

Ratio: **1:3; 1:4**

Group size: **1:3 for maximum group size of 6 children; 1:4 for maximum group size of 8. Under no circumstances shall there be more than two (2) children under three (3) months of age in any group.**

- ii. Toddler.

Ratio: **1:3 for maximum group of 6, Ratio 1:4 for maximum group of 8, Ratio 1:5 for maximum group of 10, Ratio 1:4 for maximum group of 12**

Group size: **6, 8, 10, 12**

- iii. Preschool.

Ratio: **2-year old = 1: 8 children; 3-year old = 1:12 children; 4-year old = 1:16 children**

Group size: **2-year old: 16 children, 3-year old: 24 children, 4-year old: 32**

children, 5-year old: 40 children.

iv. School-Age.

Ratio: 1:20 children

Group size: 40 children maximum

v. Mixed-Age Groups (if applicable).

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-yr. old 8 children : 1 staff; 3-yr. old 12 children : 1 staff; 4-yr. old 16 children : 1 staff; 5-yr. 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.

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-yr. old 8 children : 1 staff; 3-yr. old 12 children : 1 staff; 4-yr. old 16 children : 1 staff; 5-yr. 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. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. Not applicable. There are no differences in ratios and group size requirements.

ii. Infant: N/A

iii. Toddler: Ratio 1:8 for two-year old children. Maximum group size is 16 children.

iv. Preschool: 1:12 for three-year old children. Maximum group size is 24 children.
Ratio 1:16 for four-year old children. Maximum group size is 32.

v. School-Age: Ratio 1:20 for school age-children attending kindergarten and above in a public or private elementary school.

Maximum group size is 40 children.

- vi. Mixed-Age Groups: **N/A**
- c. Licensed CCDF family child care home providers:
 - i. Infant (if applicable)
 - Ratio: **1:2 for children under 18 months; 2:4 children under 18 months when there is additional adult help in the registered family child care home.**
 - Group size: **2 children less than 18 months old; 4 children less than 18 months old when there is additional adult help in the home.**
 - ii. Toddler (if applicable)
 - Ratio: **1:6 children total in care**
 - Group size: **6 (including only 2 of which can be younger than 18 months old)**
 - iii. Preschool (if applicable)
 - Ratio: **1:6 children**
 - Group size: **6 children (including only 2 of which can be younger than 18 months old)**
 - iv. School-Age (if applicable)
 - Ratio: **1:6 children**
 - Group size: **6 children (including only 2 of which can be younger than 18 months old).**
 - v. Mixed-Age Groups
 - Ratio: **1:6 children to 1 staff (including only 2 of which can be younger than 18 months old.**
 - Group size: **6 children**
- d. Are any of the responses above different for license-exempt family child care homes?
 - No.
 - Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **No more than six (6) children at the same time during any part of a 24-hour day, including the provider's own children, except when the provider's children are six (6) years of age or older. Care at the same time for no more than two (2) children under 18 months of age, including the provider's own children under 18 months of age.**
 - Not applicable. The Lead Agency does not have license-exempt family child care homes.
- e. Licensed in-home care (care in the child's own home):
 - i. Infant (if applicable)

- Ratio: **N/A**
 - Group size: **N/A**
 - ii. Toddler (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
 - iii. Preschool (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
 - iv. School-Age (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
 - v. Mixed-Age Groups (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
- f. Are any of the responses above different for license-exempt in-home care?
- No.
- Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

- a. Licensed center-based care
 - i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **1. Teacher qualifications:**
 - A. A degree in child development or early childhood education from an accredited college or university, and six (6) months working experience in an early childhood program;**
 - B. 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;**
 - C. Baccalaureate (bachelor's degree) in elementary education from an accredited college or university plus six (6) months working in an early childhood program, plus six (6) 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**
 - D. Baccalaureate (bachelor's degree) in any field from an accredited college or university plus six (6) months working in an early childhood program, plus 12**

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:

A. Post-secondary credential in child development associate program or associate of arts degree and certificate in early childhood education, and six (6) months experience working in an early childhood program; or

B. Two (2) years (sixty credits) of post-secondary education plus six (6) months working in an early childhood program and nine (9) credits--semesters equivalent approved child development or early childhood training courses.

3. Lead caregiver qualifications:

A. A bachelor's degree or higher in Early Childhood Education (ECE) or Child Development (CD) or related fields, e.g. maternal-child health, nursing, or human development; twelve months of full time experience working with children under thirty-six months of age in a licensed group care setting; twelve semester credits approved ECE or CD courses, which may be part of the bachelor's degree and shall be from a regionally accredited college or university; and thirty hours of course work in infant and toddler development from an accredited teacher training institute or program; or

B. A high school diploma or its equivalent, and a child development associate credential; twenty-four months of full time experience working with children under five years of age in a licensed group care setting of which at least twelve months of experience shall have been with children under thirty-six months of age; twelve semester credits approved ECE or CD courses from a regionally accredited college or university or transferable to a regionally accredited college or university; and thirty hours of course work in infant toddler development from an accredited teacher training institute or program; or

C. Two years of college education from a regionally accredited college or university, preferably in ECE or CD or related fields; twenty-four months of full time experience working with children under five years of age in a licensed group care setting of which at least twelve months of experience shall have been with children under thirty-six months of age; twelve semester credits approved ECE or CD courses from a regionally accredited college or university or transferable to a regionally accredited college or university; and thirty hours of course work in infant and toddler development from an accredited teacher training institute.

4. Caregiver qualifications:

A. A high school diploma or its equivalent, twelve months of full time experience working with children under thirty-six months of age in a licensed group care setting, twelve semester credits approved ECE or CD training courses from a regionally accredited college or university or transferable to a regionally accredited college or university, and thirty hours of course work in infant and toddler development from an accredited teacher training institute or program; or

B. A high school diploma, thirty-six months of full time experience working with children under thirty-six months of age in a licensed group setting, and thirty hours of course work in infant and toddler development from an accredited

teacher training institute or program.

- 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 or higher in early childhood education (ECE), child development (CD), or related field from a regionally accredited college or university or transferable to a regionally accredited college or university; thirty hours of course work in infant and toddler development from an accredited teacher training institute or program; and twelve months of full time experience working with children under thirty-six months of age in a licensed group care setting; or Two years of college education from a regionally accredited college or university in early childhood education, child development, or related field; thirty hours of course work in infant and toddler development from an accredited teacher training institute or program; and twenty-four months of full time experience working with children under thirty-six months of age in a licensed group care setting.**
Preschool: A bachelor's degree from a regionally accredited college or university preferably with courses in early childhood education, child development, or related fields, and two (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 a regionally accredited college or university and 12 months of experience working with children; or 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.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Shall be at least 18 years old and have two (2) written references. Family child care (FCC) center caregiver must have pediatric first aid and child cardiopulmonary resuscitation certification. No other educational qualifications or work experience required. Each caregiver, substitute and volunteer, shall complete initial and annual health and safety training.**

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **N/A, this arrangement appears unlikely. However, registered providers shall be at least 18 years old and have two (2) written references. The registered caregiver must have pediatric first aid and child cardiopulmonary resuscitation certification. No other educational qualifications or work experience required. Each caregiver, substitute and volunteer, shall complete initial and annual health and safety training.**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

- a. License-exempt center-based child care. **(A) An initial training in health and safety standards that is approved by the department prior to caring for an eligible child; (B) Safe sleep training that is approved by the department on an annual basis when the provider starts caring for an eligible child who is less than one (1) year of age; until no eligible children in care are less than one (1) year of age; and (C) Minimum of eight (8) hours of training within one year of completion of the initial training . Submit to initial, annual, and on-going monitoring inspections where care is being provided to ensure compliance.**
- b. License-exempt home-based child care. **(A) An initial training in health and safety standards that is approved by the department prior to caring for an eligible child; (B) Safe sleep training that is approved by the department on an annual basis when the provider starts caring for an eligible child who is less than one (1) year of age; until no eligible children in care are less than one (1) year of age; and (C) Minimum of eight (8) hours of training within one (1) year of completion of the initial training.**
- c. License-exempt in-home care (care in the child’s own home). **(A) An initial training in health and safety standards that is approved by the department prior to caring for an eligible child; (B) Safe sleep training that is approved by the department on an annual basis when the provider starts caring for an eligible child who is less than one (1) year of age; until no eligible children in care are less than one (1) year of age; and (C) Minimum of eight (8) hours of training within one (1) year of completion of the initial training.**

5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **1. Providers shall have health policies for control for the spread of communicable diseases,**

handwashing procedures and a regular cleaning plan to protect the health of the children and staff members.

2. When disposable diapers are used, soiled diapers shall be placed in a plastic bag or a plastic lined receptacle.

3. When cloth diapers or training pants are used, diapers or training pants soiled with stool shall not be washed at the center; using disposable plastic gloves, the diaper or training pants shall be put in a sealed plastic bag to be picked up by the child's parent or guardian at the end of the day.

4. Training pants and cloth diapers shall be placed in a sealed bag when returning to parents.

5. Toys shall be sanitized daily for infants and toddlers.

6. 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.

7. There shall be clean bedding for each child and ill children shall be kept isolated while providing adequate supervision.

8. 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.

9. The facility shall have written procedures for infection control, to use in all situations to prevent the transmission of blood-borne pathogens that may be spread through blood and body fluids.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: 1. Providers shall have health policies for control for the spread of communicable diseases, handwashing procedures and a regular cleaning plan to protect the health of the children and provider.

2. When disposable diapers are used, soiled diapers shall be placed in a plastic bag or a plastic lined receptacle.

3. When cloth diapers or training pants are used, diapers or training pants soiled with stool shall not be washed at the center; using disposable plastic gloves, the diaper or training pants shall be put in a sealed plastic bag to be picked up by the child's parent or guardian at the end of the day.

4. Training pants and cloth diapers shall be placed in a sealed bag when returning to parents.

5. Toys shall be sanitized daily for infants and toddlers.

6. 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.

7. There shall be clean bedding for each child and ill children shall be kept isolated while providing adequate supervision.

8. 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.

iii. All CCDF-eligible licensed in-home care. Provide the standard: N/A

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **1. Providers shall have health policies for control for the spread of communicable diseases, handwashing procedures and a regular cleaning plan.**
2. When disposable diapers are used, soiled diapers shall be placed in a plastic bag or a plastic lined receptable.
3. When cloth diapers or training pants are used, diapers or training paints soiled with stool shall not be washed at the center; using disposable plastic gloves, the diaper or training pants shall be put in a sealed plastic bag to be picked up by the child’s parent or guardian at the end of the day.
4. Training pants and cloth diapers shall be placed in a sealed bag when returning to parents.
5. Toys shall be sanitized daily for infants and toddlers.
6. 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.
7. There shall be clean bedding for each child and ill children shall be kept isolated while providing adequate supervision.
8. 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.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **1. Providers shall have health policies for control for the spread of communicable diseases, handwashing procedures and a regular cleaning plan.**
2. When disposable diapers are used, soiled diapers shall be placed in a plastic bag or a plastic lined receptable.
3. When cloth diapers or training pants are used, diapers or training paints soiled with stool shall not be washed at the center; using disposable plastic gloves, the diaper or training pants shall be put in a sealed plastic bag to be picked up by the child’s parent or guardian at the end of the day.
4. Training pants and cloth diapers shall be placed in a sealed bag when returning to parents.
5. Toys shall be sanitized daily for infants and toddlers.
6. 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.
7. There shall be clean bedding for each child and ill children shall be kept isolated while providing adequate supervision.
8. 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.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **1. Providers shall have health policies for control for the spread of communicable diseases, handwashing procedures and a regular cleaning plan.**

2. When disposable diapers are used, soiled diapers shall be placed in a plastic bag or a plastic lined receptacle.
 3. When cloth diapers or training pants are used, diapers or training pants soiled with stool shall not be washed at the center; using disposable plastic gloves, the diaper or training pants shall be put in a sealed plastic bag to be picked up by the child's parent or guardian at the end of the day.
 4. Training pants and cloth diapers shall be placed in a sealed bag when returning to parents.
 5. Toys shall be sanitized daily for infants and toddlers.
 6. 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.
 7. There shall be clean bedding for each child and ill children shall be kept isolated while providing adequate supervision.
 8. 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.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard:
 1. Providers shall have health policies for control for the spread of communicable diseases, handwashing procedures and a regular cleaning plan to protect the health of the children and staff members.
 2. When disposable diapers are used, soiled diapers shall be placed in a plastic bag or a plastic lined receptacle.
 3. When cloth diapers or training pants are used, diapers or training pants soiled with stool shall not be washed at the center; using disposable plastic gloves, the diaper or training pants shall be put in a sealed plastic bag to be picked up by the child's parent or guardian at the end of the day.
 4. Training pants and cloth diapers shall be placed in a sealed bag when returning to parents.
 5. Toys shall be sanitized daily for infants and toddlers.
 6. 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.
 7. There shall be clean bedding for each child and ill children shall be kept isolated while providing adequate supervision.
 8. 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.
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **(1) Child's record of immunizations, or a written statement from a licensed physician certifying that**

the physical condition of the infant or toddler is such that immunizations would endanger the infant or toddler's life or health, or a written statement from a parent or guardian requesting exemption from the required immunizations on the grounds that such immunizations conflict with the parent or guardian's bona fide religious tenets and practices, in accordance with Chapter 11-157.

(2) Evidence of tuberculosis clearance in accordance with Chapter 11-164.2;

(3) Evidence of the child's physical examination; and

(4) The signature of a physician or health agency, signed within one (1) year prior to admission.

For children experiencing homelessness or in foster care, the child care facility shall allow a grace period of three months from the child's first day in care to obtain from the parent or guardian of each child, entering child care, a health record of the child, which complies with the provisions of Chapter 11-157, which relate to the immunization, physical examination, and Chapter 11-164.2 for tuberculosis clearance.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **(1) Child's record of immunizations, or a written statement from a licensed physician certifying that the physical condition of the infant or toddler is such that immunizations would endanger the infant or toddler's life or health, or a written statement from a parent or guardian requesting exemption from the required immunizations on the grounds that such immunizations conflict with the parent or guardian's bona fide religious tenets and practices, in accordance with Chapter 11-157.**

(2) Evidence of tuberculosis clearance in accordance with Chapter 11-164.2;

(3) Evidence of the child's physical examination; and

(4) The signature of a physician or health agency, signed within one (1) year prior to admission.

For children experiencing homelessness or in foster care, the child care facility shall allow a grace period of three months from the child's first day in care to obtain from the parent or guardian of each child, entering child care, a health record of the child, which complies with the provisions of Chapter 11-157, which relate to the immunization, physical examination, and Chapter 11-164.2 for tuberculosis clearance.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **(1) Child's record of immunizations, or a written statement from a licensed physician certifying that the physical condition of the infant or toddler is such that immunizations would endanger the infant or toddler's life or health, or a written statement from a parent or guardian requesting exemption from the required immunizations on the grounds that such immunizations conflict with the parent or guardian's bona fide religious tenets and practices, in accordance with Chapter 11-157.**

(2) Evidence of tuberculosis clearance in accordance with Chapter 11-164.2;

(3) Evidence of the child's physical examination; and

(4) The signature of a physician or health agency, signed within one (1) year prior

to admission.

For children experiencing homelessness or in foster care, the child care facility shall allow a grace period of three months from the child's first day in care to obtain from the parent or guardian of each child, entering child care, a health record of the child, which complies with the provisions of Chapter 11-157, which relate to the immunization, physical examination, and Chapter 11-164.2 for tuberculosis clearance.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **(1) Child's record of immunizations, or a written statement from a licensed physician certifying that the physical condition of the infant or toddler is such that immunizations would endanger the infant or toddler's life or health, or a written statement from a parent or guardian requesting exemption from the required immunizations on the grounds that such immunizations conflict with the parent or guardian's bona fide religious tenets and practices, in accordance with Chapter 11-157.**

(2) Evidence of tuberculosis clearance in accordance with Chapter 11-164.2;

(3) Evidence of the child's physical examination; and

(4) The signature of a physician or health agency, signed within one (1) year prior to admission.

For children experiencing homelessness or in foster care, the child care facility shall allow a grace period of three months from the child's first day in care to obtain from the parent or guardian of each child, entering child care, a health record of the child, which complies with the provisions of Chapter 11-157, which relate to the immunization, physical examination, and Chapter 11-164.2 for tuberculosis clearance.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **(1) Child's record of immunizations, or a written statement from a licensed physician certifying that the physical condition of the infant or toddler is such that immunizations would endanger the infant or toddler's life or health, or a written statement from a parent or guardian requesting exemption from the required immunizations on the grounds that such immunizations conflict with the parent or guardian's bona fide religious tenets and practices, in accordance with Chapter 11-157.**

(2) Evidence of tuberculosis clearance in accordance with Chapter 11-164.2;

(3) Evidence of the child's physical examination; and

(4) The signature of a physician or health agency, signed within one (1) year prior to admission.

For children experiencing homelessness or in foster care, the child care facility shall allow a grace period of three months from the child's first day in care to obtain from the parent or guardian of each child, entering child care, a health record of the child, which complies with the provisions of Chapter 11-157, which relate to the immunization, physical examination, and Chapter 11-164.2 for tuberculosis clearance.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **(1) Child's record of immunizations, or a written statement from a licensed physician certifying that the physical condition**

of the infant or toddler is such that immunizations would endanger the infant or toddler's life or health, or a written statement from a parent or guardian requesting exemption from the required immunizations on the grounds that such immunizations conflict with the parent or guardian's bona fide religious tenets and practices, in accordance with Chapter 11-157.

(2) Evidence of tuberculosis clearance in accordance with Chapter 11-164.2;

(3) Evidence of the child's physical examination; and

(4) The signature of a physician or health agency, signed within one (1) year prior to admission.

For children experiencing homelessness or in foster care, the child care facility shall allow a grace period of three months from the child's first day in care to obtain from the parent or guardian of each child, entering child care, a health record of the child, which complies with the provisions of Chapter 11-157, which relate to the immunization, physical examination, and Chapter 11-164.2 for tuberculosis clearance.

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **All employees, household members, and volunteers of the child care facility that care for children less than one (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 one (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 three (3) feet apart and staff shall be within hearing distance. The Basic Health and Safety Practices Child Care Provider's Guide has additional standards that address Sudden Infant Death Syndrome (SIDS) or serious sleep-related accident. Putting an infant to sleep on the back reduces the risk of SIDS. Care providers can also support safe sleeping conditions by removing soft bedding like pillows, stuffed toys, comforters, and bumper guards from the sleeping area, ensuring that the care environment and any vehicle a child rides are smoke free, putting infants to sleep in a safety-approved crib or play yard, and not putting the child to sleep in the same bed with others. These types of actions are ways to support healthy sleep environments for infants and reduce the risk of sleep-related accidents due to smothering, suffocation, or strangulation.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All employees, household members and volunteers of the child care facility that care for children less than one (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 one (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 three (3) feet apart and staff shall be within hearing distance.

The Basic Health and Safety Practices Child Care Provider’s Guide has additional standards that address Sudden Infant Death Syndrome (SIDS) or serious sleep-related accident. Putting an infant to sleep on the back reduces the risk of SIDS. Care providers can also support safe sleeping conditions by removing soft bedding like pillows, stuffed toys, comforters, and bumper guards from the sleeping area, ensuring that the care environment and any vehicle a child rides are smoke free, putting infants to sleep in a safety-approved crib or play yard, and not putting the child to sleep in the same bed with others. These types of actions are ways to support healthy sleep environments for infants and reduce the risk of sleep-related accidents due to smothering, suffocation, or strangulation.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **For a child less than one year of age, the provider shall ensure the following: (1) areas where children sleep are kept ventilated and at a safe temperature; (2) That each child has a separate crib or playpen; (3) That cribs or playpens used for care have not been recalled by the United States consumer product safety commission; provided that a recalled item may be used if repaired in accordance with the manufacturer's standards, and the provider maintains a record of the repair; (4) Not allowing for any other sleeping arrangement; including bed-sharing; (5) Placing the child on his or her back to sleep, unless written instructions for an alternative sleep position are on file; (6) Moving the child to a crib or playpen for the remainder of the nap when the child falls asleep in a location or in equipment other than a crib or playpen; (7) Monitoring and periodically checking on a sleeping child; (8) The crib or playpen has a clean, tightly-fitted sheet; and (9) The crib or playpen does not have any bedding or toys placed in with a child.**
The Basic Health and Safety Practices Child Care Provider’s Guide has additional standards that address Sudden Infant Death Syndrome (SIDS) or serious sleep-related accident. Putting an infant to sleep on the back reduces the risk of SIDS. Care providers can also support safe sleeping conditions by removing soft bedding like pillows, stuffed toys, comforters, and bumper guards from the sleeping area, ensuring that the care environment and any vehicle a child rides are smoke free, putting infants to sleep in a safety-approved crib or play yard, and not putting the child to sleep in the same bed with others. These types of actions are ways to support healthy sleep environments for infants and reduce the risk of sleep-related accidents due to smothering, suffocation, or strangulation.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **For a child less than one year of age, the provider shall ensure the following: (1) areas where children sleep are kept ventilated and at a safe temperature; (2) That**

each child has a separate crib or playpen; (3) That cribs or playpens used for care have not been recalled by the United States consumer product safety commission; provided that a recalled item may be used if repaired in accordance with the manufacturer's standards, and the provider maintains a record of the repair; (4) Not allowing for any other sleeping arrangement; including bed-sharing; (5) Placing the child on his or her back to sleep, unless written instructions for an alternative sleep position are on file; (6) Moving the child to a crib or playpen for the remainder of the nap when the child falls asleep in a location or in equipment other than a crib or playpen; (7) Monitoring and periodically checking on a sleeping child; (8) The crib or playpen has a clean, tightly-fitted sheet; and (9) The crib or playpen does not have any bedding or toys placed in with a child.

The Basic Health and Safety Practices Child Care Provider's Guide has additional standards that address Sudden Infant Death Syndrome (SIDS) or serious sleep-related accident. Putting an infant to sleep on the back reduces the risk of SIDS. Care providers can also support safe sleeping conditions by removing soft bedding like pillows, stuffed toys, comforters, and bumper guards from the sleeping area, ensuring that the care environment and any vehicle a child rides are smoke free, putting infants to sleep in a safety-approved crib or play yard, and not putting the child to sleep in the same bed with others. These types of actions are ways to support healthy sleep environments for infants and reduce the risk of sleep-related accidents due to smothering, suffocation, or strangulation.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: For a child less than one year of age, the provider shall ensure the following: (1) areas where children sleep are kept ventilated and at a safe temperature; (2) That each child has a separate crib or playpen; (3) That cribs or playpens used for care have not been recalled by the United States consumer product safety commission; provided that a recalled item may be used if repaired in accordance with the manufacturer's standards, and the provider maintains a record of the repair; (4) Not allowing for any other sleeping arrangement; including bed-sharing; (5) Placing the child on his or her back to sleep, unless written instructions for an alternative sleep position are on file; (6) Moving the child to a crib or playpen for the remainder of the nap when the child falls asleep in a location or in equipment other than a crib or playpen; (7) Monitoring and periodically checking on a sleeping child; (8) The crib or playpen has a clean, tightly-fitted sheet; and (9) The crib or playpen does not have any bedding or toys placed in with a child. The Basic Health and Safety Practices Child Care Provider's Guide has additional standards that address Sudden Infant Death Syndrome (SIDS) or serious sleep-related accident. Putting an infant to sleep on the back reduces the risk of SIDS. Care providers can also support safe sleeping conditions by removing soft bedding like pillows, stuffed toys, comforters, and bumper guards from the sleeping area, ensuring that the care environment and any vehicle a child rides are smoke free, putting infants to sleep in a safety-approved crib or play yard, and not putting the child to sleep in the same bed with others. These types of actions are ways to support healthy sleep environments for infants and reduce the risk of sleep-related accidents due to smothering, suffocation, or strangulation.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A due to age of children in care: Hawaii**

Administrative Rules: 17-896.1-10

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

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

i. All CCDF-eligible licensed center care. Provide the standard: **When medication prescribed by a physician is administered at the facility:**

1. Written permission from the child's parent or guardian to administer medication is on file.

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.

3. Medication shall be kept out of the reach of the children and shall be returned to parents or guardians when no longer in house.

When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.

The Basic Health and Safety Practices Child Care Provider's Guide has additional standards that address the administration of medication.

1. Before administering medication: Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Remove medication from a storage area that is inaccessible to children. Wash hands thoroughly. Wear latex-free gloves if applying topical medications or eye and ear drops. Recheck and confirm child's name, medication expiration date, time, name of medication, dose, and physician's directions are indicated on the medication. Administer medication to the child as prescribed.

2. After giving the medication: document the time and date the medication was given and the amount. Put medication away in storage area that is inaccessible to children. Wash hands thoroughly. Observe child's response to the medication. If there is any reaction to the medication, document the reaction and call/inform the child's parent(s) immediately and, if necessary, call 911.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **When medication prescribed by a physician is administered at the facility:**

1. Written permission from the child's parent or guardian to administer medication is on file;

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.

3. Medication shall be kept out of the reach of the children and shall be returned to parents or guardians when no longer in house.

When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the

doctor or parent or guardian in writing.

The Basic Health and Safety Practices Child Care Provider’s Guide has additional standards that address the administration of medication.

1. Before administering medication: Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Remove medication from a storage area that is inaccessible to children. Wash hands thoroughly. Wear latex-free gloves if applying topical medications or eye and ear drops. Recheck and confirm child’s name, medication expiration date, time, name of medication, dose, and physician’s directions are indicated on the medication. Administer medication to the child as prescribed.

2. After giving the medication: document the time and date the medication was given and the amount. Put medication away in storage area that is inaccessible to children. Wash hands thoroughly. Observe child’s response to the medication. If there is any reaction to the medication, document the reaction and call/inform the child’s parent(s) immediately and, if necessary, call 911.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **When medication prescribed by a physician is administered at the facility:**

1. Written permission from the child’s parent or guardian to administer medication is on file;

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.

3. Medication shall be kept out of the reach of the children and shall be returned to parents or guardians when no longer in house.

When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.

The Basic Health and Safety Practices Child Care Provider’s Guide has additional standards that address the administration of medication.

1. Before administering medication: Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Remove medication from a storage area that is inaccessible to children. Wash hands thoroughly. Wear latex-free gloves if applying topical medications or eye and ear drops. Recheck and confirm child’s name, medication expiration date, time, name of medication, dose, and physician’s directions are indicated on the medication. Administer medication to the child as prescribed.

2. After giving the medication: document the time and date the medication was given and the amount. Put medication away in storage area that is inaccessible to children. Wash hands thoroughly. Observe child’s response to the medication. If there is any reaction to the medication, document the reaction and call/inform the child’s parent(s) immediately and, if necessary, call 911.

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

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

1. Written permission from the child's parent or guardian to administer medication is on file;
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.
3. Medication shall be kept out of the reach of the children and shall be returned to parents or guardians when no longer in house. When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.

The Basic Health and Safety Practices Child Care Provider's Guide has additional standards that address the administration of medication.

1. Before administering medication: Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Remove medication from a storage area that is inaccessible to children. Wash hands thoroughly. Wear latex-free gloves if applying topical medications or eye and ear drops. Recheck and confirm child's name, medication expiration date, time, name of medication, dose, and physician's directions are indicated on the medication. Administer medication to the child as prescribed.

2. After giving the medication: document the time and date the medication was given and the amount. Put medication away in storage area that is inaccessible to children. Wash hands thoroughly. Observe child's response to the medication. If there is any reaction to the medication, document the reaction and call/inform the child's parent(s) immediately and, if necessary, call 911.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When medication prescribed by a physician is administered at the facility:**

1. Written permission from the child's parent or guardian to administer medication is on file;
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.
3. Medication shall be kept out of the reach of the children and shall be returned to parents or guardians when no longer in house.

When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.

The Basic Health and Safety Practices Child Care Provider's Guide has additional standards that address the administration of medication.

1. Before administering medication: Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Remove medication from a storage area that is inaccessible to children. Wash hands thoroughly. Wear latex-free gloves if applying topical medications or eye and ear drops. Recheck and confirm child's name, medication expiration date, time, name of medication, dose, and

physician's directions are indicated on the medication. Administer medication to the child as prescribed.

2. After giving the medication: document the time and date the medication was given and the amount. Put medication away in storage area that is inaccessible to children. Wash hands thoroughly. Observe child's response to the medication. If there is any reaction to the medication, document the reaction and call/inform the child's parent(s) immediately and, if necessary, call 911.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **When medication prescribed by a physician is administered at the facility:**
 - 1. Written permission from the child's parent or guardian to administer medication is on file;
 - 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.
 - 3. Medication shall be kept out of the reach of the children and shall be returned to parents or guardians when no longer in house.

When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.

The Basic Health and Safety Practices Child Care Provider's Guide has additional standards that address the administration of medication.

 - 1. Before administering medication: Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Remove medication from a storage area that is inaccessible to children. Wash hands thoroughly. Wear latex-free gloves if applying topical medications or eye and ear drops. Recheck and confirm child's name, medication expiration date, time, name of medication, dose, and physician's directions are indicated on the medication. Administer medication to the child as prescribed.
 - 2. After giving the medication: document the time and date the medication was given and the amount. Put medication away in storage area that is inaccessible to children. Wash hands thoroughly. Observe child's response to the medication. If there is any reaction to the medication, document the reaction and call/inform the child's parent(s) immediately and, if necessary, call 911.
- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **When medication prescribed by a physician is administered at the facility, written permission from the child's parent or guardian to administer medication is on file. When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.**

The Basic Health and Safety Practices Child Care Provider's Guide has standards that address obtaining permission from parents to administer medications to

children. Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Consent form will authorize the individual/provider to give the child the prescribed dose of medication as listed on the consent form including: Name of medication, dose, at the following time and dates, and prescribed by named doctor. Medication must be in its original container and long-term medication must be renewed every three (3) months. Consent form also includes: possible side effects if any and signature of Parent and Physician, date of prescription and name of prescription.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **When medication prescribed by a physician is administered at the facility, written permission from the child’s parent or guardian to administer medication is on file. When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.**
The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address obtaining permission from parents to administer medications to children. Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Consent form will authorize the individual/provider to give the child the prescribed dose of medication as listed on the consent form including: Name of medication, dose, at the following time and dates, and prescribed by named doctor. Medication must be in its original container and long-term medication must be renewed every three (3) months. Consent form also includes: possible side effects if any and signature of Parent and Physician, date of prescription and name of prescription.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **When medication prescribed by a physician is administered at the facility, written permission from the child’s parent or guardian to administer medication is on file. When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.**
The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address obtaining permission from parents to administer medications to children. Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Consent form will authorize the individual/provider to give the child the prescribed dose of medication as listed on the consent form including: Name of medication, dose, at the following time and dates, and prescribed by named doctor. Medication must be in its original container and long-term medication must be renewed every three (3) months. Consent form also includes: possible side effects if any and signature of Parent and Physician, date of prescription and name of prescription

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **When medication prescribed by a physician is administered at the facility, written permission from the child’s parent or guardian to administer medication is on file. When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.**
The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address obtaining permission from parents to administer medications to children. Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Consent form will authorize the individual/provider to give the child the prescribed dose of medication as listed on the consent form including: Name of medication, dose, at the following time and dates, and prescribed by named doctor. Medication must be in its original container and long-term medication must be renewed every three (3) months. Consent form also includes: possible side effects if any and signature of Parent and Physician, date of prescription and name of prescription.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When medication prescribed by a physician is administered at the facility, written permission from the child’s parent or guardian to administer medication is on file. When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.**
The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address obtaining permission from parents to administer medications to children. Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Consent form will authorize the individual/provider to give the child the prescribed dose of medication as listed on the consent form including: Name of medication, dose, at the following time and dates, and prescribed by named doctor. Medication must be in its original container and long-term medication must be renewed every three (3) months. Consent form also includes: possible side effects if any and signature of Parent and Physician, date of prescription and name of prescription.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **When medication prescribed by a physician is administered at the facility, written permission from the child’s parent or guardian to administer medication is on file. When over-the-counter medication is recommended by the child or family doctor, medication shall be administered at the child care facility as directed by the doctor or parent or guardian in writing.**
The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address obtaining permission from parents to administer medications to children. Ensure parent(s) have completed the Consent for the Administration of Medication Form. Check all information on consent form to ensure accuracy. Consent form will authorize the individual/provider to give the child the prescribed dose of medication as listed on the consent form including: Name of medication, dose, at the following time and dates, and prescribed by named doctor. Medication must be in its original container and long-term

medication must be renewed every three (3) months. Consent form also includes: possible side effects if any and signature of Parent and Physician, date of prescription and name of prescription.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **(1) Children shall not be offered foods to which they are allergic or, for religious reasons, cannot consume. Provisions shall be made to secure such information from the parent or guardian, and the parent or guardian of the child shall arrange for nutritious substitute foods. (2) A list of food items that are provided by the caregiver shall be posted in a prominent place for review by parents.**
The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address food allergies: **(1) Collect information from the family about the child’s known food allergies. (2) Ask the family to provide a care plan prepared by the child’s health care provider that includes the food(s) the child is allergic to. (3) Post a sign about individual child's food allergies prominently in your food preparation area where staff can view and/or wherever food is served. (4) Consider eliminating the offending food entirely from your site to decrease the danger of an accidental exposure. (5) Notify families of any known food allergens of the children in your care; and ask them not to bring any of the offending foods to your site.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall obtain from the parent or guardian of each child, by the child's first day entering child care, information about the health needs for each child, including any allergies.**
The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address food allergies: **(1) Collect information from the family about the child’s known food allergies. (2) Ask the family to provide a care plan prepared by the child’s health care provider that includes the food(s) the child is allergic to. (3) Post a sign about individual child's food allergies prominently in your food preparation area where staff can view and/or wherever food is served. (4) Consider eliminating the offending food entirely from your site to decrease the danger of an accidental exposure. (5) Notify families of any known food allergens of the children in your care; and ask them not to bring any of the offending foods to your site.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider shall obtain from the parent or guardian of each child, by the child's first day entering child care, information about the health needs for each child, including**

any allergies.

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address food allergies: (1) Collect information from the family about the child’s known food allergies. (2) Ask the family to provide a care plan prepared by the child’s health care provider that includes the food(s) the child is allergic to. (3) Post a sign about individual child's food allergies prominently in your food preparation area where staff can view and/or wherever food is served. (4) Consider eliminating the offending food entirely from your site to decrease the danger of an accidental exposure. (5) Notify families of any known food allergens of the children in your care; and ask them not to bring any of the offending foods to your site.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider shall obtain from the parent or guardian of each child, by the child's first day entering child care, information about the health needs for each child, including any allergies.**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address food allergies: (1) Collect information from the family about the child’s known food allergies. (2) Ask the family to provide a care plan prepared by the child’s health care provider that includes the food(s) the child is allergic to. (3) Post a sign about individual child's food allergies prominently in your food preparation area where staff can view and/or wherever food is served. (4) Consider eliminating the offending food entirely from your site to decrease the danger of an accidental exposure. (5) Notify families of any known food allergens of the children in your care; and ask them not to bring any of the offending foods to your site.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider shall obtain from the parent or guardian of each child, by the child's first day entering child care, information about the health needs for each child, including any allergies.**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address food allergies: (1) Collect information from the family about the child’s known food allergies. (2) Ask the family to provide a care plan prepared by the child’s health care provider that includes the food(s) the child is allergic to. (3) Post a sign about individual child's food allergies prominently in your food preparation area where staff can view and/or wherever food is served. (4) Consider eliminating the offending food entirely from your site to decrease the danger of an accidental exposure. (5) Notify families of any known food allergens of the children in your care; and ask them not to bring any of the offending foods to your site.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider shall obtain from the parent or guardian of each child, by the child's first day entering child care, information about the health needs for each child, including any allergies.**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address food allergies: (1) Collect information from the family about the child’s known food allergies. (2) Ask the family to provide a care plan prepared by

the child's health care provider that includes the food(s) the child is allergic to. (3) Post a sign about individual child's food allergies prominently in your food preparation area where staff can view and/or wherever food is served. (4) Consider eliminating the offending food entirely from your site to decrease the danger of an accidental exposure. (5) Notify families of any known food allergens of the children in your care; and ask them not to bring any of the offending foods to your site.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for the standard of response to emergencies due to food and allergic reactions. Preliminary of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement this requirement. The Monitoring Team reported that they did not find evidence that the Lead Agency has requirements for the response to emergencies due to food or allergic reactions. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for response to emergencies during the implementation conference. However, the Department of Human Services requires all caregivers to complete the initial training by reviewing The Basic Health and Safety Practices Child Care Provider's Guide and completing the Assessment with 100% accuracy. The Basic Health and Safety Practices Child Care Provider's Guide has the following standards that address the response to an allergic reaction: (1) Ask the family to provide a care plan prepared by the child's health care provider that includes the following: Food(s) the child is allergic to, specific symptoms that would indicate the need to administer medication - names, doses, and methods of administration of any medications. (2) If the family gives you an EpiPen for administration, have the parent(s) train you on how to use it. (3) Have the family complete Consent for Administration of Medication Form. (4) Recognizing symptoms of an allergic reaction: Sit with the child during meals. Observe for signs of allergic reactions, such as sudden onset of sneezing, redness, hives, itching skin, swollen or bluish skin or lips, choking, or inability to speak. Listen and watch for cues of discomfort. A child who is verbal may tell you - My mouth feels funny - Something is poking my tongue - My tongue (or mouth) is itching (or burning) - My tongue is hot - There's something stuck in my throat - My lips feel tight - There are bugs in my ears. (5) Treating allergic reactions: Promptly administer the prescribed medication according to the care plan. Notify the child's parent(s) immediately if there are any suspected allergic reactions or contact with the allergen, even if a reaction did not occur. If epinephrine has been administered, contact 911 immediately. Carry the written care plan, a telephone, emergency phone numbers, and proper medications with you on field trips or any kind of transport away from your site. Contact 911, if needed.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The**

Department of Human Services (DHS) is not compliant by 10/01/24 for the standard of response to emergencies due to food and allergic reactions. Preliminary of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement this requirement.

The Monitoring Team reported that they did not find evidence that the Lead Agency has requirements for the response to emergencies due to food or allergic reactions. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for response to emergencies during the implementation conference. However, the Department of Human Services requires all caregivers to complete the initial training by reviewing The Basic Health and Safety Practices Child Care Provider's Guide and completing the Assessment with 100% accuracy.

The Basic Health and Safety Practices Child Care Provider's Guide has the following standards that address the response to an allergic reaction: (1) Ask the family to provide a care plan prepared by the child's health care provider that includes the following: Food(s) the child is allergic to, specific symptoms that would indicate the need to administer medication - names, doses, and methods of administration of any medications. (2) If the family gives you an EpiPen for administration, have the parent(s) train you on how to use it. (3) Have the family complete Consent for Administration of Medication Form. (4) Recognizing symptoms of an allergic reaction: Sit with the child during meals. Observe for signs of allergic reactions, such as sudden onset of sneezing, redness, hives, itching skin, swollen or bluish skin or lips, choking, or inability to speak. Listen and watch for cues of discomfort. A child who is verbal may tell you - My mouth feels funny - Something is poking my tongue - My tongue (or mouth) is itching (or burning) - My tongue is hot - There's something stuck in my throat - My lips feel tight - There are bugs in my ears. (5) Treating allergic reactions: Promptly administer the prescribed medication according to the care plan. Notify the child's parent(s) immediately if there are any suspected allergic reactions or contact with the allergen, even if a reaction did not occur. If epinephrine has been administered, contact 911 immediately. Carry the written care plan, a telephone, emergency phone numbers, and proper medications with you on field trips or any kind of transport away from your site. ▪ Contact 911, if needed.

iii. All CCDF-eligible licensed in-home care. Provide the standard:: N/A

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for the standard of response to emergencies due to food and allergic reactions. Preliminary of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement this requirement.**

The Monitoring Team reported that they did not find evidence that the Lead Agency has requirements for the response to emergencies due to food or allergic reactions. The Department of Human Services plans to work on this Standard for

the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for response to emergencies during the implementation conference. However, the Department of Human Services requires all caregivers to complete the initial training by reviewing The Basic Health and Safety Practices Child Care Provider's Guide and completing the Assessment with 100% accuracy.

The Basic Health and Safety Practices Child Care Provider's Guide has the following standards that address the response to an allergic reaction: (1) Ask the family to provide a care plan prepared by the child's health care provider that includes the following: Food(s) the child is allergic to, specific symptoms that would indicate the need to administer medication - names, doses, and methods of administration of any medications. (2) If the family gives you an EpiPen for administration, have the parent(s) train you on how to use it. (3) Have the family complete Consent for Administration of Medication Form. (4) Recognizing symptoms of an allergic reaction: Sit with the child during meals. Observe for signs of allergic reactions, such as sudden onset of sneezing, redness, hives, itching skin, swollen or bluish skin or lips, choking, or inability to speak. Listen and watch for cues of discomfort. A child who is verbal may tell you - My mouth feels funny - Something is poking my tongue - My tongue (or mouth) is itching (or burning) - My tongue is hot - There's something stuck in my throat - My lips feel tight - There are bugs in my ears. (5) Treating allergic reactions: Promptly administer the prescribed medication according to the care plan. Notify the child's parent(s) immediately if there are any suspected allergic reactions or contact with the allergen, even if a reaction did not occur. If epinephrine has been administered, contact 911 immediately. Carry the written care plan, a telephone, emergency phone numbers, and proper medications with you on field trips or any kind of transport away from your site. Contact 911, if needed.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: The Department of Human Services (DHS) is not compliant by 10/01/24 for the standard of response to emergencies due to food and allergic reactions. Preliminary of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement this requirement.

The Monitoring Team reported that they did not find evidence that the Lead Agency has requirements for the response to emergencies due to food or allergic reactions. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for response to emergencies during the implementation conference. However, the Department of Human Services requires all caregivers to complete the initial training by reviewing The Basic Health and Safety Practices Child Care Provider's Guide and completing the Assessment with 100% accuracy.

The Basic Health and Safety Practices Child Care Provider's Guide has the following standards that address the response to an allergic reaction: (1) Ask the family to provide a care plan prepared by the child's health care provider that includes the following: Food(s) the child is allergic to, specific symptoms that would indicate the need to administer medication - names, doses, and methods of

administration of any medications. (2) If the family gives you an EpiPen for administration, have the parent(s) train you on how to use it. (3) Have the family complete Consent for Administration of Medication Form. (4) Recognizing symptoms of an allergic reaction: Sit with the child during meals. Observe for signs of allergic reactions, such as sudden onset of sneezing, redness, hives, itching skin, swollen or bluish skin or lips, choking, or inability to speak. Listen and watch for cues of discomfort. A child who is verbal may tell you - My mouth feels funny - Something is poking my tongue - My tongue (or mouth) is itching (or burning) - My tongue is hot - There's something stuck in my throat - My lips feel tight - There are bugs in my ears. (5) Treating allergic reactions: Promptly administer the prescribed medication according to the care plan. Notify the child's parent(s) immediately if there are any suspected allergic reactions or contact with the allergen, even if a reaction did not occur. If epinephrine has been administered, contact 911 immediately. Carry the written care plan, a telephone, emergency phone numbers, and proper medications with you on field trips or any kind of transport away from your site. Contact 911, if needed.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for the standard of response to emergencies due to food and allergic reactions. Preliminary of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement this requirement.**

The Monitoring Team reported that they did not find evidence that the Lead Agency has requirements for the response to emergencies due to food or allergic reactions. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for response to emergencies during the implementation conference. However, the Department of Human Services requires all caregivers to complete the initial training by reviewing The Basic Health and Safety Practices Child Care Provider's Guide and completing the Assessment with 100% accuracy.

The Basic Health and Safety Practices Child Care Provider's Guide has the following standards that address the response to an allergic reaction: (1) Ask the family to provide a care plan prepared by the child's health care provider that includes the following: Food(s) the child is allergic to, specific symptoms that would indicate the need to administer medication - names, doses, and methods of administration of any medications. (2) If the family gives you an EpiPen for administration, have the parent(s) train you on how to use it. (3) Have the family complete Consent for Administration of Medication Form. (4) Recognizing symptoms of an allergic reaction: Sit with the child during meals. Observe for signs of allergic reactions, such as sudden onset of sneezing, redness, hives, itching skin, swollen or bluish skin or lips, choking, or inability to speak. Listen and watch for cues of discomfort. A child who is verbal may tell you - My mouth feels funny - Something is poking my tongue - My tongue (or mouth) is itching (or burning) - My tongue is hot - There's something stuck in my throat - My lips feel tight - There are bugs in my ears. (5) Treating allergic reactions: Promptly administer the prescribed medication according to the care plan. Notify the child's parent(s)

immediately if there are any suspected allergic reactions or contact with the allergen, even if a reaction did not occur. If epinephrine has been administered, contact 911 immediately. Carry the written care plan, a telephone, emergency phone numbers, and proper medications with you on field trips or any kind of transport away from your site. ▫ Contact 911, if needed.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for the standard of response to emergencies due to food and allergic reactions. Preliminary of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement this requirement.**

The Monitoring Team reported that they did not find evidence that the Lead Agency has requirements for the response to emergencies due to food or allergic reactions. DHS plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for response to emergencies during the implementation conference. However, the Department of Human Services requires all caregivers to complete the initial training by reviewing The Basic Health and Safety Practices Child Care Provider’s Guide and completing the Assessment with 100% accuracy.

The Basic Health and Safety Practices Child Care Provider’s Guide has the following standards that address the response to an allergic reaction: (1) Ask the family to provide a care plan prepared by the child’s health care provider that includes the following: Food(s) the child is allergic to, specific symptoms that would indicate the need to administer medication - names, doses, and methods of administration of any medications. (2) If the family gives you an EpiPen for administration, have the parent(s) train you on how to use it. (3) Have the family complete Consent for Administration of Medication Form. (4) Recognizing symptoms of an allergic reaction: Sit with the child during meals. Observe for signs of allergic reactions, such as sudden onset of sneezing, redness, hives, itching skin, swollen or bluish skin or lips, choking, or inability to speak. Listen and watch for cues of discomfort. A child who is verbal may tell you - My mouth feels funny - Something is poking my tongue - My tongue (or mouth) is itching (or burning) - My tongue is hot - There’s something stuck in my throat - My lips feel tight - There are bugs in my ears. (5) Treating allergic reactions: Promptly administer the prescribed medication according to the care plan. Notify the child’s parent(s) immediately if there are any suspected allergic reactions or contact with the allergen, even if a reaction did not occur. If epinephrine has been administered, contact 911 immediately. Carry the written care plan, a telephone, emergency phone numbers, and proper medications with you on field trips or any kind of transport away from your site. Contact 911, if needed.

- 5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard
 - a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards

for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **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. Covered containers shall be used for trash and removed often to avoid creating a health hazard or nuisance.
 3. Hazardous items such as poisons, cleaning solutions, poisonous plants, and firearms shall be inaccessible by children.
 4. 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.
 5. Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times.
 6. 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
 7. All parts of the buildings, building appurtenances, outdoor space, equipment, and all other parts of the facility shall be kept repaired, safe and sanitary at all times.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **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. Covered containers shall be used for trash and removed often to avoid creating a health hazard or nuisance.
 3. Hazardous items such as poisons, cleaning solutions, poisonous plants, and firearms shall be inaccessible by children.
 4. 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.
 5. Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times.
 6. 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
 7. All parts of the buildings, building appurtenances, outdoor space, equipment,

and all other parts of the facility shall be kept repaired, safe and sanitary at all times.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **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. Covered containers shall be used for trash and removed often to avoid creating a health hazard or nuisance.
 - 3. Hazardous items such as poisons, cleaning solutions, poisonous plants, and firearms shall be inaccessible by children.
 - 4. 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.
 - 5. Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times.
 - 6. 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
 - 7. All parts of the buildings, building appurtenances, outdoor space, equipment, and all other parts of the facility shall be kept repaired, safe and sanitary at all times.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **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. Covered containers shall be used for trash and removed often to avoid creating a health hazard or nuisance.
 - 3. Hazardous items such as poisons, cleaning solutions, poisonous plants, and firearms shall be inaccessible by children.
 - 4. 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.
 - 5. Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times.

- 6. 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
- 7. All parts of the buildings, building appurtenances, outdoor space, equipment, and all other parts of the facility shall be kept repaired, safe and sanitary at all times.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **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. Covered containers shall be used for trash and removed often to avoid creating a health hazard or nuisance.
 - 3. Hazardous items such as poisons, cleaning solutions, poisonous plants, and firearms shall be inaccessible by children.
 - 4. 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.
 - 5. Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times.
 - 6. 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
 - 7. All parts of the buildings, building appurtenances, outdoor space, equipment, and all other parts of the facility shall be kept repaired, safe and sanitary at all times.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **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. Covered containers shall be used for trash and removed often to avoid creating a health hazard or nuisance.
 - 3. Hazardous items such as poisons, cleaning solutions, poisonous plants, and firearms shall be inaccessible by children.
 - 4. 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.

5. Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times.

6. 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

7. All parts of the buildings, building appurtenances, outdoor space, equipment, and all other parts of the facility shall be kept repaired, safe and sanitary at all times.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **When swimming or wading pools are part of the child care facility, equipment, or program, the swimming pools shall be constructed, maintained, and operated in accordance with building and health rules. When swimming or wading activities are a part of the child care program, the following safety practices must be observed:**
 1. A certified lifeguard, who may be the provider, shall be on duty at all times when swimming activities or swimming pools or beaches are in use.
 2. Wading pools less than 24 inches at the deepest part shall be exempt from the requirements of subsection (b)(1). However, children shall be personally attended by a responsible adult at all times and the wading pools shall be emptied immediately after each use.
 3. Legible safety rules for all types of pools, excepting for wading pools, shall be posted in a conspicuous location and read and reviewed at regular intervals.
 4. Swimming pools shall be maintained in accordance with building and health rules and have a certified lifeguard when in use; and
 5. Wading pools shall be filled just prior to use and emptied immediately after use.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **When swimming or wading pools are part of the child care facility, equipment, or program, the swimming pools shall be constructed, maintained, and operated in accordance with building and health rules. When swimming or wading activities are a part of the child care program, the following safety practices must be observed:**
 1. A certified lifeguard, who may be the provider, shall be on duty at all times when swimming activities or swimming pools or beaches are in use.
 2. Wading pools less than 24 inches at the deepest part shall be exempt from the requirements of subsection (b)(1). However, children shall be personally attended by a responsible adult at all times and the wading pools shall be emptied immediately after each use.
 3. Legible safety rules for all types of pools, excepting for wading pools, shall be posted in a conspicuous location and read and reviewed at regular intervals.
 4. Swimming pools shall be maintained in accordance with building and health rules and have a certified lifeguard when in use; and
 5. Wading pools shall be filled just prior to use and emptied immediately after use.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **When swimming or wading pools are part of the child care facility, equipment, or program, the swimming pools shall be constructed, maintained, and operated in accordance with building and health rules.**
When swimming or wading activities are a part of the child care program, the following safety practices must be observed:
 - 1. A certified lifeguard, who may be the provider, shall be on duty at all times when swimming activities or swimming pools or beaches are in use.
 - 2. Wading pools less than 24 inches at the deepest part shall be exempt from the requirements of subsection (b)(1). However, children shall be personally attended by a responsible adult at all times and the wading pools shall be emptied immediately after each use.
 - 3. Legible safety rules for all types of pools, excepting for wading pools, shall be posted in a conspicuous location and read and reviewed at regular intervals.
 - 4. Swimming pools shall be maintained in accordance with building and health rules and have a certified lifeguard when in use; and
 - 5. Wading pools shall be filled just prior to use and emptied immediately after use.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **When swimming or wading pools are part of the child care facility, equipment, or program, the swimming pools shall be constructed, maintained and operated in accordance with building and health rules.**
When swimming or wading activities are a part of the child care program, the following safety practices must be observed:
 - 1. A certified lifeguard, who may be the provider, shall be on duty at all times when swimming activities or swimming pools or beaches are in use.
 - 2. Wading pools less than 24 inches at the deepest part shall be exempt from the requirements of subsection (b)(1). However, children shall be personally attended by a responsible adult at all times and the wading pools shall be emptied immediately after each use.
 - 3. Legible safety rules for all types of pools, excepting for wading pools, shall be posted in a conspicuous location and read and reviewed at regular intervals.
 - 4. Swimming pools shall be maintained in accordance with building and health rules and have a certified lifeguard when in use; and
 - 5. Wading pools shall be filled just prior to use and emptied immediately after use.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When swimming or wading pools are part of the child care facility, equipment, or program, the swimming pools shall be constructed, maintained, and operated in accordance with building and health rules.**
When swimming or wading activities are a part of the child care program, the following safety practices must be observed:
 - 1. A certified lifeguard, who may be the provider, shall be on duty at all times when swimming activities or swimming pools or beaches are in use.
 - 2. Wading pools less than 24 inches at the deepest part shall be exempt from the requirements of subsection (b)(1). However, children shall be personally attended by a responsible adult at all times and the wading pools shall be emptied

immediately after each use.

3. Legible safety rules for all types of pools, excepting for wading pools, shall be posted in a conspicuous location and read and reviewed at regular intervals.

4. Swimming pools shall be maintained in accordance with building and health rules and have a certified lifeguard when in use; and

5. Wading pools shall be filled just prior to use and emptied immediately after use.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **When swimming or wading pools are part of the child care facility, equipment, or program, the swimming pools shall be constructed, maintained, and operated in accordance with building and health rules. When swimming or wading activities are a part of the child care program, the following safety practices must be observed:**

1. A certified lifeguard, who may be the provider, shall be on duty at all times when swimming activities or swimming pools or beaches are in use.

2. Wading pools less than 24 inches at the deepest part shall be exempt from the requirements of subsection (b)(1). However, children shall be personally attended by a responsible adult at all times and the wading pools shall be emptied immediately after each use.

3. Legible safety rules for all types of pools, excepting for wading pools, shall be posted in a conspicuous location and read and reviewed at regular intervals.

4. Swimming pools shall be maintained in accordance with building and health rules and have a certified lifeguard when in use; and

5. Wading pools shall be filled just prior to use and emptied immediately after use.

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

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

The outdoor space shall be fenced or shall have natural barriers or other protective conditions to deter children from getting into unsafe areas.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **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 shall have natural barriers or other protective conditions to deter children from getting into unsafe areas.

2. Children's access to traffic and other outdoor hazards shall be blocked or controlled for school-age children.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **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 shall have natural barriers or other protective conditions to deter children from getting into unsafe areas.
2. Children's access to traffic and other outdoor hazards shall be blocked or controlled for school-age children.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **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 shall have natural barriers or other protective conditions to deter children from getting into unsafe areas.
 2. Children's access to traffic and other outdoor hazards shall be blocked.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **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 shall have natural barriers or other protective conditions to deter children from getting into unsafe areas.
 2. Children's access to traffic and other outdoor hazards shall be blocked.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **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 shall have natural barriers or other protective conditions to deter children from getting into unsafe areas.
 2. Children's access to traffic and other outdoor hazards shall be blocked or controlled for school-age children.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure an environment that promotes a child's well-being. The provider 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 shall not cause physical harm or neglect to the child. The Basic Health and Safety Practices Child Care Provider's Guide has standards that address shaken baby syndrome and abusive head trauma. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and**

forth. The child doesn't have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive head Trauma, but it can affect children up to the age of three (3).

Preventing Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT):

1. SBS/AHT is a preventable form of physical child abuse.
2. Understanding why SBS/AHT occurs, how it can be prevented, and the serious outcomes of shaking a baby can reduce the risk of SBS/AHT.

Reporting Suspected Child Abuse and/or Neglect

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. For more information on signs and symptoms of suspected child abuse and neglect, see *Understanding Child Maltreatment* by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
3. In cases of emergency or immediate threat or harm, call 911.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure an environment that promotes a child's well-being. The provider 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 shall not cause physical harm or neglect to the child. The Basic Health and Safety Practices Child Care Provider's Guide has standards that address shaken baby syndrome and abusive head trauma. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn't have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive head Trauma, but it can affect children up to the age of three (3).**
- Preventing Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT):**
1. SBS/AHT is a preventable form of physical child abuse.
 2. Understanding why SBS/AHT occurs, how it can be prevented, and the serious outcomes of shaking a baby can reduce the risk of SBS/AHT.
- Reporting Suspected Child Abuse and/or Neglect:**
1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see *Understanding Child Maltreatment* by the Centers for Disease Control and prevention and the National Center for Injury Prevention and

Control in reference list.

2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088. 3. In cases of emergency or immediate threat or harm, call 911.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider shall ensure an environment that promotes a child’s well-being. The provider 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 shall not cause physical harm or neglect to the child.**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address shaken baby syndrome and abusive head trauma. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn’t have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive head Trauma, but it can affect children up to the age of three (3).

Preventing Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT):

1. SBS/AHT is a preventable form of physical child abuse.

2. Understanding why SBS/AHT occurs, how it can be prevented, and the serious outcomes of shaking a baby can reduce the risk of SBS/AHT.

Reporting Suspected Child Abuse and/or Neglect:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.

2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088. 3. In cases of emergency or immediate threat or harm, call 911.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider shall ensure an environment that promotes a child’s well-being. The provider 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 shall not cause physical harm or neglect to the child.**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address shaken baby syndrome and abusive head trauma. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes

Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn't have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive head Trauma, but it can affect children up to the age of three (3).

Preventing Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT):

1. SBS/AHT is a preventable form of physical child abuse.
2. Understanding why SBS/AHT occurs, how it can be prevented, and the serious outcomes of shaking a baby can reduce the risk of SBS/AHT.

Reporting Suspected Child Abuse and/or Neglect:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.

2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
3. In cases of emergency or immediate threat or harm, call 911.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider shall ensure an environment that promotes a child's well-being. The provider 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 shall not cause physical harm or neglect to the child.**

The Basic Health and Safety Practices Child Care Provider's Guide has standards that address shaken baby syndrome and abusive head trauma. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn't have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive head Trauma, but it can affect children up to the age of three (3).

Preventing Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT):

1. SBS/AHT is a preventable form of physical child abuse.
2. Understanding why SBS/AHT occurs, how it can be prevented, and the serious outcomes of shaking a baby can reduce the risk of SBS/AHT.

Reporting Suspected Child Abuse and/or Neglect:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child

abuse and neglect, see *Understanding Child Maltreatment* by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.

2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088. 3. In cases of emergency or immediate threat or harm, call 911.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider shall ensure an environment that promotes a child’s well-being. The provider 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 shall not cause physical harm or neglect to the child.**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address shaken baby syndrome and abusive head trauma. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn’t have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive head Trauma, but it can affect children up to the age of three (3).

Preventing Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT):

- 1. SBS/AHT is a preventable form of physical child abuse.
- 2. Understanding why SBS/AHT occurs, how it can be prevented, and the serious outcomes of shaking a baby can reduce the risk of SBS/AHT.

Reporting Suspected Child Abuse and/or Neglect:

- 1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see *Understanding Child Maltreatment* by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.

2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088. 3. In cases of emergency or immediate threat or harm, call 911.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall ensure an environment that promotes a child’s well-being. The provider 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 shall not cause physical harm or neglect to the child.

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address child maltreatment. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn’t have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive Head Trauma, but it can affect children up to the age of three (3).

Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.

2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.

3. In cases of emergency or immediate threat or harm, call 911.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The provider shall ensure an environment that promotes a child’s well-being. The provider 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 shall not cause physical harm or neglect to the child.** The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address child maltreatment. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn’t have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive Head Trauma, but it can affect children up to the age of three (3).

Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.

2. If you suspect that a child has been abused or neglected, report it to the

appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
3. In cases of emergency or immediate threat or harm, call 911.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider shall ensure an environment that promotes a child’s well-being. The provider 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 shall not cause physical harm or neglect to the child. The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address child maltreatment. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn’t have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive Head Trauma, but it can affect children up to the age of three (3).**
Procedures:
 1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
 2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
 3. In cases of emergency or immediate threat or harm, call 911.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The provider shall ensure an environment that promotes a child’s well-being. The provider 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 shall not cause physical harm or neglect to the child. The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address child maltreatment. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn’t have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive Head Trauma, but it can affect children up to the**

age of three (3).

Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see *Understanding Child Maltreatment* by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
3. In cases of emergency or immediate threat or harm, call 911.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider shall ensure an environment that promotes a child’s well-being. The provider 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 shall not cause physical harm or neglect to the child.**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address child maltreatment. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn’t have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive Head Trauma, but it can affect children up to the age of three (3).

Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see *Understanding Child Maltreatment* by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
3. In cases of emergency or immediate threat or harm, call 911.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The provider shall ensure an environment that promotes a child’s well-being. The provider 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 shall not cause physical harm or neglect to the child.**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards

that address child maltreatment. Extreme abuse, such as found in Abusive Head Trauma, which is a general term that includes Shaken Baby Syndrome, can cause permanent brain damage and/or death. It is caused by the shaking of a baby or young child, causing the head to flop back and forth. The child doesn't have to be shaken hard for trauma to occur. The brain of the young child may bounce inside the skull, resulting in brain damage, hemorrhaging, blindness, or other serious injuries or death. Babies under the age of six (6) months are at the highest risk of Shaken Baby Syndrome/Abusive Head Trauma, but it can affect children up to the age of three (3).

Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
3. In cases of emergency or immediate threat or harm, call 911.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants

Toddlers

Children with disabilities

Children with chronic medical conditions

xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Hazardous substances, including cleaning solutions, alcohol, and medication are inaccessible to children and in a closed contained which are clearly labeled. Cleaning materials shall be stored in a secured area away from food preparation areas during food preparation times.**
 - 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. All CCDF-eligible licensed family child care homes. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for the standard of handling and storage of hazardous materials. Preliminary Notice of Possible Non-Compliance Rev 01/2023. DHS will need additional time to fully implement the requirement.**

The Monitoring Team reported no specific reference to appropriate disposal of bio-contaminants. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. In the existing admin rules: Hazardous substances, including cleaning solutions, alcohol, and medication are inaccessible to children and in a closed contained which are clearly labeled. Cleaning materials shall be stored in a secured area away from food preparation areas during food preparation times.

 - 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.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Hazardous substances, including cleaning solutions, alcohol, and medication are inaccessible to children and in a closed contained which are clearly labeled. Cleaning materials shall be stored in a secured area away from food preparation areas during food preparation times.**
 - 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.**
 - 4. The provider shall establish and follow procedures for handling, storing, and disposing of bio-contaminants, to use in all situations to prevent the transmission of blood-borne germs that may be spread through blood and body fluids.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Hazardous substances, including cleaning solutions, alcohol, and medication are inaccessible to children and in a closed contained which are clearly labeled. Cleaning materials shall be stored in a secured area away from food preparation areas during food preparation times.**
 - 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.**
 - 4. Establish and follow procedures for handling, storing, and disposing of bio-contaminants, to use in all situations to prevent the transmission of blood-borne germs that may be spread through blood and body fluids.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider shall establish and follow procedures for handling, storing, and disposing of bio-contaminants, to use in all situations to prevent the transmission of blood-borne germs that may be spread through blood and body fluids.**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Hazardous substances, including cleaning solutions, alcohol, and medication are inaccessible to children and in a closed contained which are clearly labeled. Cleaning materials shall be stored in a secured area away from food preparation areas during food preparation times.**
 - 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.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The provider shall have written procedures for infection control, to use in all situations to prevent the transmission of blood-borne pathogens that may be spread through blood and body fluids.**
Basic Health and Safety Practices, Child Care Provider's Guide, Addendum - Prevention of Exposure to Blood and Body Fluids.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Following procedures for infection control, to use in all situations to prevent the transmission of blood-borne germs that may spread through blood and body fluids that might contain blood.**
Basic Health and Safety Practices, Child Care Provider's Guide, Addendum - Prevention of Exposure to Blood and Body Fluids.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **The provider shall have written procedures for infection control, to use in all situations to prevent the transmission of blood-borne pathogens that may be spread through blood and body fluids.**
Basic Health and Safety Practices, Child Care Provider's Guide, Addendum - Prevention of Exposure to Blood and Body Fluids.
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Following procedures for infection control, to use in all situations to prevent the transmission of blood-borne germs that may spread through blood and body fluids that might contain blood.**
Basic Health and Safety Practices, Child Care Provider's Guide, Addendum - Prevention of Exposure to Blood and Body Fluids.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Establish and**

follow procedures for handling, storing, and disposing of biocontaminants, to use in all situations to prevent the transmission of blood-borne germs that may be spread through blood and body fluids.

Basic Health and Safety Practices, Child Care Provider's Guide, Addendum - Prevention of Exposure to Blood and Body Fluids.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Procedures for infection control, to use in all situations to prevent the transmission of blood-borne germs that may spread through blood and body fluids that might contain blood shall be in writing.**
Basic Health and Safety Practices, Child Care Provider's Guide, Addendum - Prevention of Exposure to Blood and Body Fluids.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **1. The vehicle and driver providing transportation shall satisfy all relevant motor carrier safety rules and traffic laws of the state;**
2. No more than six (6) children under the age of six (6) years shall be transported when only one (1) adult is in the vehicle;
3. Children shall be instructed in safe transportation conduct as appropriate for age and stage of development;
4. Children shall be secured in the seat of the bus or in the back seat of a personal vehicle in approved car seats or restraints;
5. Prior to transporting children, the provider shall obtain written permission form the parent or guardian that each child is allowed to be transported by the provider in a personal vehicle or by public bus;
6. A child shall not be left unattended in a vehicle;
7. The provider shall take a head count or attendance record check before and after transportation is provided; and
8. During any field trip or excursion, the provider shall have available with them a first aid kit, emergency contact phone numbers, and medical treatment release forms signed by the child's parent or guardian.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **1. The vehicle and driver providing transportation shall satisfy all relevant motor carrier safety rules and traffic laws of the state;**
2. No more than six (6) children under the age of six (6) years shall be transported when only one (1) adult is in the vehicle;
3. Children shall be instructed in safe transportation conduct as appropriate for age and stage of development;
4. Children shall be secured in the seat of the bus or in the back seat of a personal vehicle in approved car seats or restraints;
5. Prior to transporting children, the provider shall obtain written permission form the parent or guardian that each child is allowed to be transported by the provider in a personal vehicle or by public bus;
6. A child shall not be left unattended in a vehicle;

7. The provider shall take a head count or attendance record check before and after transportation is provided; and
8. During any field trip or excursion, the provider shall have available with them a first aid kit, emergency contact phone numbers, and medical treatment release forms signed by the child's parent or guardian.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **(1) The provider has written permission from the parent or guardian that each child is allowed to be transported by school bus or other means of transportation such as a personal vehicle; (2) During any field trip or excursion operated or planned by the facility, the group sizes and provider-child ratios as required in the admin rule section shall apply; (3) Children shall be instructed in safe transportation conduct; (4) Car seats and safety restraints shall be used as required by applicable laws; (5) Children shall be secured in the back seat of the vehicle; (6) Children shall not be left alone in vehicles, even with the air conditioning on or windows rolled down; and (7) The provider shall take a head count or attendance record check before and after transportation is provided.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **1. Have written permission form the parent or guardian that each child is allowed to be transported by the provider in a personal vehicle; 2. Ensure that car seats and safety restraints are used as required by applicable laws; 3. Ensure that children are secured in the back seat of the vehicle; 4. Ensure that children are never left unattended in vehicles, even with the air conditioning on or windows rolled down.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **1. Have written permission form the parent or guardian that each child is allowed to be transported by the provider in a personal vehicle; 2. Ensure that car seats and safety restraints are used as required by applicable laws; 3. Ensure that children are secured in the back seat of the vehicle; 4. Ensure that children are never left unattended in vehicles, even with the air conditioning on or windows rolled down.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **1. The vehicle and driver providing transportation shall satisfy all relevant motor carrier safety rules and traffic laws of the state; 2. No more than six (6) children under the age of six (6) years shall be transported when only one (1) adult is in the vehicle; 3. Children shall be instructed in safe transportation conduct as appropriate for age and stage of development; 4. Children shall be secured in the seat of the bus or in the back seat of a personal vehicle in approved car seats or restraints; 5. Prior to transporting children, the provider shall obtain written permission**

form the parent or guardian that each child is allowed to be transported by the provider in a personal vehicle or by public bus;

6. A child shall not be left unattended in a vehicle;

7. The provider shall take a head count or attendance record check before and after transportation is provided; and

8. During any field trip or excursion, the provider shall have available with them a first aid kit, emergency contact phone numbers, and medical treatment release forms signed by the child's parent or guardian.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric first aid for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement. The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric first-aid. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference. However, the current requirement is:**

1) There shall be at least one (1) adult provider who is trained in observation of symptoms of illness and with a current certificate in pediatric first aid at all times during the operational day when children are in care.

2) A current certificate means a certificate that has not expired; and

3) The current pediatric first aid certificate must be provided by the American Red Cross, American Heart Association, or any organization whose child first aid certification standards are equivalent to the American Red Cross or American Heart Association standards and be approved by the department

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric first aid for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement.**

The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric first-aid. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference. However, the current requirement is:

1) There shall be at least one (1) adult provider who is trained in observation of symptoms of illness and with a current certificate in pediatric first aid at all times during the operational day when children are in care.

2) A current certificate means a certificate that has not expired; and

3) The current pediatric first aid certificate must be provided by the American Red Cross, American Heart Association, or any organization whose child first aid certification standards are equivalent to the American Red Cross or American Heart Association standards and be approved by the department.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric first aid for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement.**

The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric first-aid. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference. However, the current requirement is:

1) There shall be at least one (1) adult provider who is trained in observation of symptoms of illness and with a current certificate in pediatric first aid at all times during the operational day when children are in care.

2) A current certificate means a certificate that has not expired; and

3) The current pediatric first aid certificate must be provided by the American Red Cross, American Heart Association, or any organization whose child first aid certification standards are equivalent to the American Red Cross or American Heart Association standards and be approved by the department.

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

The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric first aid for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement. The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric first-aid. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference. However, the current requirement is:

1) There shall be at least one (1) adult provider who is trained in observation of symptoms of illness and with a current certificate in pediatric first aid at all times during the operational day when children are in care.

2) A current certificate means a certificate that has not expired; and

3) The current pediatric first aid certificate must be provided by the American Red Cross, American Heart Association, or any organization whose child first aid certification standards are equivalent to the American Red Cross or American Heart Association standards and be approved by the department.

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

Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric first aid for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement.

The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric first-aid. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference. However, the current requirement is:

- 1) There shall be at least one (1) adult provider who is trained in observation of symptoms of illness and with a current certificate in pediatric first aid at all times during the operational day when children are in care.
- 2) A current certificate means a certificate that has not expired; and
- 3) The current pediatric first aid certificate must be provided by the American Red Cross, American Heart Association, or any organization whose child first aid certification standards are equivalent to the American Red Cross or American Heart Association standards and be approved by the department.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric first aid for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement.**

The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric first-aid. The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference. However, the current requirement is:

- 1) There shall be at least one (1) adult provider who is trained in observation of symptoms of illness and with a current certificate in pediatric first aid at all times during the operational day when children are in care.
- 2) A current certificate means a certificate that has not expired; and
- 3) The current pediatric first aid certificate must be provided by the American Red Cross, American Heart Association, or any organization whose child first aid certification standards are equivalent to the American Red Cross or American Heart Association standards and be approved by the department.

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric cardiopulmonary resuscitation for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement.**

The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric cardiopulmonary resuscitation (CPR). The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference.

However, the current standard for child CPR:

1) There shall be at least one (1) adult provider who is trained in child CPR and with a current certificate at all times during the operational day when children are in care.

2) A current certificate means a certificate that has not expired.

3) 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 and be approved by the department.

4) When the provider accepts infant children, the CPR course shall include training in infant CPR.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric cardiopulmonary resuscitation for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement.**

The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric cardiopulmonary resuscitation (CPR). The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference.

However, the current standard for child CPR:

1) There shall be at least one (1) adult provider who is trained in child CPR and with a current certificate at all times during the operational day when children are in care.

2) A current certificate means a certificate that has not expired.

3) 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 and be approved by the department.

4) When the provider accepts infant children, the CPR course shall include training in infant CPR.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric cardiopulmonary resuscitation for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement.**

The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric cardiopulmonary resuscitation (CPR). The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference.

However, the current standard for child CPR: The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric cardiopulmonary resuscitation (CPR). The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference.

However, the current standard for child CPR:

- 1) There shall be at least one (1) adult provider who is trained in child CPR and with a current certificate at all times during the operational day when children are in care.
- 2) A current certificate means a certificate that has not expired.
- 3) 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 and be approved by the department.
- 4) When the provider accepts infant children, the CPR course shall include training in infant CPR.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric cardiopulmonary resuscitation for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement.

The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric cardiopulmonary resuscitation (CPR). The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference.

However, the current standard for child CPR: The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric cardiopulmonary resuscitation (CPR). The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference.

However, the current standard for child CPR:

- 1) There shall be at least one (1) adult provider who is trained in child CPR and with a current certificate at all times during the operational day when children are in care.

- 2) A current certificate means a certificate that has not expired.
- 3) 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 and be approved by the department.
- 4) When the provider accepts infant children, the CPR course shall include training in infant CPR.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric cardiopulmonary resuscitation for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement. The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric cardiopulmonary resuscitation (CPR). The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference.**

However, the current standard for child CPR: The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric cardiopulmonary resuscitation (CPR). The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference.

However, the current standard for child CPR:

- 1) There shall be at least one (1) adult provider who is trained in child CPR and with a current certificate at all times during the operational day when children are in care.
- 2) A current certificate means a certificate that has not expired.
- 3) 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 and be approved by the department.
- 4) When the provider accepts infant children, the CPR course shall include training in infant CPR.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Standards: pediatric cardiopulmonary resuscitation for staff. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement.**

The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric cardiopulmonary resuscitation (CPR). The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard

during the implementation conference.

However, the current standard for child CPR: The Monitoring Team did not find evidence of requirements in place for all provider staff to be trained in pediatric cardiopulmonary resuscitation (CPR). The Department of Human Services plans to work on this Standard for the next round of rule amendments for Fiscal Year 2025-2027 Plan Period. The Department of Human Services requested for technical assistance on language for the standard during the implementation conference.

However, the current standard for child CPR requirement is:

- 1) There shall be at least one (1) adult provider who is trained in child CPR and with a current certificate at all times during the operational day when children are in care.
- 2) A current certificate means a certificate that has not expired.
- 3) 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 and be approved by the department.
- 4) When the provider accepts infant children, the CPR course shall include training in infant CPR.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The facility shall have written operation policies to cover mandated reporting of suspected abuse or neglect in accordance with Chapter 350, Hawaii Revised Statutes.** The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address reporting suspected child abuse and/or neglect:
Procedures:
 1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
 2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
 3. In cases of emergency or immediate threat or harm, call 911.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The facility shall have written operation policies to cover mandated reporting of suspected abuse or neglect in accordance with Chapter 350, Hawaii Revised Statutes.**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address reporting suspected child abuse and/or neglect:

Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
3. In cases of emergency or immediate threat or harm, call 911.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **An exempt provider shall: report any suspected child abuse or neglect in accordance with section 350-1.1, Hawaii Revised Statutes. Satisfactorily complete and provide written evidence to the department to show completion of trainings as required by the department when caring for an eligible child under this chapter which includes but is not limited to: Hawaii Administrative Rules (HAR) 17-798.3-51(c)(7)(A) An initial training in health and safety standards that is approved by the department prior to caring for an eligible child. HAR 17-798.3-51(c)(7)(c) A minimum of eight (8) hours of training within one (1) year of completion of the initial training as described in subparagraph (A), and completed annually thereafter, as prescribed by the department on at least two (2) of the following topic areas: (i) Physical care of the young child; (ii) Care of the sick child; (iii) Child nutrition; (iv) Child growth and development; (v) Learning activities and play; (vii) Family engagement; (viii) Managing challenging behaviors; (ix) Prevention of child maltreatment and abuse: (x) First aid and child cardiopulmonary resuscitation: (xi) Physical environment; (xii) Health and safety**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address reporting suspected child abuse and/or neglect: Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
3. In cases of emergency or immediate threat or harm, call 911.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The license-exempt family child care home provider shall report any suspected child abuse or neglect in accordance with section 350-1.1, Hawaii Revised Statutes.**
 The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address reporting suspected child abuse and/or neglect: Procedures:
1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
 2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
 3. In cases of emergency or immediate threat or harm, call 911.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **A license-exempt in-home care provider shall: report any suspected child abuse or neglect in accordance with section 350-1.1, Hawaii Revised Statutes.**
 The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address reporting suspected child abuse and/or neglect: Procedures:
1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
 2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
 3. In cases of emergency or immediate threat or harm, call 911.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The facility shall have written operation policies to cover mandated reporting of suspected abuse or neglect in accordance with Chapter 350, Hawaii Revised Statutes.**
 The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address reporting suspected child abuse and/or neglect: Procedures:
1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.

2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
 3. In cases of emergency or immediate threat or harm, call 911.
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **The facility shall have written operation policies to cover mandated reporting of suspected abuse or neglect in accordance with Chapter 350, Hawaii Revised Statutes. The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address reporting suspected child abuse and/or neglect:**
Procedures:
 1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. (For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
 2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
 3. In cases of emergency or immediate threat or harm, call 911.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The licensed family child care home’s written policies shall include mandated reporting of suspected child abuse or neglect in accordance with the Hawaii Revised Statutes. The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address reporting suspected child abuse and/or neglect:**
Procedures:
 1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
 2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
 3. In cases of emergency or immediate threat or harm, call 911.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **An exempt**

provider shall: report any suspected child abuse or neglect in accordance with section 350-1.1, Hawaii Revised Statutes. Satisfactorily complete and provide written evidence to the department to show completion of trainings as required by the department when caring for an eligible child under this chapter which includes but is not limited to: Hawaii Administrative Rules (HAR) 17-798.3-51(c)(7)(A) An initial training in health and safety standards that is approved by the department prior to caring for an eligible child. HAR 17-798.3-51(c)(7)(c) A minimum of eight (8) hours of training within one (1) year of completion of the initial training as described in subparagraph (A), and completed annually thereafter, as prescribed by the department on at least two (2) of the following topic areas: (i) Physical care of the young child; (ii) Care of the sick child; (iii) Child nutrition; (iv) Child growth and development; (v) Learning activities and play; (vi) Family engagement; (vii) Managing challenging behaviors; (ix) Prevention of child maltreatment and abuse: (x) First aid and child cardiopulmonary resuscitation: (xi) Physical environment; (xii) Health and safety

The Basic Health and Safety Practices Child Care Provider's Guide has standards that address reporting suspected child abuse and/or neglect: Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.
3. In cases of emergency or immediate threat or harm, call 911.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: An exempt provider shall: report any suspected child abuse or neglect in accordance with section 350-1.1, Hawaii Revised Statutes. Satisfactorily complete and provide written evidence to the department to show completion of trainings as required by the department when caring for an eligible child under this chapter which includes but is not limited to: Hawaii Administrative Rules (HAR) 17-798.3-51(c)(7)(A) An initial training in health and safety standards that is approved by the department prior to caring for an eligible child. HAR 17-798.3-51(c)(7)(c) A minimum of eight (8) hours of training within one (1) year of completion of the initial training as described in subparagraph (A), and completed annually thereafter, as prescribed by the department on at least two (2) of the following topic areas: (i) Physical care of the young child; (ii) Care of the sick child; (iii) Child nutrition; (iv) Child growth and development; (v) Learning activities and play; (vi) Family engagement; (vii) Managing challenging behaviors; (ix) Prevention of child maltreatment and abuse: (x) First aid and child cardiopulmonary resuscitation: (xi) Physical environment; (xii) Health and safety

The Basic Health and Safety Practices Child Care Provider's Guide has standards that address reporting suspected child abuse and/or neglect: Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect,

or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.

2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.

3. In cases of emergency or immediate threat or harm, call 911.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **An exempt provider shall: report any suspected child abuse or neglect in accordance with section 350-1.1, Hawaii Revised Statutes. Satisfactorily complete and provide written evidence to the department to show completion of trainings as required by the department when caring for an eligible child under this chapter which includes but is not limited to: Hawaii Administrative Rules (HAR) 17-798.3-51(c)(7)(A) An initial training in health and safety standards that is approved by the department prior to caring for an eligible child. HAR 17-798.3-51(c)(7)(c) A minimum of eight (8) hours of training within one (1) year of completion of the initial training as described in subparagraph (A), and completed annually thereafter, as prescribed by the department on at least two (2) of the following topic areas: (i) Physical care of the young child; (ii) Care of the sick child; (iii) Child nutrition; (iv) Child growth and development; (v) Learning activities and play; (vii) Family engagement; (viii) Managing challenging behaviors; (ix) Prevention of child maltreatment and abuse: (x) First aid and child cardiopulmonary resuscitation: (xi) Physical environment; (xii) Health and safety**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address reporting suspected child abuse and/or neglect: Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.

2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088.

3. In cases of emergency or immediate threat or harm, call 911.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The facility shall have written operation policies to cover mandated reporting of suspected abuse or neglect in accordance with Chapter 350, Hawaii Revised Statutes.**

The Basic Health and Safety Practices Child Care Provider’s Guide has standards that address reporting suspected child abuse and/or neglect:

Procedures:

1. If you see any signs of possible physical, sexual, or emotional abuse or neglect, or if a child has told you about hard that he/she has received, write down the specific information to document your observations or what the child said; note date and time. For more information on signs and symptoms of suspected child abuse and neglect, see Understanding Child Maltreatment by the Centers for Disease Control and prevention and the National Center for Injury Prevention and Control in reference list.
2. If you suspect that a child has been abused or neglected, report it to the appropriate agency right away. To make a report, call the State of Hawaii Department of Human Services: 808-832-5300 or (toll free) 1-888-380-3088
3. In cases of emergency or immediate threat or harm, call 911.

c. Confirm if child care providers must comply with the **Lead Agency's** procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **Infant and Toddler: (Hawaii Administrative Rules 17-895.1-25 Program Provisions)**

Provisions for the promotion of physical development which shall include:
(A) Opportunities for the infants and toddlers to learn about health, development, and care of their bodies including exercise, safety, nutrition and hygiene, as appropriate to their age and development.

Family Child Care (FCC) (Hawaii Administrative Rules 17-891.2-25 Program Provisions):

Opportunities for children to learn about the health, development, and care of the children's bodies, including exercise, nutrition and hygiene.

- ii. Access to physical activity. Describe: **Licensed centers and registered homes shall provide activities to promote physical development by providing activities that include daily opportunities for running, climbing, and other**

vigorous and varied physical activities; and opportunities for children to learn about the health, development, and care of the children's bodies, including exercise, nutrition, and hygiene. For school-age programs, at least 25% of the program must provide for gross motor activities.

Infant/Toddler: provisions for the promotion of physical development, which shall include:

- (A) Varied, developmentally appropriate physical activities; and**
- (B) Opportunities for the infants and toddlers to learn about the health development, and care of their bodies including exercise, safety, nutrition, and hygiene, as development to their age and development.**

Family Child Care (FCC): activities that promote physical development shall include:

- (A) Daily opportunities for running, climbing, and other vigorous and varied physical activities; and**
- (B) Opportunities for children to learn about the health, development, and care of the children's bodies, including exercise, nutrition, and hygiene.**

iii. Caring for children with special needs. Describe: **Hawaii Administrative Rule chapters 17-891.2-45, 17-892.2-46, 17-895.1-45, 17-896.1-45**

- (a) When children with special needs are admitted into a group child care center or group child care home, the facility shall provide for the special needs of each child.**
- (b) The child with special needs shall be admitted only after consultation with the child's source of health care and the program's health consultant occurs. The consultation shall include written recommendations to cover the child's special needs or to define the child's participation in the program.**
- (c) If the child's health care source considers it advisable, the staff of the program shall receive training related to the nature of the child's condition and the child's potential for growth and development.**
- (d) Where the nature of the child'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.

- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **Hawaii Administrative Rule chapters 17-891.2-25, 17-892.2-25, 17-895.1-25, 17-896.1-25**
Programs shall provide experiences which are aimed at promoting the individual child's intellectual, emotional and social well-being and growth:

Programs to promote intellectual development shall:

- (A) Provide that a variety of learning materials are introduced and are available to the children; and
- (B) Include first-hand experiences for children to learn about the world;

Programs to promote emotional development shall provide that:

- (A) There are opportunities for individual self-expression;
- (B) Each child is recognized as an individual;
- (C) The child is afforded constructive guidance and the setting of clear-cut limits which foster the child's ability to be self-disciplined;
- (D) Each child's personal privacy is respected;
- (E) Providers shall not use:
 - (i) Physical punishment, abuse, or harm including but not limited to spanking, pinching, slapping, or shaking; or
 - (ii) Methods of influencing behavior which are frightening, humiliating, damaging, neglectful, or injurious to the child's health or self-esteem; and
- (F) Providers shall respect each child's cultural, ethnic, and family background, as well as the child's primary language or dialect;

Programs to promote social development shall provide that:

- (A) Children are guided in developing and working out ways of getting along with each other;
- (B) Providers interact with the children in ways which emphasize and foster attitudes of mutual respect between adults and children; and

(C) Providers behave in ways which help the children develop attitudes of respect for all other persons as individuals and develop an appreciation of cultural and ethnic diversity;

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[x]	[x]	[x]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[]	[]	[]
e. Building and physical premises safety, including identification	[x]	[x]	[x]

of and protection from hazards, bodies of water, and vehicular traffic			
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **The Basic Health and Safety Practices: Child Care Provider’s Guide was developed to ensure that the guide followed all health and safety standards. The Department is working on an addendum to address the missing standards.**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No. If no, describe: **Licensed center-based providers are required to have at least one full licensing inspection each year where all of the CCDF health and safety standards are verified.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The Department of Human Services**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No. If no, describe: **Family child care providers are required to have at least one full licensing inspection visit each year where all of the licensing and CCDF health and safety standards are verified.**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **The Department of Human Services**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

No.

Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

Yes.

No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **N/A**

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **The Department of Human Services**

b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **The Department of Human Services**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **Annual monitoring visits are announced and ensure that CCDF license-exempt in-home child care providers are meeting the basic health and safety requirements in Chapter 17-798.3 and there are no hazards that would pose an imminent risk to children's health or safety.**

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **The Department of Human Services Child Care Licensing Units.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

- a. Does the Lead Agency post:
- i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
 - iv. Other. Describe: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Consumer and Provider Education - Monitoring and Inspection Reports (section 98.33(a)(4). Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. Hawaii will need additional time to fully implement the requirement. DHS is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.**
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
- i. Date of inspection.
 - ii. Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:
 - iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe:
 - iv. A minimum of 3 years of results, where available.
 - v. If any of the components above are not selected, please explain: **The Department**

of Human Services (DHS) is not compliant by 10/01/24 for Consumer and Provider Education - Monitoring and Inspection Reports (section 98.33(a)(4). Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. The Department of Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Consumer and Provider Education - Monitoring and Inspection Reports (section 98.33(a)(4). Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. The Department of Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.**

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Consumer and Provider Education - Monitoring and Inspection Reports (section 98.33(a)(4). Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. The Department of Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.**

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

Yes.

No. If no, describe: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Consumer and Provider Education - Monitoring and Inspection Reports (section 98.33(a)(4). Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. The Department of**

Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.

- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

Yes.

No. If no, describe: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Consumer and Provider Education - Monitoring and Inspection Reports (section 98.33(a)(4). Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. The Department of Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.**

- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

Yes.

No. If no, describe: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Consumer and Provider Education - Monitoring and Inspection Reports (section 98.33(a)(4). Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. The Department of Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.**

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The**

Department of Human Services has established minimum qualification requirements for individuals hired to be licensing inspectors. Graduation from an accredited four (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 2022 which was provided by the Staff Development Office within the Department's Benefit, Employment and Support Services Division and all licensing inspectors completed the training in the health and safety standards in the Child Care Provider's guide booklet.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **The 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. One (1) licensing inspector: 48 providers is the average inspector caseload, per the Statewide Branch Administrator for the Benefit, Employment and Support Services Division.**

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **16 hours: substitutes (10 hours) /volunteers (8 hours) must show evidence of completion of a training course, workshop, or class and shall be different from the training topic areas completed in the prior 12-month period, and shall be in at least two (2) of the following topic areas: (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; (14) physical environment; and (15) safe sleep if permitted to care for children less than one year of age.

- b. License-exempt child care centers: **8 hours** and must show evidence of completion of a training course, workshop, or class and shall be different from the training topic areas completed in the prior 12-month period, and shall be in at least two (2) of the following topic areas: (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; (14) physical environment; and (15) safe sleep if permitted to care for children less than one year of age.
- c. Licensed family child care homes: **16 hours: substitutes (10 hours) /volunteers (8 hours)** must show evidence of completion of a training course, workshop, or class and shall be different from the training topic areas completed in the prior 12-month period, and shall be in at least two (2) of the following topic areas: (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; (14) physical environment; and (15) safe sleep if permitted to care for children less than one year of age.
- d. License-exempt family child care homes: **8 hours** and must show evidence of completion of a training course, workshop, or class and shall be different from the training topic areas completed in the prior 12-month period, and shall be in at least two (2) of the following topic areas: (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; (14) physical environment; and (15) safe sleep if permitted to care for children less than one year of age.
- e. Regulated or registered in-home child care: **8 hours (Regulated exempt in-home care)** must show evidence of completion of a training course, workshop, or class and shall be different from the training topic areas completed in the prior 12-month period, and shall be in at least two (2) of the following topic areas: (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; (14) physical environment; and (15) safe sleep if permitted to care for children less than one year of age.

- f. Non-regulated or registered in-home child care: **N/A**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
 Yes.
 No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.
- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
 Yes.
 No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.
- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?
 Yes.
 No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
 Yes.
 No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.
- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
 Yes.
 No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.
- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?
 Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. **The Department of Human Services (DHS) is not compliant by 10/01/24 with the interstate check for a child care staff member in licensed, registered family child care homes and centers, and license exempt centers and homes. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement.**

However, information about where a staff member lived within the last five (5) years is collected on the consent to conduct background checks form. The Department of Human Services needs to amend its administrative rules to require the interstate check and will establish policies and procedures to implement this check.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. **The Department of Human Services (DHS) is not compliant by 10/01/24 with the interstate check for a child care staff member in licensed, registered family child care homes and centers, and license exempt centers and homes. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement.**

However, information about where a staff member lived within the last five (5) years is collected on the consent to conduct background checks form. The Department of Human Services needs to amend its administrative rules to require the interstate check and will establish policies and procedures to implement this check.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. **The Department of Human Services (DHS) is not compliant by 10/01/24 with the interstate check for a child care staff member in licensed,**

registered family child care homes and centers, and license exempt centers and homes. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement.

However, information about where a staff member lived within the last five (5) years is collected on the consent to conduct background checks form. The Department of Human Services needs to amend its administrative rules to require the interstate check and will establish policies and procedures to implement this check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. **The Department of Human Services (DHS) is not compliant by 10/01/24 with the interstate check for a child care staff member in licensed, registered family child care homes and centers, and license exempt centers and homes. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. However, information about where a staff member lived within the last five (5) years is collected on the consent to conduct background checks form. The Department of Human Services needs to amend its administrative rules to require the interstate check and will establish policies and procedures to implement this check.**

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. **The Department of Human Services (DHS) is not compliant by 10/01/24 with the interstate check for a child care staff member in licensed, registered family child care homes and centers, and license exempt centers and homes. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. However, information about where a staff member lived within the last five (5) years is collected on the consent to conduct background checks form. The Department of Human Services needs to amend its administrative rules to require the interstate check and will establish policies and procedures to implement this check.**

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check. **The Department of Human Services (DHS) is not compliant by 10/01/24 with the interstate check for a child care staff member in licensed, registered family child care homes and centers, and license exempt centers and homes. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement.**

However, information about where a staff member lived within the last five (5) years is collected on the consent to conduct background checks form. The Department of Human Services needs to amend its administrative rules to require the interstate check and will establish policies and procedures to implement this check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. **The Department of Human Services (DHS) is not compliant by 10/01/24 with the interstate check for a child care staff member in licensed, registered family child care homes and centers, and license exempt centers and homes. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement.**

However, information about where a staff member lived within the last five (5) years is collected on the consent to conduct background checks form. The Department of Human Services needs to amend its administrative rules to require the interstate check and will establish policies and procedures to implement this check.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. **The Department of Human Services (DHS) is not compliant by 10/01/24 with the interstate check for a child care staff member in licensed, registered family child care homes and centers, and license exempt centers and homes. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement.**

However, information about where a staff member lived within the last five (5) years is collected on the consent to conduct background checks form. The Department of Human

Services needs to amend its administrative rules to require the interstate check and will establish policies and procedures to implement this check.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks. **The Department of Human Services (DHS) is not compliant by 10/01/24 with the interstate check for a child care staff member in licensed, registered family child care homes and centers, and license exempt centers and homes. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement.**

However, information about where a staff member lived within the last five (5) years is collected on the consent to conduct background checks form. The Department of Human Services needs to amend its administrative rules to require the interstate check and will establish policies and procedures to implement this check.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

Yes.

No. If no, describe the disqualifying criteria:

- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

Yes.

No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **A confirmation of abuse or neglect from the in-state child abuse and neglect registry check results in the immediate disqualification from the licensed, regulated, and license exempt child care providers. A confirmation of threatened harm results in a 5-year disqualification period starting from the date the child abuse case record was closed.**

- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe:

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No. Describe:

- iv. Get completed in a timely manner.

Yes.

No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

Yes.

No. If no, describe:

- b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe:

- c. In-state Sex Offender Registry.
 Yes.
 No. If no, describe:
- d. In-state child abuse and neglect registry.
 Yes.
 No. If no, describe: **In-state child abuse and neglect registry are not a part of the provisional check.**
- e. Name-based national Sex Offender Registry (NCIC NSOR).
 Yes.
 No. If no, describe:
- f. Interstate criminal background check, as applicable.
 Yes.
 No. If no, describe: **Interstate criminal background check is not a part of the provisional check.**
- g. Interstate Sex Offender Registry check, as applicable.
 Yes.
 No. If no, describe: **Interstate Sex Offender Registry check is not a part of the provisional check.**
- h. Interstate child abuse and neglect registry check, as applicable.
 Yes.
 No. If no, describe: **Interstate child abuse and neglect registry check is not a part of the provisional check.**
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?
 Yes.
 No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?
 Yes.
 No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. **The Department of Human**

Services (DHS) is not compliant by 10/01/24 for completion of background checks within 45 days. Preliminary Notice of Possible Non-Compliance Rev 01/2023. DHS will need additional time to fully implement the requirement. Currently the child abuse neglect check could take longer than 45 days if there is a pending or active case. The Department of Human Services relies on the staff from the Child Welfare Services division to conduct the child abuse and neglect check and provide the results to the department. The Department of Human Services is not in compliance with the interstate checks so it is difficult to estimate if the background check components which include interstate checks can be completed within 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

Yes.

No. If no, describe the current policy: **The Department of Human Services (DHS) is not compliant by 10/01/24 with the interstate check for a child care staff member in licensed, registered family child care homes and centers, and license exempt centers and homes. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement.**

However, information about where a staff member lived within the last five (5) years is collected on the consent to conduct background checks form. The Department of Human Services needs to amend its administrative rules to require the interstate check and will establish policies and procedures to implement this check.

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **The Department of Human Services (DHS) is not compliant by 10/01/24 for completion of the response to background check requests from other states. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement and has requested for technical assistance on interstate background checks. Currently the Department of Human Services Child Care Regulations Program Office refers individuals to the appropriate agencies to request the results of their criminal history or child abuse and neglect checks.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

Yes. If yes, describe the current policy.

No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **The Department of Human Services (DHS) is not compliant by 10/01/24 regarding the Consumer Education website links to interstate background check processes. Consumer Education website to be in production no later than December 31, 2024. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. The Department of Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider’s information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.**

Check to certify that the required elements are included on the Lead Agency’s consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

- i. Agency name
- ii. Address
- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees
- ix. Is the State a National Fingerprint File (NFF) State?
- x. Is the State a National Crime Prevention and Privacy Compact State?
- xi. If not all boxes above are checked, describe: **The Department of Human Services (DHS) is not compliant by 10/01/24 regarding the Consumer Education website links to interstate background check processes. Consumer Education website to be in production no later than December 31, 2024. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. The Department of Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website**

which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.

c. Interstate sex offender registry (SOR) check:

- i. Agency name
- ii. Address
- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees

ix. If not all boxes above are checked, describe: **The Department of Human Services (DHS) is not compliant by 10/01/24 regarding the Consumer Education website links to interstate background check processes. Consumer Education website to be in production no later than December 31, 2024. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement.**

The Department of Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.

d. Interstate child abuse and neglect (CAN) registry check:

- i. Agency name
- ii. Is the CAN check conducted through a county administered registry or centralized registry?
- iii. Address
- iv. Phone number
- v. Email
- vi. Website
- vii. Instructions
- viii. Forms

ix. Fees

x. If not all boxes above are checked, describe: **The Department of Human Services (DHS) is not compliant by 10/01/24 regarding the Consumer Education website links to interstate background check processes. Consumer Education website to be in production no later than December 31, 2024. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement.**

The Department of Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component? **The Department of Human Services (DHS) is not compliant by 10/01/24 with the renewal of the comprehensive background check. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. DHS is currently implementing HAR 17-801-4(a)(1)(A)(2)(3)(4)(5), excluding the interstate background check every 12-months (annually).**

FCC: 17-891.2-3 (d), page # 891.2-11

GCC: 17-892.2-3(d), page #892.2-13

IT: 17-895.1-3(d), page 895.1-13

BAS: 17-896.1-3(f), page 896.1-12

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

- i. Providing program-level grants to support investments in staff compensation.
- ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention

bonuses.

- iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe:
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **There is legislation that addresses improving the compensation of the child care workforce in Hawaii. A Senate and companion House bill was introduced during the 2024 Hawaii legislative session to provide subsidies to retain the existing child care workforce in licensed infant and toddler child care centers and group child care centers, and bonuses to registered family child care homes. The bill proposed to increase the pay of a child care center's child care workers to a rate of not less than \$16.00 an hour. The bill did not pass legislation, however, legislators may work with the Department of Human Services on how Hawaii may be able to improve early childhood workforce compensation.**
 - c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **Through the Department of Human Services contracted statewide Child Care Resource and Referral program, People Attentive To Children, shared resources of telehealth and mental health consultation is being developed for family child care providers.**
 - d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Department of Human Services continues to work with the Department of Health to provide infant and early childhood mental health consultation to providers and their staff. A memorandum of agreement needs to be developed and would provide financial resources to develop mental health consultation services to the child care workforce.**
 - e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **Teacher Waiver Pilot Program, Demonstration Project to waive Infant/Toddler staff qualifications while the staff member works towards completing caregiver qualifications. The Department of Human Services contractor, People Attentive to Children, also provides family child care recruiter services.**

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers’ business management and administrative practices. **Through the Department of Human Services contractor, People Attentive To Children, a shared services program training is provided on: Fiscal Management, Financial Reports and Internal Controls, Marketing for Child Care Programs, and Staff Recruitment and Retention. Fiscal Management training reviews with providers to gain skills in developing a process for building a budget and how to utilize the budget for decision making throughout the year. Fiscal Management training also introduces to providers how to utilize financial reports to manage finances and understand the concept of internal controls to strengthen overall fiscal health. Training on Marketing for Child Care Programs introduces the focus on external and internal marketing efforts and utilizing data to inform marketing efforts to achieve greater success. Staff Recruitment and Retention training reviews best practices related to interviewing, recruiting, and hiring new employees. Training also reviews having a framework for building an effective orientation for new employees, components of a staff handbook, and strategies for providing feedback to employees.**
- b. Check the topics addressed in the Lead Agency’s strategies for strengthening child care providers’ administrative business practices. Check all that apply:
 - i. Fiscal management.
 - ii. Budgeting.
 - iii. Recordkeeping.
 - iv. Hiring, developing, and retaining qualified staff.
 - v. Risk management.
 - vi. Community relationships.
 - vii. Marketing and public relations.
 - viii. Parent-provider communications.
 - ix. Use of technology in business administration.
 - x. Compliance with employment and labor laws.
 - xi. Other. Describe any other efforts to strengthen providers’ administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **The Department of Human Services contracted agency, People Attentive To Children for the Training services is required to provide interpreter services and reasonable accommodations for attendees of 12 separate training series and 128 classes provided through the training contracts.**
- b. Providers and staff who have disabilities: **The Department of Human Services contracted**

agency, People Attentive To Children for the Training services is required to provide reasonable accommodations for attendees of 12 separate training series and 128 classes provided through the training contracts.

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups:

No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The Department of Human Services Child Care Provider Registry contractor, People Attentive To Children, 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>.**
- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Department of Human Services (DHS) 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 [---

156 | Page
FFY 2025–2027 CCDF State Plan](http://patchhawaii.org/wp-content/uploads/2016/12/ASK-</p></div><div data-bbox=)**

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. DHS 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. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Department of Human Services' Child Care Advisory Committee convenes quarterly 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 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 of Human Services 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. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **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. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Department of Human Services has standardized the evaluation of staff qualifications for education and experience through a statewide contracted service for the Department of Human**

Services 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. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **The 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. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe:
- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **At the Department of Human Services 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. Continued discussion will 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 programs adopted in 2000 and utilized by the Department of Human Services 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 of Human Services 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 of Human Services Child Care Registry contracted agency. The Department of Human Services continues to look at opportunities to partner 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:

No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **The Attitude, Skills, and Knowledge core competencies for center-based child care program were adopted in 2000 and are utilized by the Department of Human Services 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 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 Hawaii Afterschool Alliance (HAA) has created core competencies for school-age childcare centers, including afterschool and summer programs which the Department of Human Services may consider.**
- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **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 of Human Services 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 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.**

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Preschool Development Grant Birth to Five Grant Program is operated through the Hawaii P-20 Partnerships for Education, in collaboration with the Executive Office on Early Learning. As part of the Preschool Development Birth to Five grant, there is an economic impact study to analyze the projection of costs to expand and stabilize the Early Child Care Workforce.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **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 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.**
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Department of Human Services 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. Information related to staff wages and benefits is not collected in the child care provider registry.**
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or

stipends directly to workers? **The Hawaii Department of Human Services offers scholarships to child care providers and staff.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **16 hours; substitutes (10 hours); volunteers (8 hours).**
- b. License-exempt child care centers: **8 hours**
- c. Licensed family child care homes: **16 hours; substitutes (10 hours); volunteers (8 hours)**
- d. License-exempt family child care homes: **8 hours**
- e. Regulated or registered in-home child care: **8 hours (Regulated exempt in-home care)**
- f. Non-regulated or registered in-home child care: **N/A**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The Department of Human Services also contracts for services to provide training to promote ongoing 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 training series and 128 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.

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The Department contracts for community-based training services for a nominal cost that covers 12 training series and 128 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 focuses 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, and 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 14 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 that 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 of Human Services 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 of Human Services, 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 of Human Services, 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 of Human Services, 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.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **The 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 will also develop and provide training to the Department of Human Services 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 for TANF and non-TANF child**

care eligibility determination staff.

For child care providers, the DHS website currently contains information and resource listing of programs that provide development screenings as offered statewide, including Early and Periodic Screening Diagnosis, and Treatment (EPSDT) program and the Individual with Disabilities Education Act (IDEA) Part B and C services. DHS contracted service providers currently gather and disseminate information about available community resources including programs that provide development screenings through their websites, email listings and/or newsletters.

DHS has 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.

DHS 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.

DHS' 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. During provider monitoring visits, Department of Human Services staff also provide information about how to access the Department of Health's programs for developmental screening and EPSDT program services. Providers are also referred to the Department of Human Services' website Child Care Program-Child Care Resources where providers have access to information about developmental screenings, Hi'ilei Developmental Screening Program, early intervention services, preschool special education, EPSDT and MedQuest information.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
 - i. Research-based.
 - ii. Developmentally appropriate.

- iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
- i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **Hawaii Early Learning and Developmental Standards (HELDS) was established in 2012. A workgroup of higher education early childhood stakeholders will be reviewing the HELDS for possible revisions.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **<http://earlylearning.hawaii.gov/wp-content/uploads/2014/02/HELDS-continuum-2014.04.01.pdf>**

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The Department of Human Services 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.**
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
 - i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program

effectiveness.

- iv. Will be used to deny children eligibility to participate in CCDF.
- v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **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. Department of Human Services (DHS) collaborates with the Executive Office on Early Learning (EOEL) 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. DHS is collaborating with EOEL around State's 2022 PDG B-5 Renewal Grant to conduct an update Needs Assessment on**

the needs of the early childhood system post-pandemic with an intentional focus on the needs of the infant and toddler care system.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **Hawaii’s 2020 statewide early childhood system needs assessment was carried out by the Inner City Fund (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.

A. Coordinate for greater efficiencies and funding streams for distribution of programs. Increase and diversify funding streams including state, county, and business support.

B. Update the Department of Human Services 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.

A. 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.

B. Ensure that subsidies reflect the differential cost of infant-toddler care.

3. Support high quality early childhood experiences throughout the community.

A. Explore options for quality metrics and a continuous quality improvement system.

B. Assist and provide incentives for providers to become accredited.

C. Provide outreach and support to informal family, friend, and neighbor care providers.

D. 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.

A. Develop strategies to strengthen career pathways.

B. 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 of Human Services 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, the cost of regulated child care, or where the opening was available were reasons for choosing legally exempt care. In adjusting the child care payment rates and reducing family co-payments for accredited and licensed child care providers, the 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 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 of Human Services 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 of Human Services 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 of Human Services 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 of Human Services 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 (1) 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 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 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; and
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, Fiscal Year 2009-2019).

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 of Human Services 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 of Human Services 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. The trainings include information about research and best practices in child development. The contractor and the 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 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 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 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.
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 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 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 also 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 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 of Human Services 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 and care for children whose families receive child care subsidy payments from the Department of Human Services; 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 Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State’s or Territory’s need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Quality**

Progress Report is posted on the Department of Human Services website:
<https://humanservices.hawaii.gov/bessd/child-care-program/ccdf/>

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Department of Human Services is currently working with the department’s contractor, People Attentive To Children, in developing and providing professional development training for the child care workforce. The Department of Human Services provides Early childhood education scholarships.**

The Department of Human Services recognizes that school-age children have distinct needs for behavioral supports, as well as mental, physical, social and academic development, which require specialized staff training to deliver high-quality programs for their appropriate care. The Department of Human Services will be coordinating with the Hawaii Afterschool Alliance to invest quality funds to ensure that free, appropriate professional development trainings exist specific to the school-age workforce. Trainings may be tied into career pathways. Trainings may include trauma-informed care for school-age youth, mental health first aid, early adolescent development, youth choice and voice, coordination with the school day, quality summer enrichment, and behavioral and special education supports.

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Department of Human Services contracts with the University of Hawaii/Windward Community College, Learning to Grow program to develop the Basic Health and Safety Practices Child Care Provider’s Guide.**

The Basic Health and Safety Practices Child Care Provider’s guide provides information in maintaining and implementing early learning and developmental guidelines while reference health and safety best practices. The guidebook references the Department’s Hawaii Administrative Rules for Infant and Toddler Centers, Family Child Care Homes, Group Child Care Centers and Group Child are Homes, Before and After School Child Care Facilities and Child Care Payments. The Department of Human Services contracts with People Attentive To Children to maintain and implement on-going training in early learning and developmental guidelines, professional development, health and safety, and more to child care providers and families.

iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Department of Human Services contracts with the Department of Health for a Nutrition Consultant and Menu review contract. The Nutrition Consultant and Menu review contract provides quality improvement and training in areas of general food and nutrition education and resources for Family child care (FCC) providers. The Nutrition Consultant and Menu review contract also provides assistance and support to non-USDA Group Child Care facilities in meeting licensing requirements with regards to nutrition services. Menu review services and quality improvement of menu/nutrition reviews are provided for child care facilities (Group Child Care Centers, Group Child Care Homes, Infant and Toddler Child Care Centers and Before & After School Child Care Facilities) through this Nutrition Consultant and Menu review contract.**

The Department of Human Services contracts with the University of Hawaii/Windward Community College, Learning to Grow program to provide educational outreach services to the legally exempt (Family, Friend and Neighbor) child care providers/families and registered Home-Based Family Child Care Providers with the goal of improving access to quality child care and improving quality within the registered FCC homes.

Learning to Grow provides low-income parents with consumer education regarding their child care options and the importance of quality care and training to early childhood and family service professionals to support their efforts to help families and their providers to provide quality care.

The Department of Human Services contracts with People Attentive To Children for the statewide Child Care Resource and Referral (CC R&R) service. One of the quality initiatives through the CC R&R contract is shared resources which is developing the offering of Tele Health and Mental Health Consultation for Family Child Care providers.

- iv. Improving the supply and quality of child care services for infants and toddlers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Department of Human Services contracts with People Attentive To Children to maintain and implement on-going training for infant and toddler child care providers in early learning and developmental guidelines, professional development, and health and safety.**

The Department of Human Services developed guidelines for infant and toddler centers to operate a demonstration project which waives specific qualifications while the staff member is being directly supervised and mentored and working towards completing the qualifications. The Department of Human Services involved various partners within the child care sector and consulted with higher education in the development of the guidelines.

Through partner agencies, The Contracted Early Care & Education Pilot Program offers an opportunity to increase supply of infant, toddler, and preschool care and education in a community, provide higher payments to providers who meet quality standards or provide care during nontraditional hours, provide higher compensation to the workforce and pay the full cost of care, and better enable families to access the quality of care they need to work and ensure their children are safe and supported. To accomplish this purpose, Hawaii P-20 and the

Executive Office on Early Learning (EOEL) seek skilled and qualified Department of Human Services licensed/registered child care entities to provide comprehensive, high-quality early care and education services to eligible children, birth through kindergarten entry. The information from this pilot activity will help to design Hawaii's Child Care Classroom Contracts Pilot Program.

- v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Department of Human Services contracts for services with People Attentive To Children for the statewide Child Care Resource and Referral (CC R&R) program. CC R&R promotes coordination among early childhood partners and programs while identifying and focusing on making child care and child care resources more accessible to underserved families and children. The statewide CC R&R agency provides outreach to rural areas on child care resources and assistance. Additionally, CC R&R collaborates with both public and private community partners on child care resources including: Parents and Children Together, Honolulu Community Action Program, Maui Economic Opportunity, Aloha United Way, Head Start, Easter Seals, Kamehameha Schools, Hawaii Department of Education, Hawaii Department of Health, and the University of Hawaii system.**

The statewide CC R&R program was expanded in 2023 as the child care subsidy program is now facilitated through the Department and not a contractor. Expansion of CC R&R services included additional statewide CC R&R staff to be hired to assist families and providers statewide with understanding available and quality child care, health and safety standards, providing guidance on completion of child care subsidy, and provider health and safety forms and direct coordination with the department's child care subsidy unit. The statewide CC R&R units conduct a needs assessment with families to identify and assist families in understanding available and appropriate quality care including non-traditional hours, respite care for children with disabilities and care for ill children. One of the quality initiatives through the CC R&R contract is shared resources which is developing the offering of Tele Health and Mental Health Consultation for Family Child Care providers. Through the department's CC R&R contract, shared resources continue to be developed and expanded to build the benefit packages for Family Child Care providers.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **CCDF funds are partially used to fund part of the licensing positions. Licensing workers are trained in health and safety standards and work with providers to facilitate compliance with health & safety standards. People Attentive To Children provides the Family Child Care (FCC) recruiter service within the service works with FCC providers, to ensure they meet the licensing requirements.**

- vii. Evaluating and assessing the quality and effectiveness of child care services within

the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

viii. Accreditation support.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The National Association for Family Child Care (NAFCC) accreditation support for Family Child Care providers that are interested in becoming accredited. Technical assistance accreditation program for the National Association for the Education of Young Children (NAEYC) accreditation for centers that are interested in becoming NAEYC accredited.**

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Department of Human Services contracts with the Department of Health for a Nutrition Consultant and Menu review contract. The Nutrition Consultant and Menu review contract provides quality improvement and training in areas of general food and nutrition education and resources for Family Child Care providers. The Nutrition Consultant and Menu review contract also provides assistance and support to non-USDA Group Child Care facilities in meeting licensing requirements with regards to nutrition services. Menu review services and quality improvement of menu/nutrition reviews are provided for child care facilities (Group Child Care Centers, Group Child Care Homes, Infant and Toddler Child Care Centers and Before & After School Child Care Facilities) through this Nutrition Consultant and Menu review contract.**

The Department of Human Services is working on providing mental health consultation services to licensed and registered providers to support them in their delivery of child care services.

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Department of Human Services contracts with the University of Hawaii/Windward Community College, Learning to Grow program to provide educational outreach services to the legally exempt (Family, Friend, and Neighbor) child care providers/families and registered Home-Based Family Child Care Providers with the goal of improving access to quality child care and improving quality within the registered Family Child Care (FCC) homes. Learning to Grow provides low-income parents with consumer education regarding their child care options and the importance of quality care and training to early childhood and family service professionals to support their**

efforts to help families and their providers to provide quality care.

The Department of Human Services contracts with People Attentive To Children to maintain and implement on-going training in early learning and developmental guidelines, professional development, health and safety, and more to child care providers and families to improve the quality of child care.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Department of Human Services (DHS) is a non-voting ex-officio member of the Early Learning Board, which directs the Executive Office on Early Learning in its administration of the State's public Pre-Kindergarten program in 44 classrooms statewide by August 2024. 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. DHS will continue to gather feedback and guidance from the Department's 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 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.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The 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 include coordinating strategies to prevent duplication of resources and a maximization of available funding. To achieve this, the 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 (2) 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 of Human Services, 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 of Human Services, 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 of Human Services, 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 of Human Services 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 of Human Services in promoting healthy and safe environments through licensure by the Department of Human Services for all keiki (children) in its programs and ensure School Readiness for keiki who continue their Hawaiian medium education into kindergarten and beyond.

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The 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 eight (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 (4) 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 - three (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.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start State Collaboration Director position has been established under the Executive Office on Early Learning (EOEL) to administer the federal grant awarded to the state to support local Head Start/Early Head Start grantees, as well as state-system building efforts with the Department of Human Services partners. The Department of Human Services coordinates with the Head Start State Collaboration Director through a variety of early childhood community meetings to ensure that Head Start and the Department of Human Services align efforts to serve 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.**
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The 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, 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.**
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The 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 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.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Department of Human Services is an ex-officio member on the Early Learning Board who governs 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 44 statewide**

classrooms as of August 2024.

The Department 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 eight (8) years of age.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The 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 Regulation Program and Child Care Subsidy Program Offices 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 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.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The Department of Human Services contracts with the 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 the child care licensing program continues to align with the requirements and goals of the CACFP.**
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The 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. The Department of Human Services 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. The Department of Education for Homeless Children and Youth Program (EHCY) has established an Early Learning Navigator position to support the enrollment of more children, birth to five, experiencing homelessness into early child program and settings. The Department of Human Services will continue its efforts to work with the EHCY program staff to ensure families have subsidy and child care information needed to enroll their children into programs and services.

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The 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 2023, the monthly average of TANF children served was 5% of the overall number of children receiving child care subsidies statewide. Families are provided 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.**

- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The Department of Human Services, 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.**

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **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-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 to three (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.

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The 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 Department of Human Services ensures that child care providers receive necessary information about the availability of professional development opportunities, to meet their ongoing health and safety requirements. This includes licensed and registered child care providers as well as exempt providers caring for children whose families receive a child care subsidy from the Department. Additionally, the department coordinates services between its contractors for training and professional development and provides career counseling and continuing education for licensed and registered child care providers, as well as exempt providers interested in caring for children whose families receive a child care subsidy from the Department of Human Services.**
- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The 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 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 of Human Services 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.

In addition, the Department of Human Services works in collaboration with the Hawaii Afterschool Alliance (HAA), the Hawaii statewide afterschool network, to support quality development, resource sharing, and promoting high-quality, affordable and accessible out-of-school programs. HAA will provide a variety of training, resources and consultations that meet providers needs and help assess programs progress toward goals. Collaborating with HAA assures that planning efforts around child care including planning for school-age children.

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The 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 Department of Human Services will also 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.
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **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 of Human Services 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 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 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 (8) 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, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **The 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 Program. Describe: **The 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 will also develop and provide training to the Department of Human Services 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 for TANF and non-TANF child care eligibility determination staff.**
- vi. State/Territory agency responsible for child welfare. Describe: **The 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 using 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 (5) years.

The two (2) 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. Child care provider groups or associations. Describe:
- viii. Parent groups or organizations. Describe:
- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care

funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations?

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: **State General revenue funds.**

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. Donated directly to the state.

ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to

receive private donated funds:

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:

The Department of Human Services (DHS) contracts with People Attentive To Children (PATCH) 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 Department of Human Services 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 Department of Human Services contracts with PATCH, the 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 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 provides telephone consultation services for the islands of Molokai and Lanai.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Department of Human Services partners with the Executive Office on Early Learning and the Department of Education for the ongoing 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 eight (8) years of age. The Hawaii Early Childhood State Plan launched on January 30, 2019.

The 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. DOH 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. DOH developed a resource listing for families about services available through various State agencies, and the Department of Human Services will include this resource list on its consumer education website for families to access once the website is in production.

The Department of Human Services also partners and collaborates with the Department of Education (DOE) Community Engagement Branch on strategies to improve coordination of out-of-school time care, since 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 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 of Human Services transitional care subsidy unit 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.

The 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 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.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The Department of Human Services completed the Child Care Disaster Plan draft in June 2021 and posted to the DHS website. No updates were made since.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in

the current State Disaster Preparedness and Response Plan.

- i. The plan was developed in collaboration with the following required entities:
 - State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- ii. The plan includes guidelines for the continuation of child care subsidies.
- iii. The plan includes guidelines for the continuation of child care services.
- iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - Procedures for evacuation.
 - Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.
 - Procedures for accommodations of children with chronic medical conditions.
- vi. The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
<https://humanservices.hawaii.gov/bessd/child-care-program/>

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must

provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency’s hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **The 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 through 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.
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The Department of Human Services utilizes their Department’s interpreter services for families that speak languages other than English. Families can also utilize the Language Assistance Line for the Department by calling 1-888-764-7586. For parental complaints, the family will contact the licensing unit who will utilize the Department’s interpreter services to collect information about the complaint.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The Department of Human Services will provide reasonable accommodations to families requesting for assistance. Persons that utilize assistive technology can request to receive the informational material on the Department’s website in their preferred format by emailing: DHSCivilRightsBox@dhs.hawaii.gov or calling the Human Resources Office at (808) 586-4955. The Hawaii Relay Service (dial 711) is available also to hearing impaired and deaf individuals. More information is listed on the DHS website: <https://humanservices.hawaii.gov/accessibility-policy/><https://humanservices.hawaii.gov/civil-rights-corner/>**

- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

Yes. If yes, describe: For licensed and registered child care facilities and homes, whether they care for children whose families receive CCDF subsidies from the Department, the 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 two (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 of Human Services will not accept the complaint for an investigation.

For legally exempt child care providers, the Department of Human Services 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 of Human Services 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 of Human Services and the program is not under the jurisdiction of the Department (e.g. pre-kindergarten 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 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.

No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? The 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 of Human Services maintains the records for three (3) years and then will destroy the records for the home or facility. For exempt providers that are not licensed or registered with the Department of Human Services, the Department will maintain the substantiated complaint record for three years and then will destroy the record.

For child care providers that are not licensed or registered with the Department of Human Services, 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.

- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **The 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 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 of Human Services will post a redacted version with non-confidential information for substantiated complaint reports for three (3) 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.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency's consumer education website homepage: **The Department of Human Services (DHS) is not compliant by 10/01/24 regarding the consumer education website. Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. The Department of Human Services is currently working with a contractor to make inspection and complaint reports available on the consumer education website which is currently not in production. The consumer education**

website will be implemented into production in two (2) phases; phase one (1) will include the provider's information, and phase two (2) will include monitoring inspection reports and substantiated complaint reports. The anticipated date for the implementation of phase 1 is September 2024 and phase 2 in December 2024, respectively.

- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

Yes.

No. If no, describe: **The Department of Human Services is currently working towards the implementation of the consumer education website. Once the consumer education website is in production, Hawaii will monitor the website to ensure broad access to services for families who speak languages other than English.**

- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

Yes.

No. If no, describe: **The Department of Human Services is currently working towards the implementation of the consumer education website. Once the consumer education website is in production, Hawaii will monitor the website to ensure broad access to services for persons with disabilities.**

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **Hawaii is currently working towards the implementation of the consumer education website. Information on the licensing process is listed on the Department's website: <https://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>**
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: **The Department of Human Services is currently working towards the implementation of the consumer education website. Information on conducting monitoring and inspections of child care providers is listed on the Department's website: <https://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>**
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **The Department of Human Services is currently working towards the implementation of the consumer education website. Information on the policies and procedures related to criminal background checks for staff members of child care provider is listed on the Department's website: <https://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>**
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **The Department of Human Services is**

currently working towards the implementation of the consumer education. Information on the offenses that prevent individuals from being employed by a child care provider is listed in the Hawaii Administrative Rules: <https://humanservices.hawaii.gov/wp-content/uploads/2021/09/CHAPTER-17-801-Background-Checks.pdf>

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
- i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
- Yes.
- No. If no, describe: **While the Department of Human Services works on putting phase 1 of the consumer education website into production, the Department of Human Services contractor, People Attentive To Children (PATCH) is the department’s resource and referral agency. PATCH maintains a list of licensed and registered child care providers, which is searchable by zip code.**
- ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://www.patchhawaii.org/types-of-child-care/>
- iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:
- License-exempt center-based CCDF providers.
 - License-exempt family child care CCDF providers.
 - License-exempt non-CCDF providers.
 - Relative CCDF child care providers.
 - Other (e.g., summer camps, public pre-Kindergarten). Describe:
- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i. All licensed providers. Describe: **Identification of special needs for care. Search by curriculum (Montessori, faith-based), environment, affiliation (Director’s association, National Catholic Association, HAEYC, etc.), financial assistance.**
 - 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:
 - vi. Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
- i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.

- vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe: **Identification of special needs for care. Search by curriculum (Montessori, faith-based), environment, affiliation (Director’s association, National Catholic Association, HAEYC, etc.), financial assistance.**
- b. For what types of child care providers is quality information available?
- i. Licensed CCDF providers. Describe the quality information: **Identification of special needs for care. Search by curriculum (Montessori, faith-based), environment, affiliation (Director’s association, National Catholic Association, HAEYC, etc.), and financial assistance.**
 - ii. Licensed non-CCDF providers. Describe the quality information:
 - 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:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
- i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and licensing status.
 - iii. The total number of substantiated instances of child abuse in child care settings.
 - iv. The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe: **The Department of**

Human Services (DHS) is not compliant by 10/01/24 in their State Plan for 98.33(a)(5): Annual Aggregate Data (all CCDF-eligible provider types). Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. Update on Plan Non-Compliance: The Lead Agency has a website with aggregate data, but the information had not been completely updated at the time of the visit. The data on deaths in care through 2022 was posted but data had not been updated for the other two (2) sections because the State does not have a definition for serious injuries and child abuse, which makes it difficult to collect data. Child Welfare conducts child abuse investigations and does provide information to the Lead Agency. The Lead Agency requested technical assistance (TA) on how to post aggregate data for license-exempt providers, as well as separating out data for two (2) provider types (Group Child Care Centers and Group Child Care Homes) that are currently listed together since they follow the same regulatory chapter.

- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **The Department of Human Services statewide Child Care Licensing units receive the report from the child care provider. Aggregate data is then provided from the complaint reports received from the statewide child care licensing units.**
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **The Department of Human Services does not have a definition for substantiated child abuse.**
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement: **The Department of Human Service does not have a definition for serious injury.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
<https://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/aggregate-data-for-hawaii-child-fatalities-serious-injury-and-substantiated-abuse-in-regulated-child-care/>

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

Yes.

No.

Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information:

<https://www.patchhawaii.org/types-of-child-care/>

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

- b. Provide the direct URL/website link to this information:

<https://www.patchhawaii.org/types-of-child-care/>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale.

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

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.

The 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 (CHIP);
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), 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 care and their child care providers as well as registered family child care providers, or resources for health consultation.

The Department of Human Services contracted statewide child care resource and referral agency, People Attentive To Children 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 eligible for child care subsidy, they are referred to the child care resource and referral agency to assist in selecting a child care provider, complete the required documents for their selected child care provider and receive information about consumer education services and resources. A needs assessment to identify and understand the options available to meet the families’ child care needs is conducted by the child care resource and referral agency’s family navigator.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).

- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe: **With the implementation of the Department of Human Services consumer education website, it will address all items 1-8. Currently, the information is found on the Department of Human Services’ website.**

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe: **While the Department of Human Services works on putting phase 1 of the consumer education website into production, the Department of Human Services contractor, People Attentive To Children (PATCH) is the department’s resource and referral agency. PATCH maintains a list of licensed and registered child care providers, which is searchable by zip code. Phase 2 of the consumer education website will make available the provider’s monitoring reports, history of violations and substantiated complaint information.**

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health

and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **For parents, the public, and providers, the Department of Human Services 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/>; and**
- 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.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **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 of Human Services website.**

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the

general public: 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 of Human Services website.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **Suspension and expulsion of children which includes the following:**
- (A) The conditions under which a child may be suspended or expelled, if applicable;**
 - (B) Sufficient timeframe before suspension or expulsion occurs to enable parents to make alternative child care arrangements or to take the necessary action to allow the child to remain enrolled;**
 - (C) Conditions that may warrant immediate expulsion such as imminent danger to the health, welfare, or safety of the children;**
 - (D) Parents and guardians are provided written notification of any concerns that could lead to the child's expulsion; and**
 - (E) When expulsion occurs, the provider shall maintain a record of the conditions, parental notification, and action taken;**
 - (F) Other policies which may be required by the department.**

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

Yes.

No. If no, describe:

- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Yes.

No. If no, describe:

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The 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 Early and Periodic Screening, Diagnostic, and Treatment (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 of Human Services will include guidance for TANF Work Participation 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 Department of Human Services contracted statewide Child Care Resource and Referral (CC R&R) agency, People Attentive To Children, will provide information to subsidy families and the general public about available community resources and providing development screening services available under Early and Periodic Screening, Diagnosis and Treatment, Part B of Section 619, and Part C of the Individuals with Disabilities Act. Information about research and best practices on child development particularly on healthy eating, physical activity and parent/family engagement will also be provided by the statewide CC R&R agency.

No. If no, describe:

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

Yes.

No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **1) The Department's Child Care Subsidy and Child Care Regulation Administrators have oversight of the subsidy and regulation programs. Child Care Subsidy and Regulation Program Specialists are assigned to oversee and monitor the subsidy/regulation contracts and grants.**

2) Child Care Subsidy and Regulation Program Specialists are assigned to oversee and monitor the subsidy/regulations contracts and grants. The program specialists will review and process payments to contractors upon receipt of monthly invoices verifying expenditures aligned with the approved contract/grant budget. Contractors submit quarterly and annual reports which program specialists review according to the performance outcomes of the contract/grant. The Child Care Subsidy and Regulation Administrators provide final approval on invoices and reports submitted by the contractors.

3) Contractors submit monthly invoices, quarterly, and annual reports which are reviewed by the Child Care Subsidy and Regulation Program Specialists. All invoices are reviewed by program specialists to verify expenditures are aligned with the approved contract/grant budget. If necessary, payment may be withheld until receipt of the quarterly report. Annual reports are submitted by the contractors and the final payment will not be processed without receipt of the annual report, even if an invoice is received. If there are any inconsistencies with invoices, quarterly, and annual reports the program specialist will follow-up with the contractors for clarification and/or correction. Program Specialists will also track payments issued to contractors to ensure that aggregate payments do not exceed the contract maximum amount at the end of the fiscal year. Contractors must submit copies of their annual audit reports to the program specialists; 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.

4) Child Care Subsidy and Regulation Program Administrators will communicate with the Department's Financial Evaluation office on annual audit reports with contractors, budgetary concerns on contracts and budget reporting.

5) Child Care Subsidy and Regulation Program Specialists are assigned to oversee the subsidy and regulations contracts and grants. The program specialists will review and process payments to

contractors upon receipt of monthly invoices verifying expenditures aligned with the approved contract/grant budget. The Child Care Subsidy and Regulation Program Administrators have final oversight after Program Specialists have reviewed invoices, reports and contracts.

6) 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. Staff are identified with different system security profiles to limit their access within the Department's system for case management. The Department's Child Care Subsidy Program Office reviews various monthly system reports (EBT, overpayment, override, emergency disaster, etc.) that identifies possible overpayments which may then be referred to the investigative team.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Department of Human Services Child Care Program Administrators and the Child Care Program Specialists assigned to oversee and monitor the contracts or grants conduct 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 Specialists review quarterly and annual reports and may cross-check the reports to ensure accuracy of data reporting. If inconsistencies are noted, Program Specialists follows up with contractors for clarification and/or correction. Program Specialists also track 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.**

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **Budgets are received, reviewed, and approved by the Department of Human Services 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.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **Budgets are received, reviewed, and approved by the Department of Human Services 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. State and federal reports are prepared and submitted based on reporting timelines and with consultation from the fiscal office.**
- d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The Department of Human Services aims to follow standard operating practices incorporating tracking invoices and budgets, ensuring compliance within CCDF rules and forecasting changes while ensuring parameters are within the policies and laws of the Department and State of Hawaii. Effective fiscal management practices also include a good internal control of department expenditures.**
The Department of Human Services has various levels of review of expenditures. Program expenditures are reviewed first by a program specialist and then reviewed by a supervisor to ensure it is a legitimate payment. The departmental pre-audit section is the third level of review before the final review with the Department of Accounting and General Services (DAGS), pre-audit section to ensure that the expenditures are within the state's laws and practices. Budget and planning are essential factors in the Department of Human Services effective fiscal management practice. Department budgets are reviewed by the department's budget analyst to ensure how funds will be spent. The department's budget is then reviewed by the Department of Budget and Finance to ensure expenditures do not exceed what was appropriated.
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Department of Human Services expenditures are compared against the actual program budget to ensure the program is meeting program expectations from a fiscal and program perspective. Actual program expenditures are compared to the budget to provide a measure of indicators.**
Hawaii's CCDF-funded subsidies have a specific account code assigned to payments so that the program and fiscal offices are able to identify CCDF-funded payment expenditures from other sources of funding.

Additionally, all CCDF administrative expenses, including contracted services, have specific account codes that are used to identify CCDF-funded expenditures from other sources of funding.

- c. How the results inform implementation. Describe: **Results will provide an idea of program outcomes and expectations and where it is going forward as well as indicate trends on program needs and where increased funds may be needed in a future request from the Hawaii legislature.**
- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Department of Human Services ensures as part of the Request for Proposal (RFP) process when soliciting bids for contracts that each bidder must meet the requirement detailed within the RFP. The awarded contractor must meet the necessary skills in experience and capability; have a quality assurance and evaluation plan; meet the requirements detailed within the scope of service; have an organized and efficient project organization and staffing; and have an established accounting system. Submitted proposals for contracts are scored based on the criteria and requirements of the RFP. Contractors must also be compliant in Hawaii Compliance Express and the System for Award Management for the Child Care Subsidy and Regulation Program Offices to award contracts and make payments. The Child Care Subsidy and Regulation Program Specialists who oversee the various contracts within the program office will continuously monitor the contracts to ensure performance outcomes are being met, expenditures are aligned with the budget, and communicate with the contractor on issues and program improvements. 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 of Human Services runs system reports that flag potential errors or high risk actions and collects cumulative data for monthly review. Staff are identified with different system security profiles to limit their access within the Department of Human Services Information and Technology systems for case management.**
- b. The frequency of each risk assessment. Describe: **The Child Care Subsidy and Regulation Program Office receives monthly system reports that flag potential errors or high risk actions and program staff review the cumulative data and follows up with line staff as necessary.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The Department of Human Services system reports can assist the Child Care Program Offices in verifying trends and issue policy clarifications and/or training to the staff to mitigate unnecessary risk.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **For contracts, all deliverables identified in the scope of services are met and**

performance benchmarks receive a percentage rating of 90% or higher. Families being serviced under the contracts are supported through the contracted services as evidenced under the final report.

e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **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 Regulation Program, and quality initiatives, including contracted services to support quality care. The Child Care Subsidy and Regulation Programs notify child care subsidy and licensing staff respectively when any policy clarifications, updated procedures or updated forms are issued. When there are policy clarifications or updated procedures or forms issued by Child Care Subsidy and Regulation Program Offices, 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 information and technology data system. The Child Care Subsidy and Regulation Program Offices post 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 Subsidy and Regulation Program Offices also issue email reminders to Unit Supervisors and conduct meetings as needed to review the policy clarifications.**
 - ii. Describe how staff training is evaluated for effectiveness: **The Department of Human Services provides support to the Staff Development Office to ensure training material is vetted. At the end of training, the trainees complete an evaluation.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The Department of Human Services refers to system reports which assist the department in verifying trends and issuing policy clarifications and/or training to the staff to mitigate unnecessary risk. The Department of Human Services will advise the Staff Development Office to update training materials to address the trends on the reports. Staff Development Office then provides refresher training to staff.**
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
 - i. Describe the training for providers around CCDF program requirements and

program integrity: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Program Integrity Training: Providers (section 98.68(a)(3).**

Preliminary Notice of Possible Non-compliance Rev date: 01/2023. DHS will need additional time to fully implement the requirement. Hawaii's relationship is with the parents primarily, and does not have a system in place to train providers on CCDF program requirements and program integrity.

The Department of Human Services is coordinating with the Department's contracted, Child Care Resource and Referral agency to develop training on CCDF program expectations around program integrity for providers. The Department of Human Services is in the process of developing an informational sheet on CCDF program expectations around program integrity for providers. For legally exempt providers who care for children whose families receive subsidy, the information is provided to the family to share with their provider.

- ii. Describe how provider training is evaluated for effectiveness: **Not applicable, the Department of Human Services is in the process of working with the Child Care Resource and Referral agency on the training.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Department of Human Services refers to system reports which assist the Program Office in verifying trends and issue policy clarifications and/or training to the staff to mitigate unnecessary risk. The Child Care Subsidy and Regulation Program Offices will advise the vendor to update training materials to address the trends on the reports. The contractor will provide refresher training to staff.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Improper Payment Review is conducted by the Child Care Subsidy Program and information about the review or findings is shared with subsidy line staff. Errors within the Improper Payment Review are identified and evaluated by the Child Care Subsidy Program staff and corrections are made by subsidy line staff to recover overpayments or issue underpayments. Subsidy line staff are advised to submit corrections of identified errors within the Improper Payment Review. The 2021 Improper Payment Review error rate was at 1%, indicating no corrective action for the Department.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The audit results are shared with the Child Care Subsidy and Regulation Program Offices and Division Administrators of the Benefits, Employment and Support Services Division. The Child Care Subsidy and Regulation Program Office references the recommendations from the subrecipient reviews conducted by the Audit, Quality Control and Research Office's Financial Evaluation Auditor and adheres to their recommendations. If there is a finding, the information is provided to the contractors as a corrective action.**

- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **CCDF Single Audit conducted by a contractor would identify internal weaknesses. Auditors will identify deficiencies in internal controls pertaining to awarded contracts, eligibility payments to families, and grant payments to providers. Deficiencies that may be identified as part of the audit are addressed immediately by the Department of Human Services. A corrective action plan is developed to identify deficiencies and provide a timeframe to remedy the findings. Progress is evaluated at the identified timeframe to see if additional resources or technical assistance is needed.**

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Strategies Used To Identify and Prevent Program Violations (section 98.68(b)(1). Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement. The Department of Human Services does not have a system in place for identifying provider fraud or other program violations, although there is a system in place for identifying client fraud. The Department of Human Services relationship is primarily with the parent. The Department of Human Services Child Care Subsidy workers have the ability to access the TANF or SNAP household information including income summary,**

household size and are able to crosscheck the information provided by the Child Care Subsidy client/applicant. Through this process, the Child Care Subsidy workers can identify and validate any intentional program violations. Shared reports from the SNAP program will identify address changes. When families apply for SNAP benefits in other states, the eligibility worker will contact the Hawaii Department of Human Services through an established interstate verification process.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Department of Human Services Child Care Subsidy workers have the ability to access the TANF or SNAP household information including income summary, household size and are able to crosscheck the information provided by the Child Care Subsidy client/applicant. Through this process, the Child Care Subsidy workers can identify and validate any discrepancies which could be an unintentional program violation.**
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice::
- b. Run system reports that flag errors (include types).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Department of Human Services receives monthly system reports to identify possible discrepancies requiring further evaluation by the program staff which may lead to additional follow-up by the line staff. Additionally, the monthly system reports may indicate trends based on the frequency of the occurrences. Thereby, necessitating the development of policy clarifications or possible rule amendments by the program staff. Monthly system reports include Health and Safety Deficiencies, Returned Child Benefit Payments, Background Clearances, Inactive and Closed Child Care Provider Services, and Unauthorized Child Care Benefits.**
- c. Review enrollment documents and attendance or billing records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- d. Conduct supervisory staff reviews or quality assurance reviews.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these

activities, and how they inform better practice:

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Department of Human Services 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 as well as 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.**
- e. Audit provider records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- f. Train staff on policy and/or audits.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Department of Human Services Staff Development Office trains staff on child care subsidy and licensing policies, procedures, and the information and technology 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.**
- g. Other. Describe the activity(ies):
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Department of Human Services**

Investigations Office; Office of the Attorney General, upon referral. The Child Care Subsidy Program Office will pursue overpayments from the family.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Program Integrity - 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 (section 98.68(b)(2). Preliminary Notice of Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement. DHS currently has no process in place for investigating, recovering funds from, or sanctioning providers. Currently the Investigations Office will investigate fraud by parents that are Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) program recipients, based on Hawaii Administrative Rules. DHS will need to amend the Administrative Rules. There is currently a process in place for recouping payments from parents for errors, although not identified as fraud.**

Any overpayment made to the caretaker shall be recovered through repayment in cash or by a reduction of not less than 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 based on the most recent analysis:

iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **By order of the court through a criminal conviction, monthly restitution payments may be established. Court restitution payments will be processed by the Department of Human Services Investigations 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 based on the most recent analysis: **Any overpayment made to the caretaker shall be recovered through repayment in cash or monthly reductions from an active child care subsidy case. The caretaker must acknowledge the repayment plan and agree to the monthly deductions until the entire overpayment is recovered or their case closes and subsequent repayments will be turned over to the Department of Human Services fiscal office to bill the**

caretaker directly. The result is the Department of Human Services shall work with the families to recover any misspent funds.

- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **Refer to the Department of Human Services 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 Department'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:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Any overpayment made to the caretaker shall be recovered through repayment in cash or by a reduction of not less than 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 of Human Services (DHS) shall work with the families to recover any misspent funds.**

DHS FY21 Improper Payment percentage was reduced to .065%, compared to the prior IPR cycle which reported 4.39%. The most common errors discovered in the FY21 IPR cycle were: Incorrect child care cost was entered, which resulted in the incorrect calculation of the benefit; Incorrect reason for care selected which resulted in the incorrect calculation of household's monthly gross income and family co-payment rate; Expired Child Care Certificate and Provider Confirmation Forms (DHS 918), which resulted in benefits begin authorized prior to the renewal of the DHS 918. Review of these common errors assisted in reviewing and revising the new worker training and refresher training modules to cover policies and

procedures.

In

the 2024 calendar year, DHS received 375 direct repayments from child care providers totaling \$420,922 as a result of the overpayments. Of the 375, DHS processed 157 repayments to date and continue to work with the child care subsidy families, child care providers and the department's fiscal office. DHS specific error rate estimates have been successful in identifying issues that impact future statewide estimates and reducing the instance of error. DHS has implemented the improper payment review process for FY25 and is currently meeting as a team weekly to review files, identify administrative errors that will assist in identifying issues and estimating/reducing errors.

- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **By order of the court through a criminal conviction, monthly restitution payments may be established. Court restitution payments will be processed by the Department of Human Services Investigation Office as a result of unsuccessful attempts to work with the families to recover misspent funds.**
In 2024, all repayments have been handled at the division level by eligibility staff, the program office and the fiscal office. There are zero court restitution payments being handled by the department's investigation office.
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Any overpayment made to the caretaker shall be recovered through repayment in cash or monthly reductions from an active child care subsidy case. The caretaker must acknowledge the repayment plan and agree to the monthly deductions until the entire overpayment is recovered or their case closes and subsequent repayments will be turned over to the Department of Human Services fiscal office to bill the caretaker directly. The result is the Department of Human Services shall work with the families to recover any misspent funds. The department's payment system and the fiscal billing system are two separate systems. An ad-hoc report would need to be requested to review any outstanding claims. The program office would be responsible for requesting the report to review the statewide count to analyze how many claims should be turned over to the fiscal office. This process would also identify if any closed cases still have outstanding claims which would then be turned over immediately to the fiscal office to follow up.**
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **Refer to the Department of Human Services 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:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

No.

Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Any overpayment made to the caretaker shall be recovered through repayment in cash or by a reduction of not less than 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.**

DHS is considering reinstating the work verification plan audit for families receiving child care payments as a supportive service while participating with the TANF work program. Previously five (5) child care cases were randomly selected per month.

There was a significant drop in the FY21 IPR admin error rate from 31.88% previous IPR cycle to 4.71% (FY21 cycle).

FY21 IPR data:

4.71% cases revealed an error (Prior IPR cycle: 31.88%)

3.62% admin errors (Prior IPR cycle: 19.92%)

1.09% are improper payments (Prior IPR cycle: 11.96%)

ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **By order of the court through a**

criminal conviction, monthly restitution payments may be established. Court restitution payments will be processed by the Department of Human Services Investigations 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 based on the most recent analysis: **Any overpayment made to the caretaker shall be recovered through repayment in cash or monthly reductions from an active child care subsidy case. The caretaker must acknowledge the repayment plan and agree to the monthly deductions until the entire overpayment is recovered or their case closes and subsequent repayments will be turned over to the Department of Human Services fiscal office to bill the caretaker directly. The result is the Department of Human Services shall work with the families to recover any misspent funds.**
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **Refer to the Department of Human Services 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. In 2024, the department has one active investigation to review the designated provider payment account of a child care provider. The tax setoff can be utilized if the caretaker fails to make payment. HAR 17-798.3-22(b)(7): If a caretaker for whom a collection action has been initiated fails to make payment for any month in the calendar tax year, the department may refer debts exceeding twenty-five dollars to the comptroller of the State for tax setoff as specified in chapter 17-606 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:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis:

- ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis:
- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **The Department of Human Services (DHS) is not compliant by 10/01/24 for Program Integrity - Sanctions to reduce improper payments (Section: 98.68(b)(2). Preliminary Notice of Possible Non-Compliance Rev date: 01/2023. DHS will need additional time and technical assistance from the Office of Child Care to fully implement the requirement. For sanctions, policies and procedures cover the family only and not the provider. DHS currently has repayment options for families regarding errors and incorrect payments that are agency or client caused. Investigations and Recovery Office has a process where families receive a tax offset to repay the department. There are currently no provider sanctions in place.**

For situations where improper payments occur due to program violations, child care subsidy staff are to complete a referral to the Department of Human Services 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 Department of Human Services 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.

- iv. Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		