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**Child Care and Development Fund (CCDF) Plan**

**for**

**State/Territory Hawaii**

**FFY 2019–2021**

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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## Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Pub. L. 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for state and territory grantees. In September 2016, the final rule was released. The final rule makes regulatory changes to the CCDF program based on the CCDBG Act of 2014. These changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable, child care for low-income children; and enhance the quality of child care and the early childhood workforce.

The Plan is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule. The Preprint provides a tool for states and territories to describe to ACF their progress on the following sections:

1. Define CCDF Leadership and Coordination With Relevant Systems
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Families
5. Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements and deadlines.

### *CCDF Plan Submission*

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site 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. (See <http://www.section508.gov/> for more information.)

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In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

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# 1 Define CCDF Leadership and Coordination With Relevant Systems

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

## 1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: **State of Hawai'i Department of Human Services**

Street Address: **1390 Miller Street, #209**

City: **Honolulu**

State: **HI**

ZIP Code: **96813**

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

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **Pankaj**

Lead Agency Official Last Name: **Bhanot**

Title: **Director**

Phone Number: **(808) 586-4997**

Email Address: **[dhs@dhs.hawaii.gov](mailto:dhs@dhs.hawaii.gov)**

### 1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic

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communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: **Scott**

CCDF Administrator Last Name: **Nakasone**

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

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

Street Address: **1010 Richards Street, Suite 512**

City: **Honolulu**

State: **HI**

ZIP Code: **96813**

Phone Number: **(808) 586-7083**

Email Address: **snakasone2@dhs.hawaii.gov**

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

CCDF Co-Administrator First Name: **Dana**

CCDF Co-Administrator Last Name: **Balansag**

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

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

Street Address: **1010 Richards Street, Suite 512**

City: **Honolulu**

State: **HI**

ZIP Code: **96813**

Phone Number: **(808) 586-7188**

Email Address: **dbalansag@dhs.hawaii.gov**

Description of the role of the Co-Administrator:

**The Child Care Program Administrator oversees the development, submits, and implements the CCDF State Plan. Also, the Child Care Program Administrator has oversight of the childcare subsidy, child care licensing, and child care quality improvement programs in Hawai'i.**

## 1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

☒ All program rules and policies are set or established at the state or territory level.

☐ Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

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

☐ State or territory

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

\_\_\_\_\_

☐ Other. Describe: \_\_\_\_\_.

2. Sliding-fee scale is set by the:

☐ State or territory

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

\_\_\_\_\_

☐ Other. Describe: \_\_\_\_\_.

3. Payment rates are set by the:

☐ State or territory

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

\_\_\_\_\_

☐ Other. Describe: \_\_\_\_\_.

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

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



a) Who conducts eligibility determinations?

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

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

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

c) Who issues payments?

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

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

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

- 1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public

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agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate. DRAFT

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

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

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

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

- (1) Appropriate representatives of units of general purpose local government—(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

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

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

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

Child care subsidy services and child care licensing services are state administered in Hawai'i. 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 member of the Early Learning Board and representatives from the Hawai'i Council of Mayors also are members of the Early Learning Board.

The Department held over 9 discussion sessions and workgroup meetings throughout 2018 and sent out electronic surveys to early childhood stakeholders to review the requirements

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of the Child Care and Development Block Grant Act of 2014 and 45 Code of Federal Regulations (CFR) Part 98 to seek feedback into the development of the CCDF Plan. Attendees and voting members of the Department's Child Care Advisory Committee and the Early Learning Board were notified of the different meetings being held during 2018.

The sessions addressed a variety of topics for input, including, but not limited to: Health and Safety Training for Child Care Providers on Required Topics, Family Co-Payment, Consumer Education Website, Criminal Background Checks, Graduated Phase Out, Statewide Child Care Disaster Preparedness and Response.

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

The former Early Learning Advisory Board was the State Advisory Council on Early Childhood Education and Care, but it has since become the Early Learning Board and is a governing board to direct the Executive Office on Early Learning (EOEL) and appointing and evaluating the Director of the EOEL, in accordance with Act 202 of Session Laws of Hawai'i 2017.

The Hawai'i Department of Human Services convenes quarterly the Child Care Advisory Committee with 20 voting members statewide from a variety of early childhood stakeholders, including: a statewide child care center director's group; an association for independent schools; the Head Start Association; the statewide Child Care Resource and Referral agency; a Kauai island representative; a Family Child Care provider; a Hawaii island representative; a parent representative; the Tribal/Native Hawaiian CCDF agency; a faith-based representative; the Hawaii Association for the Education of Young Children; the Department of Health; a multi-site child care center organization group; a Maui County representative; a school-aged care representative; the non-TANF child care subsidy case management agency; the University of Hawaii, Center on the Family; the Department of Education; the University of Hawaii Community Colleges; and an early childhood advocacy group.

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

The Department held over 9 discussion sessions and workgroup meetings throughout 2018 and sent out electronic surveys to early childhood stakeholders to review the requirements of the Child Care and Development Block Grant Act of 2014 and 45 Code of Federal Regulations (CFR) Part 98 to seek feedback into the development of the CCDF Plan. Attendees and voting members of the Department's Child Care Advisory Committee and the Early Learning Board were notified of the different meetings being held during 2018.

The sessions addressed a variety of topics for input, including, but not limited to: Family Co-Payment, Consumer Education Website, Criminal Background Checks, Graduated Phase Out, Statewide Child Care Disaster Preparedness and Response.

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

The Department consulted with the statewide Hawaiian medium early learning provider for Native Hawaiian children. The statewide Hawaiian medium early learning provider offers

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Hawaiian language immersion programs in 11 preschools statewide and 1 infant-toddler program.

The Department consulted with the Native Hawaiian Tribal CCDF grantee, Maui Family Support Services, to look at ways to coordinate and partner for both agencies in meeting the requirements of the Child Care and Development Block Grant Act of 2014 and 45 Code of Federal Regulations (CFR) Part 98, including minimizing duplication of subsidy payment services and supporting Maui Family Support Services in meeting the background check requirements.

The Department held over nine (9) discussion sessions and workgroup meetings throughout 2018 and sent out electronic surveys to early childhood stakeholders to review the requirements of the Child Care and Development Block Grant Act of 2014 and 45 Code of Federal Regulations (CFR) Part 98 to seek feedback into the development of the CCDF Plan. Attendees and voting members of the Department's Child Care Advisory Committee and the Early Learning Board were notified of the different meetings being held during 2018.

The sessions addressed a variety of topics for input, including, but not limited to: Family Co-Payment, Consumer Education Website, Criminal Background Checks, Graduated Phase Out, Statewide Child Care Disaster Preparedness and Response.

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

The Hawai'i Departments of Education, Department of 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 held over nine (9) discussion sessions and workgroup meetings throughout 2018 and sent out electronic surveys to early childhood stakeholders to review the requirements of the Child Care and Development Block Grant Act of 2014 and 45 Code of Federal Regulations (CFR) Part 98 to seek feedback into the development of the CCDF Plan. Attendees and voting members of the Department's Child Care Advisory Committee and the Early Learning Board were notified of the different meetings being held during 2018.

The sessions addressed a variety of topics for input, including, but not limited to: Family Co-Payment, Consumer Education Website, Criminal Background Checks, Graduated Phase Out, Statewide Child Care Disaster Preparedness and Response.

The Hawai'i Department of Human Services convenes quarterly the Child Care Advisory Committee with 20 voting members statewide from a variety of early childhood stakeholders, including: a statewide child care center director's group; an association for independent schools; the Head Start Association; the statewide Child Care Resource and Referral agency; a Kauai island representative; a Family Child Care provider; a Hawaii island representative; a parent representative; the Tribal/Native Hawaiian CCDF agency; a faith-based representative; the Hawaii Association for the Education of Young Children; the Department of Health; a multi-site child care center organization group; a Maui County representative; a school-aged care representative; the non-TANF child care subsidy case

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management agency; the University of Hawaii, Center on the Family; the Department of Education; the University of Hawaii Community Colleges; and an early childhood advocacy group.

The Hawaii Department of Human Services which is the lead CCDF agency is responsible for Temporary Assistance for Needy Families (TANF). The TANF program operates under the same Division as the CCDF program. The CCDF Administrator is also the TANF Administrator, who is the Acting Administrator for the Benefit, Employment, and Support Services Division. The Acting Division Administrator reviewed the CCDF Plan and has been consulted on an on-going basis regarding the CCDF State Plan.

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

- a) Date(s) of notice of a public hearing. **May 24, 2018** *Reminder:* Must be at least 20 calendar days prior to the date of the public hearing.
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include specific website links if used to provide notice.

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/>

- c) Date(s) of the public hearing(s). **June 14, 2018** *Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.
- d) Hearing site(s) or method(s), including how geographic regions of the state or territory were addressed.

Benefit, Employment and Support Services Division, (420 Waiakamilo Road, Suite 416A, Honolulu, HI 96817), and through video conference call for other islands at offices located at Central Hilo Office (1990 Kinoole Street, #109), North Kona via Division of Vocational Rehabilitation Kailua-Kona (75-5722 Kuakini Highway, #A019), Central Maui Unit (270 Waiehu Beach Road, #107), and South Unit (3059 Umi Street, Room A104).

- e) How the content of the Plan was made available to the public in advance of the public hearing(s). **Available via the internet, and hard copies provided upon request.**
- f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? **Comments made by the public relative to service deliveries will be reviewed and considered. Minor amendments may be**

immediately completed, however other substantive amendments to the plan may need further review, as considerations may be needed for available funding, changes to administrative rules, and discussions with Department's Child Care Advisory Committee.

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

- a) Provide the website link to where the plan, any plan amendments, and/or waivers are available.

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

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

☒ Working with advisory committees. Describe:

Worked with the Department's Child Care Advisory Committee. Emailed the notice of the public hearing and the website link for the State CCDF Plan.

☒ Working with child care resource and referral agencies. Describe:

Worked with Hawai'i's contracted statewide child care resource and referral agency to email the notice of the public hearing and the website link for the State CCDF Plan to its listed members.

☒ Providing translation in other languages. Describe:

The notice of the public hearing indicates that persons needing interpreter services may receive such service without charge, including oral interpretation of the draft State CCDF Plan.

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

☒ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe:

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

☐ Other. Describe:

#### 1.4 Coordination With Partners To Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the

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benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

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

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

Include in the descriptions the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school; enhancing and aligning the quality of services; linking comprehensive services to children in child care settings; or developing the supply of quality care for vulnerable populations. Check who you will coordinate with and describe all that apply.

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

Child care subsidy services and child care licensing services are state administered in Hawai'i. Community stakeholders from the counties are invited to attend the Department's quarterly Child Care Advisory Committee meetings. The Department is a member of the Early Learning Board and representatives from the Hawai'i Council of Mayors also are members of the Early Learning Board. The Department emailed the chair of the Early Learning Board regarding the public notice of the draft State CCDF Plan and the chair distributed the notice to Early Learning Board members.

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

The Hawai'i Department of Human Services convenes quarterly the Child Care Advisory Committee with 20 voting members statewide from a variety of early childhood stakeholders, including: a statewide child care center director's group; an association for independent schools; the Head Start Association; the statewide Child Care Resource and Referral agency; a Kauai island representative; a Family Child Care provider; a Hawaii island representative; a parent representative; the Tribal/Native Hawaiian CCDF agency; a faith-based representative; the Hawaii Association for the Education of Young Children; the Department of Health; a multi-site child care center organization group; a Maui County representative; a school-aged care representative; the non-TANF child care subsidy case management agency; the University of Hawaii, Center on the Family; the Department of Education; the University of Hawaii Community Colleges; and an early childhood advocacy group.

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



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Also, the Hawai'i Department of Human Services is a member of the Early Learning Board, which directs the Executive Office on Early Learning (EOEL) in its administration of the State's public Pre-Kindergarten program in twenty-one classrooms on nineteen public school campuses statewide, its planning efforts for scaling up the State's public Pre-Kindergarten program in public schools, and for planning, evaluation, and coordination of Hawai'i's early learning programs from prenatal to age 5 years of age.

The Hawai'i Department of Human Services will continue to gather feedback and guidance from the DHS Child Care Advisory Committee and the Early Learning Board, when applicable, regarding the implementation of the Child Care and Development Fund requirements to efficiently coordinate child care services with the following programs 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 and coordinating comprehensive services to children in child care settings.

☒ Does the Lead Agency have official representation and a decision-making role in the State Advisory Council (or similar coordinating body)?

☒ No

☐ Yes

☒ (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted:

The Hawai'i Department of Human Services is coordinating with tribal CCDF grantee for Hawai'i which is a member of the Department's Child Care Advisory Committee. This relationship has led to discussions about the use of funding to prevent duplication of resources and a maximization of available funding. The Department will continue to discuss with the tribal CCDF grantee about the process of monitoring that has already been set up under the tribal CCDF program of exempt child care providers caring for subsidy children in hopes of gaining insights to best practices for the Department's implementation of monitoring of exempt child care providers caring for State's CCDF subsidy children.

Hawai'i is a state that officially recognizes two languages English and Hawaiian. Consequently, there is a statewide system of Hawaiian medium early learning centers. Children from these centers are prepared to enter public schools where Hawaiian is the medium of instruction. There are 19 such schools that are located throughout the state on every island, except Lanai. In addition, the Native American Languages Act of 1990 (NALA), a landmark legislation addresses generations of federally imposed suppression of Native American languages, provides that it is the policy of the United States to preserve, protect, and promote the rights of Native peoples to use, practice and develop Native languages, including the Hawaiian language, specifically in education, tribal affairs, and public proceedings. The Department is also coordinating with 'Aha Punana Leo, the statewide Hawaiian medium early learning provider for Native Hawaiian children, in the on-going development of three proposed collaborative pilot projects:



1. Between the Department, the statewide Hawaiian medium early learning provider, other Hawaiian medium providers, and the Hawai'i State Hawaiian Language College at the University of Hawai'i at Hilo in the development of a Hawaiian language domain for Hawai'i's early Learning and Development Standards to recognize the developmental process and progress for children acquiring Hawaiian language skills as their primary language at-home and/or in a program offering Hawaiian language medium curriculum.
2. Between the Department, the statewide Hawaiian medium early learning provider, other Hawaiian medium providers, and the Hawai'i State Hawaiian Language College at the University of Hawai'i 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 Hawai'i's communities.
3. Between the Department, the statewide Hawaiian medium early learning provider, other Hawaiian medium providers, and the Hawai'i State Hawaiian Language College at the University of Hawai'i 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 Hawai'i 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 Hawai'i'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 Hawai'i contracted training services provided in partnership by University of Hawai'i John A. Burns School of Medicine, Department of Pediatrics, the Hawai'i chapter of American Academy of Pediatrics, and the Department of Health, that promote and support healthy child development in child care settings.

N/A—There are no Indian tribes and/or tribal organizations in the State.

☒ (REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe the coordination goals and process:

The Hawai'i Department of Human Services, Child Care Program Office, serves as a member of the Hawaii Early Intervention Coordinating Council which meets quarterly. The Departments will continue to collaborate on strategies to improve coordination of services for children whose families are receiving

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child care subsidies in seeking referrals for additional screening for Early Intervention Services. Hawai'i Department of Human Services will collaborate with Department of Health, including the Early Intervention Services Section, the University of Hawai'i John A. Burns School of Medicine, Department of Pediatrics, the Hawai'i chapter of American Academy of Pediatrics, and stakeholders to develop 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 will be four levels that will be addressed through the pilot project:

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

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

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

☒ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process:

The Hawai'i 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, WIC, Maternal and Childhood Home Visitation programs, and also the Health Resources Administration,

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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.

☒ (REQUIRED) State agency responsible for employment services/workforce development. Describe the coordination goals and process:

The Hawai'i Department of Human Services houses both the TANF agency and the CCDF agency within the Benefit, Employment and Support Services Division. The TANF Work Participation 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 the Department of Labor and Industrial Relations on-site to provide direct services to TANF Work participants. The DLIR job developers either set up Community Work Experience program (CWEP) site with the goal of the TANF Work participant obtaining subsequent 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.

☒ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK). Describe the coordination goals and process:

The Hawai'i Department of Human Services is part of the strategic planning team for the Executive Office on Early Learning, which is administratively attached to the Department of Education, and administers the State's public Pre-Kindergarten program in twenty-one classrooms on nineteen public school campuses statewide. The Department of Human Services also coordinates with the Department of Education on existing contracts in place for infant and toddler child care services on public school campuses for teen parents completing their high school education. 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 public Special Education services as well as partnering to support children's transitions to school settings in the Department of Education

☒ (REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process:

The Hawai'i Department of Human Services is the lead CCDF agency, and the Benefit, Employment and Support Services Division, which houses the CCDF administrators, is responsible for child care licensing. The Child Care Program Office has oversight of the childcare subsidy, child care licensing, and child care quality improvement programs

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

The Hawai'i Department of Human Services contracts with the University of Hawai'i 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

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CACFP policies and to recruit new facilities to participate in the program. 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.

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

The Hawai'i Department of Human Services is the lead CCDF agency, and the Benefit, Employment and Support Services Division, which houses the CCDF administrators, will 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 Hawai'i, 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 collaborate and help support the Department's outreach efforts to the contracted homeless service providers regarding early childhood services available to homeless families with young children. The Department's Child Care Advisory Committee includes stakeholder members representing preschool programs such as Head Start, Early Head Start, private community-based preschools, and the Department of Education, and the Department will collaborate with these stakeholder members regarding improving coordination of services for homeless children whose families may be eligible for child care subsidies and other early childhood services that may be needed to meet the needs of homeless children in these settings.

☒ (REQUIRED) State/territory agency responsible for employment services and workforce development. Describe the coordination goals and process:

The Hawai'i Department of Human Services houses both the TANF agency and the CCDF agency within the Benefit, Employment and Support Services Division. The TANF Work Participation 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 the Department of Labor and Industrial Relations on-site to provide direct services to TANF Work participants. The DLIR job developers either set up Community Work Experience program (CWEP) site with the goal of the TANF Work participant obtaining subsequent 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.

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

The Hawai'i 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 Work Participation program administrator to support families who are required to participate in work activities to maintain their TANF assistance. Families are provided with information on child care

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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.

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

The Hawai'i Department of Human Services is the lead CCDF agency, and the Benefit, Employment and Support Services Division, which houses the CCDF administrators, will collaborate with the Department's Med-Quest Division, which is the agency responsible for Medicaid and the state Children's Health Insurance Program by sharing Med-Quest's information to CCDF Families.

The Hawai'i 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 and provided 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 incorporated the S-CHIP and Medicaid information into the trainings for TANF and non-TANF child care eligibility determination staff.

☒ (REQUIRED) State/territory agency responsible for mental health. Describe the coordination goals and process:

The Hawai'i Department of Human Services collaborates with Department of Health, including the Early Intervention Services Section, the University of Hawai'i John A. Burns School of Medicine, Department of Pediatrics, the Hawai'i chapter of American Academy of Pediatrics, and stakeholders to develop 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.

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

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

The Hawai'i Department of Human Services will ensure 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.

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

The Hawai'i Department of Human Services collaborated with the Department of Education on strategies to improve coordination of services for homeless families with children who are attending public schools and need child care subsidies for out-of-school time or who may have younger children not yet in school and who may need child care subsidies, as well as partnering to support children's transitions from child care to school settings in the Department of Education.

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

The Hawai'i Department of Human Services will coordinate with the State and County Civil Defense agencies regarding licensed and registered child care providers that have been impacted by disasters.

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

☒ State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

There are no public State/local agencies with Early Head Start-Child Care Partnership grants. The Early Head Start-Child Care Partnership grantee for Hawai'i is a private community-based Early Head Start provider. The private community-based Early Head Start provider who is the Hawai'i Early Head Start-Child Care Partnership grantee is a member of the community stakeholders who are invited to attend the Department's quarterly Child Care Advisory Committee meetings.

☒ State/territory institutions for higher education, including community colleges. Describe:

The Hawai'i Department of Human Service's Child Care Advisory Committee includes stakeholder members representing institutions for higher education, including community colleges, and the

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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, 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.

☒ Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

The Hawai'i Department of Human Services is a member of several community workgroups that are focused on improving school readiness of children by improving the quality of care provided to children or by increasing access to high quality early learning and care opportunities from birth through age eight years under the Early Childhood Action Strategy (Action Strategy), which is a public-private collaborative focused on systems-building across health, safety, care, and education. 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.

☒ State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:

The Hawai'i 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.

☒ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Describe:

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

☒ State/territory agency responsible for child welfare. Describe:



The Hawai'i 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 Social Services Division, which is the agency serving children in child welfare, on strategies to improve coordination of services for children whose families are involved with child welfare and are receiving child care subsidies and early childhood services to meet the needs of these vulnerable children. The Department also supports the training of foster parents through the Department's contracted training services to promote knowledge about child development and best practices in working with children ages birth to five years.

The two Divisions established a Memorandum of Agreement to ensure that foster parents are made aware by Social Services Division Child Welfare Services' staff about the child care subsidy program, where foster parents can apply and receive child care subsidies for eligible foster children who are U.S. citizens or legal permanent residents when the foster parents have an eligible CCDF activity of employment, attending school, and/or in a job training program.

☐ State/territory liaison for military child care programs. Describe:

☐ Provider groups or associations. Describe:

☐ Parent groups or organizations. Describe:

☐ Other. Describe:

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

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between the Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative



programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: [https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

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

☒ No.

☐ Yes. If yes, describe at a minimum:

- a) How you define “combine” [redacted]
- b) Which funds you will combine [redacted]
- c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations [redacted]
- d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level? [redacted]
- e) How are the funds tracked and method of oversight [redacted]

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

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

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

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

☐ N/A—The territory is not required to meet CCDF matching and MOE requirements

☒ Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

If checked, identify the source of funds: **general revenue funds**

If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ 11,039,277

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

If checked, are those funds:

☐ donated directly to the State?

☐ donated to a separate entity(ies) designated to receive private donated funds?

If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$

☐ State expenditures for preK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent):

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

If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$

Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

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

The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

☐ No

☐ Yes

Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

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

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

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

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## 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

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

The Hawai'i Department of Human Services partners with the Department of Education for inter-departmental contracts for infant and toddler child care services on or near one public high school campuses on one island for teen parents to complete their high school education. The contract services provide free, quality child care with convenient locations near the high school campuses to participating teens enrolled in the school's parenting program. The Departments will continue to collaborate on strategies to improve coordination of services for other eligible teen families who may not be utilizing the on or near campus child care services to support such teen students' access to child care subsidies to support them in completing their high school education.

The Hawai'i Department of Human Services partners with the Executive Office on Early Learning and the Department of Education for the on-going licensure of private child care providers utilizing existing classrooms on public school campuses for preschool services, also called the Pre-Plus Program. The Pre-Plus Program was formerly under the Department of Human Services before it moved to the Executive Office on Early Learning in July 2012, in accordance with Act 178 of Session Laws Hawaii 2012. Started in 2002, Hawai'i's Pre-Plus Program supports the construction and availability of preschool facilities on public school campuses to increase access to and community capacity for full-day preschool services for low-income children in select targeted areas. Funding for on-going operation of 14 Pre-Plus facilities statewide comes from the private preschool providers who compete for contracts with the Executive Office on Early Learning and the Department of Education to operate early childhood programs on these public-school campuses. As part of the contract, there are minimal utilities costs that the providers pay, and no lease fee is charged to the private providers to utilize the classroom. 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

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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 Hawai'i Department of Human Services through a contract partners with Department of Health, Children with Special Health Needs Branch, the University of Hawai'i John A. Burns School of Medicine, Department of Pediatrics, the American Academy of Pediatrics- Hawai'i Chapter, on the Healthy Child Care Hawai'i collaborative project on the following activities:

1. Recruit and train pediatricians and other health professionals to serve as child care health consultants.
2. Connect health consultants with licensed and registered child care programs. Health consultants work with licensed and registered child care providers to promote the healthy development of young children in child care, increase access to preventive health services and the importance of the medical home, outreach about available community resources, and ensure a healthy and safe physical environment for children.
3. Train pediatric doctors-in-training in recognizing and promoting quality child care. As part of a community rotation, pediatric residents at the University of Hawai'i visit child care sites, become familiar with national health and safety standards, and learn what constitutes high quality child care.
4. Provide information and resource materials to licensed and registered child care providers, DHS child care licensing staff, health consultants, and other agencies/programs on national health and safety performance standards, medical home, and health insurance.
5. Work with the Hawai'i Early Childhood Comprehensive System initiative to promote access to medical homes, access to developmental screening, and standards based health and safety practices in child care.

The Healthy Child Care Hawai'i project partners are working to develop 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 will be four areas that will be 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 child care 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 C agency) for those children birth - 3 years old; and through Department of Education's Preschool Special Education (IDEA Part B, 619) for those 3-5 years old. The use of valid screening and assessment procedures to identify concerns and delays is an essential part to supporting and monitoring children's development.

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

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

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

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

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

☐ No. The state/territory does not fund a CCR&R system and has no plans to establish one.

☒ Yes. The state/territory funds a CCR&R system. If yes, describe the following:

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

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

1. Maintain and update a comprehensive resource database listing of child care services, licensed and registered child care homes and facilities, and assistance and child care subsidy programs in the communities;
2. Offer a child care referral service which actively responds to parental request for child care information including children with special needs;
3. Provide listing of licensed and registered child care homes and facilities upon request from the public;
4. Document and tabulate the information regarding the supply and demand for child care services in communities;
5. Provide information on how to access professional development opportunities, including child care conferences, educational training, classes and workshops in the community, for existing and prospective child care providers as well as parents and other community members;
6. Promote public awareness of the importance of child care issues such as availability, affordability, and quality of child care services;
7. Aid employers in identifying and meeting the child care needs of employees;
8. Provide written materials to support child care resource and referral services to families, child care providers and the community;
9. Provide outreach, survey and marketing work to promote any new DHS childcare initiatives; and
10. Provide and maintaining or supporting a website that is available to the public that provides child care resource information for licensed and registered child care homes and facilities.

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

The Hawai'i Department of Human Services contracts with one statewide child care resource and referral agency to provide resource and referral services to the public, including families receiving CCDF assistance under the direction of the Hawai'i Department of Human Services, the lead CCDF agency, and the Benefit, Employment and Support Services Division, which houses the CCDF administrators. The statewide child care resource and referral agency provides in-person services on the islands with the majority of the

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population (Hawai'i island, Maui, O'ahu, and Kauai) and provide telephone consultation services for the islands of Molokai and Lanai.

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

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

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

The Hawai'i Department of Human Service's Child Care Advisory Committee members and stakeholders, which includes stakeholder members representing the State licensing agency, the Hawai'i Department of Health and the statewide child care resource and referral agency participated in the public discussion session on the CCDF Statewide Child Care Preparedness & Response Plan and provided feedback, suggestions, and comments to Hawai'i's plan.

The public discussion session shared the CCDBG requirements, Hawaii's proposed plan, and gathered feedback, suggestions, and comments for the Department's consideration. A summary of the discussion session, including the feedback, suggestions, and comments gathered, was distributed to the Hawai'i Department of Human Service's Child Care Advisory Committee members and stakeholders with a link to an online survey to be completed for any additional feedback if members or stakeholders were unable to participate in the discussion sessions.

The Hawai'i Department of Human Services' Statewide Disaster Plan took into consideration the feedback, suggestions, and comments from the discussion session, survey, and work groups that included individuals from the Hawai'i Department of Human Service's Child Care Advisory Committee, which includes stakeholder members representing the State licensing agency, the Hawai'i Department of Health, statewide child care resource and referral agency, and the public.



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

1. The Hawai`i Department of Human Services’ Statewide Disaster Plan includes guidelines for the continuation of child care subsidies by:
  - A. The continued processing of subsidy applications and payments; and
  - B. The acknowledgment that subsidy application may increase due to an emergency/disaster.
2. The Hawai`i Department of Human Services’ Statewide Disaster Plan includes guidelines for the continuation of child care services by:
  - A. The Hawai`i Department of Human Services’ administrative rules, that requires child care providers receiving CCDF to have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
  - B. The Hawai`i Department of Human Services’ administrative rules that requires that child care providers receiving CCDF have in place procedures for staff and volunteer to obtain emergency preparedness training and to practice drills regularly.
  - C. Supporting provider compliance by:
    - i. Providing a Child Care Provider’s Disaster Plan Handbook that includes requirements information, best practices, and templates. Providers may download the handbook on the Hawai`i Department of Human Services’ Consumer Education Website or contracted service providers’ websites who provide child care resource and referral services, training services for child care providers. Providers may also request a copy of the handbook form their Child Care Licensing Workers.
    - ii. Providing training opportunities, through a contracted service provider, that include assistance with completing the Child Care Provider’s Disaster Plan Handbook that complies with all the Department’s requirements.
  - D. The Hawai`i Department of Human Services Child Care Licensing staff will assess if the provider may continue to provide child care services. Consultation and guidance from the City & County Building Inspectors may be requested but may or may not be available based on the capacity of the City & County staffing post-disaster. The Department will work with State and County emergency management agencies for support as needed on a case-by-case basis.



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

The Hawai'i Department of Human Services will coordinate with the State Emergency Management agency, the affected County(ies) Emergency Management agency(ies), State Health Hawai'i Department of Health when applicable, statewide Child Care Licensing units, child care subsidy contractor for non-TANF families and the TANF Work Participation units for post-disaster recovery of child care services.

The Hawai'i Department of Human Services Child Care Licensing staff will assess if the provider may continue to provide child care services. Consultation and guidance from the City & County Building Inspectors may be requested but may or may not be available based on the capacity of the City & County staffing post-disaster. The Department will work with State and County emergency management agencies for support as needed on a case-by-case basis.

Hawaii State Health Department Agency--The Hawaii Department of Human Services will coordinate as needed with the State Health Department Agency to share information and resources to coordinate post-disaster recovery efforts to communities affected by disaster, including licensed and registered child care providers and families living in the affected area(s).

Child Care Licensing, First-To-Work, and Contracted Service Providers--The Benefit, Employment and Support Services' Emergency Management Team (EMT) consists of the Child Care Program Administrator and two Child Care Program Specialists. They direct, coordinate and provide the necessary support for emergency preparedness and response activities. As much as possible, emergency response and recovery responsibilities are assigned to Child Care Program Office personnel relative to their normal responsibilities.

1. EMT LEADERSHIP--The Child Care Program Administrator has the authority and responsibility for emergency preparedness and response for the Child Care Program Office staff, Child Care Connection personnel, and contracted service providers. The Child Care Program Administrator authorizes activation of the Child Care Program Emergency Management Team upon recommendation of the Benefit, Employment and Support Services' Disaster Coordinator, or the Department's Disaster Coordinator, and is responsible for demobilizing the Child Care Program Emergency Management Team after an event. The Child Care Program Administrator is also the point of contact for coordinating the unit's Continuity of Operations Plans (COOP) activities to ensure continuity of essential functions.

2. PROGRAM SPECIALIST FOR LICENSING--The Program Specialist for child care licensing (Licensing Specialist) is designated the lead for the child care licensing units statewide in coordination with the Statewide Branch Administrator. The Licensing Specialist is responsible for maintaining current intelligence on licensed child care facilities, provider

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training and qualifications and communications capabilities. The Licensing Specialist's responsibilities include: intelligence gathering; preparation, coordination and dissemination of data requested or provided by supporting units and other State, Federal and County agencies; documentation of the emergency event; and record keeping of all operations during activation of the Child Care Program Emergency Management Team. The Licensing Specialist is also responsible for ensuring all licensed child care providers have access to resources, guidelines and technical assistance to support their compliance with the licensing health and safety standards and to plan for emergency management during the preparedness, response and recovery phases of an emergency. The Licensing Specialist will take direction from the Child Care Program Administrator and maintain communication between the Child Care Program Emergency Management Team, the Division's Statewide Branch Administrator and Section Administrators, and the licensing unit supervisors to provide them support as needed.

3. PROGRAM SPECIALIST CHILD CARE--The Senior Program Specialist for the CCDF funded child care subsidy programs (Subsidy Specialist) is designated the lead for the contracted child care subsidy units and Preschool Open Doors programs. The Subsidy Specialist is responsible for maintaining intelligence on child care facilities, both licensed and license exempt, that provide services for children and families receiving DHS subsidies. The Subsidy Specialist's responsibilities include: intelligence gathering; preparation, coordination, and dissemination of data requested or provided by supporting units and other State, Federal and County agencies; documentation of the emergency event; and record keeping of all operations during activation of the Child Care Program Emergency Management Team. The Subsidy Specialist is also responsible for ensuring all families participating in the child care subsidy programs receive health and safety guidelines and have access to support for emergency management during the preparedness, response and recovery phases of an emergency. The Subsidy Specialist will maintain communication between the Child Care Program Administrator, the Child Care Program Emergency Management Team, the Division's Statewide Branch and Section Administrators and the contract subsidy agency supervisors.

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

The Hawai'i Department of Human Services established, for legally exempt child care providers caring for CCDF subsidy children, minimum health and safety requirements, including procedures in place for evacuation, relocation, shelter-in-place, lockdown, communications with and reunification of families, continuity of operations during and after an emergency, and

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accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

The requirements for licensed and registered child care providers include procedures in place for evacuation, relocation, shelter-in-place, lockdown, communications with and reunification of families, continuity of operations during and after an emergency, and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions, regardless if licensed and registered child care provider cares for CCDF children. The Department's Child Care Licensing staff ensure that licensed, registered, and legally exempt providers have procedures in place during initial and monitoring inspections.

To assist child care providers, the Department has developed and provided a Child Care Provider's Disaster Plan Handbook that includes a template for a Disaster Plan and sample forms that can be used. The handbook is available for download on the Department's Consumer Education Website and contracted service providers' websites. The hard copy of the handbook is also provided by the Child Care Licensing staff and by the contractor that provides community-based training services for child care providers. The Department also provides training opportunities, as part of the mandatory Health & Safety Training, for providers that includes assistance with completing the Child Care Provider's Disaster Plan Handbook through a contracted service provider (refer to 1.8.2.c).

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

The Hawai'i Department of Human Services established for legally exempt child care providers caring for CCDF subsidy children minimum health and safety requirements, including requirement to provide emergency preparedness training to staff, employees, and volunteers, as well as conducting practice drills on emergency preparedness regularly and whenever any new procedures have been added.

The requirements for licensed and registered child care providers include requirements to provide emergency preparedness training to staff, employees, and volunteers, as well as conducting practice drills on emergency preparedness regularly and whenever any new procedures have been added, regardless if licensed and registered child care provider care for CCDF children.

To assist providers, the Department has provided a Child Care Provider's Disaster Plan Handbook that includes licensing requirements, best practices, and templates. Providers may download the handbook on the Hawai'i Department of Human Services' Consumer Education Website or contracted service providers' websites who provide child care resource and referral

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services, Training, and Subsidy services. Providers may also request a copy of the handbook from their Child Care Licensing Workers.

Through a contracted service provider, the Department also provides training opportunities for providers that include assistance with completing the Child Care Provider's Disaster Plan Handbook.

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

The statewide child care disaster plan will be posted here:  
<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/>

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

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

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

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

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

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF program (98.16(dd)). Lead

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Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

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

Hawai'i Department of Human Services and its contracted service providers are required to provide interpreter services in all primary and secondary languages. The Department provides on-going language access and civil rights training to all Departmental staff and Department's contracted service providers, including the requirement to provide free interpreter services and not discriminating against persons due to protected classes, including national origin.

The Department continues to coordinate its efforts amongst all the Divisions to have essential forms translated into the top 10 languages that the Department has. Until all the essential forms are translated, the Department provides interpreter services at no charge for families who request interpreter services.

Some of the Department's informational brochures developed by contracted providers, like Choosing Child Care, have been translated, and as brochures are updated periodically, the translated versions also need to be updated.

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

All of the Hawai'i Department of Human Services offices and contracted service providers are required to provide reasonable accommodations for persons with disabilities upon request when applying for or receiving services, including but not limited to accessible offices, accessible parking, accessible restrooms, sign language interpreters, large print materials, taped materials, and auxiliary aids or services.

## **2.2 Parental Complaint Process**

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

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

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

Information about reporting complaints on the national hotline is also provided on the public website. The public website also includes information about the complaint investigation process; when a complaint is investigated, how a complaint is investigated, and findings and actions that may result from the complaint investigation.

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

For licensed and registered child care facilities and homes, even if they do care for children whose families receive CCDF subsidies from the Department, the Hawai'i Department of Human Services investigates complaints received, whether it is from a parent or someone from the public, and decides if there is evidence to support the allegations in the complaint. The allegation must relate to a violation of the Hawaii law regarding licensed and registered child care facilities and homes 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.

For legally exempt child care providers, the department investigates complaints received and decides if there is evidence to support the allegations in the complaint. The allegation must relate to a violation of the Hawaii law regarding legally exempt child care providers and the Hawaii Administrative Rules for health and safety requirements for exempt providers caring for subsidy children.

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

For licensed and registered child care facilities and homes, even if they do not care for children whose families receive CCDF subsidies from the Department, the Hawai'i Department of Human Services investigates of complaints received, whether it is from a parent or someone from the public, and decides if there is evidence to support the allegations in the complaint. The allegation must relate to a violation of the Hawaii law regarding licensed and registered child care facilities and homes 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

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allegation in the complaint based on the investigation conducted by the Department, the Department will substantiate the complaint allegation.

For legally exempt providers who are not caring for children whose families receive CCDF subsidies from the department, the department investigates complaints that the provider is operating legally or not.

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

The Hawai'i Department of Human Services maintains a record of substantiated complaints received about licensed and registered child care providers for as long as the provider is licensed or registered with the Department. Once the home or facility closes its registration or license, the Department maintains the records for three years and then will destroy the records. For child care providers that are not licensed or registered with the Department, the Department will maintain the substantiated complaint record for three years and then will destroy the record. The records are maintained in a hard-copy format, written report, on file at the investigating child care licensing office. For substantiated complaint reports, a redacted version with non-confidential information will be posted on the public consumer education website for three years from the date of the completion of the complaint report for licensed and registered child care providers as well as for legally exempt center-based providers that are listed with Department to care for children whose families receive CCDF subsidies from the Department.

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

The Hawai'i Department of Human Services will make non-confidential information about the substantiated complaint records available to the public, as allowed under Chapter 92F, Hawai'i Revised Statutes, on its Department's public consumer education website. For substantiated complaint reports, a redacted version with non-confidential information will be posted on the public consumer education website for three years from the date of the completion of the complaint report for licensed and registered child care providers as well as for legally exempt center-based providers that are listed with Department to care for children whose families receive CCDF subsidies from the Department.

## **2.3 Consumer Education Website**

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include

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provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

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

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

The Hawai'i Department of Human Services' Consumer Education Website provides information for consumers without requiring users to create accounts, uses plain-language summaries of information with details available with additional links, and is organized into community resources separately from the child care provider search/detail information.

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

The Hawai'i Department of Human Services' Consumer Education Website provides contact information to request interpreter services or auxiliary aids and a warm line to assist users in navigating the public website.

The Hawai'i Department Human Services' designee is a contracted service provider who provides child care resource and referral services and is required to provide interpreter services at no cost for persons who speak languages other than English

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

The Hawai'i Department of Human Services' Consumer Education Website provides contact information to request interpreter services or auxiliary aids and a warm line to assist users in navigating the public website.

The Hawai'i Department Human Services' designee is a contracted service provider who provides child care resource and referral services and is required to provide reasonable accommodations for persons with disabilities.



#### 2.3.4 Lead Agency processes related to child care.

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

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

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

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

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

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

Monitoring and inspection reports have comments written in plain language that address how each Hawaii Administrative rule or standard are met or not met. Deficiency reports are created for health and safety violations and are written in plain language. Aggregate Fatality and serious injury data are provided in plain language and displayed on the website. Fatality and serious injury information for a specific provider is included on the provider's information page.

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

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

#### 2.3.5 List of providers

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

- a) Provide the website link to the searchable list of child care providers:
- b) Which providers are included in the searchable list of child care providers:
  - ☒ Licensed CCDF providers

- ☒ Licensed non-CCDF providers
- ☒ License-exempt center-based CCDF providers
- ☐ License-exempt family child care (FCC) CCDF providers
- ☐ License-exempt non-CCDF providers
- ☐ Relative CCDF child care providers
- ☐ Other. Describe:

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

Consumers will be provided with directions on how to search for licensed and registered providers and licensed-exempt child care centers. Consumers will be able to conduct an unlimited search based on the following:

1. Service based on age of child
2. By island or area on the island
3. City
4. Zip code
5. And other types of filters such Accredited (NAEYC, NECPA, or NAFCC accreditations), meals provided, snacks provided, and night or weekend care.

The search results will display all providers as a whole with individual information that can be seen when clicking on the child care provider.

For Licensed CCDF and non-CCDF providers, & Licensed-exempt center-based providers, the following general information will be listed in the search:

1. Current License Status
2. Current Date of License or Registration issued by DHS, if applicable
3. # of children permitted to care for and ages of children permitted to care for
4. Dates of monitoring inspection reports and click to review the reports;
5. Dates of substantiated complaint reports and click to review the complaint reports
6. General Area provider is located
7. Street address, City, and Zip code, as applicable (Family Child Care and Group Child Care Home addresses will not be listed)
8. Preferred contact no.
9. Accreditation (for NAEYC, NECPA, or NAFCC); and
10. Indicator for DHS child care subsidy higher payments - Y

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

based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

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

- ☐ Quality rating and improvement system
- ☒ National accreditation
- ☐ Enhanced licensing system
- ☐ Meeting Head Start/Early Head Start requirements
- ☐ Meeting prekindergarten quality requirements
- ☐ Other. Describe:

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

- ☒ Licensed CCDF providers. Describe the quality information:

National accreditation through NAEYC, NECPA, and NA-FCC

- ☒ Licensed non-CCDF providers. Describe the quality information:

National accreditation through NAEYC, NECPA, and NA-FCC

- ☐ License-exempt center-based CCDF providers. Describe the quality information:

- ☐ License-exempt FCC CCDF providers. Describe the quality information:

- ☐ License-exempt non-CCDF providers. Describe the quality information:

- ☐ Relative child care providers. Describe the quality information:

- ☐ Other. Describe:

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

Certify by describing:

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

Consumer education website link to sample monitoring report. Monitoring and inspection reports are written in plain language or has a plain language summary of the inspection visit. Comments how each Hawaii Administrative Rule or standard are met or not met are written in plain language

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

Fatality and serious injury information are provided in plain language in the inspection tab that shows all the inspection reports.

- c) The process for correcting inaccuracies in reports.

Providers have 10 calendar days to review monitoring and inspection reports and submit written request of concerns or changes for the report before the reports are finalized. Should there be inaccuracies, providers are able to discuss with their assigned licensing worker and supervisor to ensure that their concerns are addressed prior to the reports being posted on the public website.

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

Once inspection reports are finalized, providers are sent a copy of the report that has been approved by the child care licensing unit. The provider has 10 calendar days to review and submit a written request to the licensing unit identifying any concerns and changes requested. Written requests are sent to the section administrator by the child care licensing unit, and if the section administrator finds that the report should be revised, the report is revised and the revised report is sent to the provider to review, and then the revised report would be posted to the consumer education website.

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

Reports are posted to the consumer education website within 90 calendar days after an inspection. This timeframe allows for: staff to complete the report; send the draft report to providers; providers have 10 working days of mailing/emailing to review the reports and file a written notice of their disagreement with the report; time for the Department to review the concerns and determine whether the report will be modified prior to posting on the public website; and time for written notice to be sent to the provider whether the report is changed.

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

Only 3 years of reports will be posted on the website.

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

Reports will be removed from the consumer education website after 3 years that the report was completed by Department. The 3-year timeline is calculated from the date the report is completed by the child care licensing unit.

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

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☐ License-exempt non-CCDF providers

☐ Relative child care providers

☒ Other. Describe:

None of the additional providers listed above will be included in the public website. These are all optional for the state to include and we are not including them.

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

Certify by providing:

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

The Hawai'i Department of Human Services Child Care Licensing offices are designated to receive reports of any serious injuries or deaths of children occurring in child care from child care providers. In addition, child care providers are required to notify the Child Welfare Services (CWS) agency within the Hawai'i Department of Human Services for child abuse and neglect occurring in a child care home or center. The CWS agency then will also notify the Child Care Licensing program when such reports are received by CWS. The Child Care Licensing offices receive complaint reports for investigation by the Child Care Licensing agency for possible violations of law or administrative rules when any serious injuries, including suspected child abuse or neglect, or deaths of children have occurred. The Hawai'i Department of Human Services' Child Care Program Office obtains the complaint information, compiles the data, and posts annual aggregate information about the number of deaths, number of serious injuries as defined by the State and the number of incidences of substantiated child abuse in child care settings with definitions of serious injuries and substantiated child abuse.

- b) The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

"Substantiated child abuse" is determined by the Hawai'i's Department of Human Services, Social Services Division, Child Welfare Services Branch during an initial assessment and/or an investigation when it has been determined that there is a threat of abuse and/or neglect or confirmed abuse and/or neglect.

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

1. The child exhibits evidence of injury, including, but not limited to:
  - A. Substantial or multiple skin bruising;
  - B. Substantial external or internal bleeding;
  - C. Burn or burns;

- D. Malnutrition;
  - E. Failure to thrive;
  - F. Soft tissue swelling;
  - G. Extreme pain;
  - H. Extreme mental distress;
  - I. Gross degradation;
  - J. Poisoning;
  - K. Fracture of any bone;
  - L. Subdural hematoma; or
  - M. Death; and the injury is not justifiably explained, or the history given concerning the condition or death is not consistent with the degree or type of the condition or death, or there is evidence that the condition or death may not be the result of an accident;
2. The child has been the victim of sexual contact or conduct, including sexual assault; sodomy; molestation; sexual fondling; incest; prostitution; obscene or pornographic photographing, filming, or depiction; or other similar forms of sexual exploitation, including but not limited to acts that constitute an offense pursuant to section 712-1202(1)(b), Hawaʻii Revised Statutes (HRS);
  3. The child's psychological well-being has been injured as evidenced by a substantial impairment in the child's ability to function;
  4. The child is not provided in a timely manner with adequate food; clothing; shelter; supervision; or psychological, physical, or medical care;
  5. The child is provided with dangerous, harmful, or detrimental drugs as defined in section 712-1240, HRS, except when a child's family administers drugs to the child as directed or prescribed by a practitioner as defined in section 712-1240, HRS; or
  6. The child has been the victim of labor trafficking under chapter 707, HRS.

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

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

- c) The definition of "serious injury" used by the Lead Agency for this requirement.

The department's definition of "serious injury" is an injury that resulted in a child's hospitalization which includes emergency room.

- d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

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

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

The Department's contracted statewide child care resource and referral service information is posted on the Consumer Education Website to include: Description of the services provided; Contract agency's contact information; Link to contracted agency's website (<http://humanservices.hawaii.gov/bessd/child-care-program/child-care-resources/>)

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

The Hawai'i Department Human Services' designee is a contracted service provider who provides child care resource and referral services shall assist parents and the public in understand the information included on the website. The contracted service provider's introduction, purpose, and contact information is posted on the website along with the Department's general contact information. Additionally, parents and the public can send questions via email to the Department's contractor.

Additionally, on the child care provider search information, the information for the Child Care Licensing offices statewide are included on the public website if parents and the public have questions about the regulatory history, including inspection reports or substantiated complaint reports, for a specific child care provider. The child care resource and referral contractor also refer parents and the public to the Child Care Licensing units when parents or the public have questions about the regulatory history of a specific child care provider.

- 2.3.11 Provide the website link to the Lead Agency's consumer education website.

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

## **2.4 National Website and Hotline**

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

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

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The Hawai'i Department Human Services', Benefit, Employment and Support Services Division, Child Care Program Office will receive complaints submitted through the national website and hotline. The Child Care Program Office will establish the process to disseminate the complaints to the Division's Child Care Licensing offices statewide for investigation of complaints that have sufficient information provided to conduct an investigation. If insufficient information is received, the Child Care Licensing offices will attempt to follow up with the reporter to gather enough information to conduct a complaint investigation.

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

The Hawai'i Department Human Services', Benefit, Employment and Support Services Division, Child Care Program Office will receive complaints submitted through the national website and hotline. The Child Care Program Office will establish the process to disseminate the complaints to the Division's Child Care Licensing offices statewide for investigation of complaints that have sufficient information provided to conduct an investigation.

## **2.5 Additional Consumer and Provider Education**

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

In questions 2.5.1 through 2.5.4, certify by describing:

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

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

1. Availability of child care services provided through CCDF,
2. The Department's contract service providers', their services provided, their website and contact information,
3. Temporary Assistance for Needy Families (TANF),
4. Head Start and Early Head Start,



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5. Supplemental Nutrition Assistance Program (SNAP),
  6. Women, Infants and Children (WIC) program,
  7. Low-Income Home Energy Assistance Program (LIHEAP),
  8. Other programs specifically Medicaid and States Children's Health Insurance Program (SCHIP),
  9. Individuals with Disabilities Education ACT (IDEA) programs and services,
  10. Hawaii Resource List for Developmental Screening, and
  11. Pre-school Open Doors

For parents of eligible children, the child care subsidy worker provides information to each family as part of the interview process about choosing the child care provider that best fits the needs of the family and child. Informational packets are made available to each family and the packets include available community resources for families, as well as tips on things to consider when choosing a provider and potential questions families could ask child care providers during the search process.

For providers, the Department has community resource information available for providers, to include the Child and Adult Care Food Program (CACFP), and the following services provided by the Department's contracted service providers:

1. Health Consultation
2. Guidelines and resources to support child care provider's ability to promote children's optimal social and emotional development
3. Training & Scholarships
4. Infant & Toddler Training
5. Learning To Grow

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

The Department partners with its contracted statewide Child Care Resource and Referral agency which provides information about choosing child care and availability of licensed and registered child care home and facilities in Hawai'i.

The Department contracts for services to provide educational outreach services, technical assistance, and resources to promote quality of care for subsidy families utilizing legally exempt friend, family, and neighbor (FFN) care and their child care providers as well as registered family child care providers. The contractor also developed and updates the Choosing Child Care brochure and booklets that are given to and discussed with child care subsidy families during their TANF Work Participation program interview or over the phone for non-TANF families. The child care subsidy eligibility determination staff review the requirements with the subsidy families for the minimum health and safety standards for any legally exempt providers that the

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family may be considering using to care for their child while receiving the child care subsidy from the Department.

Families choosing exempt child care by kith and kin (“friend, family, neighbor” FFN care) will select the exempt FFN provider they will use, and the child care subsidy worker informs the families that the exempt child care provider and all household members must complete background checks, initial health and safety training, including Safe Sleep training if caring for a child less than one year of age, for the family to receive the subsidy.

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

☒ Temporary Assistance for Needy Families program:

The Department includes information about the TANF program on the Department’s website and on the brochure, that provides information about the child care subsidy program. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including the TANF program.

☒ Head Start and Early Head Start programs:

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

☒ Low Income Home Energy Assistance Program (LIHEAP):

The Department includes information about the LIHEAP on the Department’s website and on the brochure that provides information about the child care subsidy program. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including LIHEAP.

☒ Supplemental Nutrition Assistance Programs (SNAP) Program:

The Department includes information about the SNAP program on the Department’s website and on the brochure that provides information about the child care subsidy program. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including the SNAP program.

☒ Women, Infants, and Children Program (WIC) program:

The Hawai’i Department of Human Services collaborates with Department of Health, including the WIC program, to coordinate and promote access to the child care subsidies for WIC families.

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☒ Child and Adult Care Food Program (CACFP):

The Department includes information about the CACFP program on the Department's website. As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the CACFP program.

☒ Medicaid and Children's Health Insurance Program (CHIP):

The Department includes information about the Medicaid program on the Department's website and on the brochure, that provides information about the child care subsidy program. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including the Medicaid program

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

The Department includes information about the IDEA program on the Department's website and on the brochure, that provides information about the child care subsidy program. As part of the child care application process, the subsidy worker sends to all families applying for child care subsidies a resource listing of available community programs including the IDEA program.

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

For parents, the public, and providers, the Department's Consumer Website Education 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 under the University of Hawai'i's Cooperative Extension Service provides assistance, support and consultation to child care providers in meeting licensing requirements with regards to nutrition. Some of the goals are to provide foods and nutrition education, training, technical assistance and resources for licensed child care providers and to collaborate and partner with agencies, projects and programs to promote the goal of quality nutrition services provided by licensed child care providers
3. Research and best practices in meaningful parent and family engagement; and

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#### 4. Basic Health & Safety Practices: Child Care Provider's Guide

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

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

The Hawai'i 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, neighbor (FFN) care, and to their care providers, as well as to registered family child care homes. The contractor sends monthly informational packets, and the packets provide the parents, exempt providers, and registered family child care homes 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 Department also contracts for services to provide training services to promote on-going professional development opportunities to support quality child care settings to early childhood practitioners, parents and caregivers, and the public for a nominal cost that covers 12 separate series and 93 classes. 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 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 public to access.

Another contracted service provider provides collaboration with the Early Learning Board to strengthen health and safety in early childhood education and care; expand a statewide system of child care health consultants; provide training to pediatric residents and child care licensing workers, with opportunities for teaching early childhood development and health issues to staff and families at child care sites; promote health and safety in child care, and provide information on medical homes and health resources.

This provider also conducts a project on early childhood social and emotional (SE) consultation services to selected licensed child care centers. SE consultation may include:

1. Conducting individual child observation within the child care setting;
2. Supporting child care provider with individual child behavior and management within the child care setting;

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3. Providing consultations to child care providers;
  4. Providing recommendations to child care providers on referrals for health, mental health, or community resources (such as a primary care provider, DOH early intervention services or Department of Education special education child care center programs); and
  5. Providing professional development training sessions on behavior management; and
  6. Supporting positive social and emotion development.

The purpose of the project is to strengthen the capacity of child care programs to support social-emotional and behavioral development for you children under the age of 5 years, by addressing social-emotional and mental health needs, and challenging behaviors in licensed child care centers.

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

Hawaii Administrative Rule (HAR) §§17-892.1-28 and 17-895-27: Integration of mental health concepts. Mental health aspects of child development shall be integrated into the child care program as follows

1. At least one parent, guardian, foster parent, or social worker shall be interviewed prior to a child's admission to the center. The personal interview shall be conducted to secure pertinent information on the child's overall development and behavior and to acquaint the parent or guardian with the facility's program and policies. If the child is enrolled in a public or private school, the child shall also be interviewed when possible;
2. The child care facility shall provide its staff with annual orientation to state or other mental health service programs for children, or otherwise familiarize its staff with consultative and clinical services and programs for the early identification of social, emotional, intellectual, and behavioral problems of children; and
3. The facility shall refer parents or guardians to sources of professional consultation in mental health upon the parents' or guardians request or upon the recommendation of the staff or the facility's health consultant.

HAR §§17-896-26 and 17-891.1-27: Integration of mental health concepts. Mental health aspects of child development shall be integrated as follows:

1. The child and at least one parent, guardian, foster parent, or social worker shall be interviewed prior to a child's admission to a family child care home. The

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personal interview shall be conducted to secure pertinent information on the child's over-all behavior and to acquaint the parent or guardian with the child care home's policies;

2. The provider shall regularly communicate with the parents or guardians about the child's development; and
3. The providers shall be aware of community resources, such as children's mental health teams in the state department of health, to help recognize and foster age appropriate behavioral development in children and shall share this information with the parents or guardians.

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

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

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

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

For parents, the general public, and child care providers, the Hawai'i Department of Human Services' Consumer Education website contains information and written materials for services that provide developmental screenings as offered statewide.

Additionally, for parents of eligible children, the child care subsidy worker provides information to each family as part of the interview process about choosing the child care provider that best fits the needs of the family and child. Informational packets are made available to each family and the packets include available community resources for families, including services that provide developmental screenings offered statewide, as well as tips on things to consider when choosing a provider and potential questions families could ask child care providers during the search process.

For providers, the Department's contracted service providers gather and disseminate information through their websites, emails listings, and/or newsletters.

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- b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Information about the EPSDT program is posted on the consumer education website and given out to families receiving child care subsidies, licensed and registered child care providers, and through the Department's contracted statewide child care resource and referral agency.

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

The Hawai'i Department of Human Services partnered with the Department of Health and the Department's Med-QUEST Division both of which developed informational hand-outs of available community organizations that conduct developmental screening services and accessing information about covered EPSDT screenings through health coverage plans are posted on the Consumer Education Website.

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

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

Hawai'i Department of Human Services partnered with the Department of Health and the Department's Med-QUEST Division both of which developed informational hand-outs of available community organizations that conduct developmental screening services and accessing information about covered EPSDT screenings through health coverage plans are posted on the Consumer Education Website which is available for all families to access. The information is also given to families applying for child care subsidies during the interview to determine eligibility for child care subsidies. Also, families seeking resource and referral services from the statewide resource and referral agency are provided information about options to have a screening conducted.

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

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



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The Hawai'i Department of Human Services partnered with the Department of Health which developed a resource listing of community organizations that conduct developmental screening services and is posted on the Consumer Education Website which is available for all child care providers to access.

Training and technical assistance is available to licensed and registered child care 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 as well as disseminating information on existing developmental screening services available by the Hawai'i Department of Human Services' contract service provider.

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

The Hawai'i Department of Human Services requires child care subsidy staff to provide CCDF families and requires child care licensing staff to provide licensed and registered child care providers and exempt providers caring for children whose families receive a subsidy with information regarding developmental screenings.

## **2.7 Consumer Statement for Parents Receiving CCDF Funds**

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

### **2.7.1 Certify by describing:**

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

Child care subsidy eligibility determination staff provide families who receive a child care subsidy a consumer statement from the Department's consumer education website about their selected child care provider and reviews the information with them in-person, if applicable, or over the phone and mails the consumer statement to the family, along with information about the consumer education website which has provider history information and the statewide child care resource and referral agency.

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



1. Information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, if applicable, the date the provider was last inspected, the summary of the inspection visit, any complaint history of substantiated violations of these requirements, and any national accreditation obtained by the provider from NAEYC, NECPA, and NAFCC.
  2. Information on how to submit a complaint through the Department's child care licensing offices statewide; and
  3. Information on how to contact local child care resource and referral agency and information about the Department's public consumer education website which has other community-based resources available.
- c) Provide a link to a sample consumer statement or a description if a link is not available.
- <http://humanservices.hawaii.gov/bessd/child-care-program/>

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

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

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

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

#### **3.1 Eligible Children and Families**

At the time when eligibility is determined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational

program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

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

- a) The CCDF program serves children from **birth** (weeks/months/years) to **under 13** years (through age 12). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?

☐ No

☒ Yes, and the upper age is **under 18 years old** (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical or mental incapacity:

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

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

☐ No

☒ Yes, and the upper age is **under 18 years old** (may not equal or exceed age 19).

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

“residing with”:

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

“in loco parentis”:

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

### 3.1.2 Eligibility criteria based on reason for care

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

“Working”:

The caretaker is engaged in an activity for wages or salary; allow a minimum of three months of job search after being determined eligible for subsidies and already having an activity before the loss of the activity. There is no minimum number of hours required to be considered working.

“Job training”:

Job training is an approved work program that requires the participant to engage in activities that provide work experience and training to individuals to assist them toward employment and self-sufficiency.

“Education”:

An education program has a curriculum that is established by an institution, agency, or business for the purpose of development of skill or academic study necessary for an identified occupation.

“Attending job training or education” (e.g. number of hours, travel time):

Job training is an approved work program that requires the participant to engage in activities that provide work experience and training to individuals to assist them toward employment and self-sufficiency. An education program has a curriculum that is established by an institution, agency, or business for the purpose of development of skill or academic study necessary for an identified occupation.

Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

☐ No. If no, describe the additional work requirements:

☒ Yes. If yes, define the job-search time limit, keeping in mind a minimum of 3 months is required to be provided when a parent experiences a non-temporary loss or cessation of eligible activity:

The Hawai'i Department of Human Services allows a minimum of three months of activity search after being determined eligible for subsidies and already having an eligible activity before the loss of the eligible activity.

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

☒ No.

☐ Yes. If yes, describe the policy or procedure.

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

☐ No.

☒ Yes. If yes:

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

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

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

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

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

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

☒ No

☐ Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?

☐ No

☒ Yes

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

☒ No

☐ Yes

### 3.1.3 Eligibility criteria based on family income

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

Monies received from wages, salaries, commissions, tips, and other sources. For a complete list of countable income, refer to Hawaii Administrative Rules (HAR) §17-798.21-10(b), “Income considered in eligibility determination”. The administrative rules can be found at <http://humanservices.hawaii.gov/bessd/child-care-program/>

- b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).
- c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])( 98.16(i)(3)).

	(a)	(b)	(c)	(d)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum “Entry” Income Level if Lower Than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	3,908	3,322	enter	enter
2	5,112	4,345	enter	enter
3	6,314	5,367	enter	enter
4	7,516	6,389	enter	enter
5	8,718	7,411	enter	enter

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

<https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

- d) SMI source and year

IHEAP Estimated State Median Income, By Household Size and By State, FY 2017

- e) What was the date that these eligibility limits in column (c) became effective?

September 30, 2018

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

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

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

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

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

☒ No.

☐ Yes. If yes, please identify the policy or procedure:  

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

None. In order to receive child care subsidy payments, the family must use a provider that meets the health and safety requirements, including background checks, under Hawaii Administrative Rules (HAR) 17-798.21, 17-800, 17-891.1, 17-892.1, 17-895, or 17-896, and 17-801.

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

The Department currently has one contracted service for slots. The contracted service targets infant and toddler care in group settings for teen parents on-site or near public high schools throughout the state, operated by the Department of Education (DOE) or a private provider.

The TANF work program case managers conduct an intensive preliminary interview to determine the participant's ability to meet First-to Work participation requirements and the ultimate goal of self-sufficiency. The preliminary interview identifies and assess the psycho-social areas of concern that may present themselves as eventual barriers to employment such as adequacy of child care availability. Case managers provide guidance and counseling for child care arrangements. This includes developing a long-term child care plan to facilitate

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employment and/or participation in other allowable work activities. If the participant does not know how to secure child care, the case manager reviews child care informational packets, which includes how to choose the right provider for their child and tips to consider when choosing a provider and potential questions that they could ask providers when searching for child care.

The TANF work program is currently in the developmental stages in revising the case management approach using a multigenerational approach, called “Ohana Nui” in Hawai‘i. The TANF work program is currently developing an Online Work Readiness Assessment or “OWRA”. The Case Managers will ask more questions about the developmental needs of the child, such as but not limited to behavior problems, health concerns, educational concerns (e.g. Individual Educational Plan), and any developmental concerns the parent may have. The TANF work program is developing referrals to address the developmental needs the child may have. Since the TANF work program case manager meets with the family monthly, the TANF work program case manager is able to provide more intensive case management services and track the needs of the parents and children closely. The Department’s contracted service which administers the child care subsidy program also provides consultation to families who need guidance in securing child care as well as providing child care information packets to families.

### 3.1.7 Graduated phase-out of assistance.

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

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

- i. 85 percent of SMI for a family of the same size
- 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 low-income family
  - (B) Provides justification that the second eligibility threshold is:
    - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers 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 shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)).

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

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

☒ N/A—The Lead Agency sets its initial eligibility level at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

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

Describe the policies and procedures.

Provide the citation for this policy or procedure.

☐ The Lead Agency sets the second eligibility threshold at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

- Provide the second eligibility level for a family of three.
- Describe how the second eligibility threshold:
  - i. Takes into account the typical household budget of a low-income family:
  - ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
  - iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:
  - iv. Provide the citation for this policy or procedure:

- b) Does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

☐ No

☐ Yes

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

If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (*Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.*)

☐ No.



☐ Yes. Describe:  

### 3.1.8 Fluctuation in earnings.

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

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

The Department's administrative rules allow for:

1. Using the average of the prior two months gross income for existing employment, the monthly gross income received in the prior month for existing employment, or the monthly gross income that is anticipated to be received from prospective employment;
2. Averaging over a six-month period for caretakers engaged in activities which provide irregular income, such as selling real estate, or engaging in fishing and farming; and
3. Suspension of the child care payments for a period not to exceed one month when the family unit has exceeded the income limits of 85% of the SMI.

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

☒ Applicant identity. Describe:

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

☒ Applicant's relationship to the child. Describe:

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

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

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

☒ **Work. Describe:**

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

☒ **Job training or educational program. Describe:**

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

☒ **Family income. Describe:**

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

☒ **Household composition. Describe:**

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

☒ **Applicant residence. Describe:**

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

☐ **Other. Describe:**  

**3.1.10 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?**

☒ **Time limit for making eligibility determinations. Describe length of time**

The child care subsidy program for non-TANF families is contracted to a private organization for on-going administration. A condition of the contract performance is to provide timely eligibility determinations, or a financial penalty will be imposed on the contractor if they do meet the 30-day threshold set by the Department.

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- ☐ Track and monitor the eligibility determination process
- ☐ Other. Describe
- ☐ None

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

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

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

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

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

- a) Identify the TANF agency that established these criteria or definitions:

Hawai'i Dept. of Human Services

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

- "Appropriate child care":

Child care provided by a caregiver who meets the eligibility criteria established under Chapter 17-798.21-9(c), HAR

- "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.

- "Unsuitability of informal child care":

Friends or family members being considered to provide care who do not meet the criteria established under Chapter 17-798.21-9(c), HAR.

- "Affordable child care arrangements":

Arrangements for child care that requires no co-payment or a co-payment not exceeding 10% 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?

- ☐ In writing

☒ Verbally

☐ Other. Describe:  

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

**Hawai'i Administrative Rules Chapters 17-798.21 and 17-794.1**

### 3.2 Increasing Access for Vulnerable Children and Families

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

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

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

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

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

1. **Has a physical, developmental, behavioral, or emotional health condition that is outside of the normal range;**
2. **meets the State Department of Health criteria for environmental risk as defined in HRS 321-351;**
3. **resides in a Limited English Proficiency household; or**
4. **is homeless.**

**Per the Department of Health, part C eligibility includes those who are developmentally delayed, or at biological risk (e.g. Down’s syndrome). Services are prioritized by giving such children priority over other CCDF-eligible children if there is a wait-list for CCDF subsidy services.**

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

**Gross income is less than 100% of the Federal Poverty Guidelines and prioritized by giving such families with very low-income priority over other CCDF-eligible families if there is a wait-list for CCDF subsidy services and the Department waives the co-payments for families below the Federal Poverty Guidelines.**

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

Children experiencing homelessness are prioritized over other CCDF-eligible families if there is a wait-list for CCDF subsidy services and the Department waives the co-payment for children whose family's income is below the Federal Poverty Guidelines.

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

TANF families whose incomes meet the definition of families with very low incomes are prioritized over other CCDF-eligible families if there is a wait-list for CCDF subsidy services and the Department waives the co-payments for TANF families who are below the Federal Poverty Guidelines. Families who are transitioning off of TANF assistance through work activities are prioritized over other CCDF-eligible families by giving such families priority over other CCDF-eligible families if there is a wait-list for CCDF subsidy services.

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

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

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

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

The Hawai'i Department of Human Services has partnered with the Governor's Coordinator on Homelessness and the Department's Homeless Programs Office to focus on increasing outreach to the numerous community organizations who are serving homeless families across the State through the Continuum of Care. The Department provides partner agencies information about the availability of Department's child care services, including the child care subsidy program and the child care resource and referral services, so that the community providers are helping the families access these services that are essential to supporting homeless families with young children find and maintain stable employment or secure vocational training or educational opportunities in order for the families to maintain and increase their economic self-sufficiency and to be able to secure and maintain permanent housing for themselves.

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

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

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

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

☒ Children experiencing homelessness (as defined by CCDF).

The provider shall allow a grace period of up to ninety days from the child's first day in care to obtain the evidence of examinations and immunizations, in accordance with the Administrative Rules of the Department of Health Chapter 11-157, provided that evidence of tuberculosis clearance is provided prior to child's start in care, in accordance with Chapter 11-164.2.

Provide the citation for this policy and procedure.

Hawai'i Administrative Rules §17-798.21-66(c)(1)

☒ Children who are in foster care.

The provider shall allow a grace period of up to ninety days from the child's first day in care to obtain the evidence of examinations and immunizations in accordance with the Administrative rules of the Department of Health Chapter 11-157, provided that evidence of tuberculosis clearance is provided prior to child's start in care, in accordance with Chapter 11-164.2.

Provide the citation for this policy and procedure.

Hawai'i Administrative Rules §17-798.21-66(c)(2)

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

The Hawai'i Administrative Rules (HAR) sections 17-891.2-20, 17-892.1-20, 17-895-20 and 17-896-19 provides a grace period of up to 90 days 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 TB clearance is required prior to the start of care, in accordance with Chapter 11-164.2.

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

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

☒ No.

☐ Yes. Describe:  

### 3.3 Protection for Working Families

#### 3.3.1 12-Month eligibility.

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

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; any changes in age, including turning 13 years old during the 12-month eligibility period; and any changes in residency within the state, territory, or tribal service area.

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

Review eligibility no less than every twelve months or whenever mandatory reporting changes that can affect eligibility are reported. Child care payments shall only be authorized for the next twelve months provided the caretaker has submitted the completed simplified report form and the required documentation to establish continued eligibility.

Mandatory reporting changes are:

1. Monthly gross income and the source of the household income exceeds eighty-five per cent of the State Median Income for a family of the same size, except for Department-licensed foster parents with approved activities that need child care or family units that receive child protective services as ordered by the court for family supervision or foster care cases and the need for child care is indicated in the most recent court-ordered family's or child's service plan;
2. Address changes;
3. Household composition changes;
4. Marital status changes;
5. Ending, changing, or starting services with a child care provider;
6. Changes to provider's contact telephone number or address where care is being provided;
7. New adult household member at the home-based child care exempt provider;
8. Cost of care changes;
9. Child care type changes; or
10. Loss of activity, except for family units receiving child protective services for family supervision, and the need for child care is specified in the family unit or child's case plan as ordered by the court.

b) How does the Lead Agency define "temporary change?"

Temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

c) Provide the citation for this policy and/or procedure.

Hawai'i Administrative Rules §17-798.21-15

### 3.3.2 Option to discontinue assistance during the 12-month eligibility period.

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

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



and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

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

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

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

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

The period of loss of activity that exceeds a day over 3 months will be considered a "non-temporary" loss of activity and that the subsidy client shall be provided timely notice of the termination of child care assistance before 10 calendar days of the completion of the 3-month period of activity search for the parent to notify the child care subsidy case manager if the parent has resumed attendance in a training or education program by the end of the three-month period.

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

When the parent reports a loss of activity of working, or participating in a job training or education program. The department shall allow up to three months for parents to engage in job search, resume work, or to attend an education or training program

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

Three months

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

Hawaii Administrative Rules §17-798.21-15(10)(B)

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

☐ Not applicable.

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

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

More than 5 consecutive days

Provide the citation for this policy or procedure:

Hawai'i Administrative Rules §17-798.21-17(a)(10)

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

Hawai'i Administrative Rules §17-798.21-9(b)(4)

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

3.3.3 Change reporting during the 12-month eligibility period.

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

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

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

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

☐ No

☒ Yes

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

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

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

Describe:

1. Monthly gross income and the source of the household income exceeds eighty-five percent of the State Median Income for a family of the same size, except for

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A. Department-licensed foster parents with approved activities that need child care; or

B. Family units that receive child protective services as ordered by the court for family supervision or foster care cases and the need for child care is indicated in the most recent court-ordered family's or child's service plan;

2. Address changes;

3. Household composition changes;

4. Marital status changes;

5. Ending, changing, or starting services with a child care provider;

6. Changes to provider's contact telephone number or address where care is being provided;

7. New adult household member at the home-based child care exempt provider;

8. Cost of care changes;

9. Child care type changes;

10. Loss of activity, except for family units receiving child protective services for family supervision, and the need for child care is specified in the family unit or child's case plan as ordered by the court.

☒ Changes that impact the Lead Agency's ability to contact the family. Describe:

Address changes

☒ Changes that impact the Lead Agency's ability to pay child care providers. Describe:

The Hawai'i Department of Human Services does not pay the child care provider. The child care subsidy payment is paid to the family. Therefore, if the family has changed child care providers, the family must notify the department, as a mandatory reporting requirement, in order for the Department to determine whether the new child care provider meets the requirements for a provider to care for a child whose family receives a subsidy from the Department.

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

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

☒ Phone

- ☒ Email
- ☒ Online forms
- ☐ Extended submission hours
- ☐ Other. Describe:

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

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

- i. Describe any other changes that the Lead Agency allows families to report.
  - 1. Household composition changes;
  - 2. Marital status changes;
  - 3. Ending, changing, or starting services with a child care provider;
  - 4. Changes to provider's contact telephone number or address where care is being provided;
  - 5. New adult household member at the home-based child care exempt provider;
  - 6. Cost of care changes; and
  - 7. Child care type changes.
- ii. Provide the citation for this policy or procedure.  
Hawai'i Administrative Rules §17-798.21-15

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

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

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

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

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**Hawai'i Administrative Rules §17-798.21-16**

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

- ☒ Mail
- ☒ Email
- ☐ Online forms
- ☒ Fax
- ☒ In-person
- ☐ Extended submission hours
- ☐ Other. Describe:

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

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

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest "Entry" Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest "Entry" Income Level 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)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	1,156	\$58	5%	3,322	\$332	10%
2	1,557	\$78	5%	4,345	\$434	10%
3	1,958	\$98	5%	5,367	\$537	10%
4	2,359	\$118	5%	6,389	\$639	10%
5	2,759	\$138	5%	7,411	\$741	10%

b) What is the effective date of the sliding-fee scale(s)?

September 30, 2018

c) Provide the link to the sliding-fee scale:

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

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

N/A

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

☒ The fee is a dollar amount and:

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

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

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

☐ No additional fee is charged after certain number of children.

☒ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

☐ Other. Describe:

☐ The fee is a percent of income and:

☐ The fee is per child, with the same percentage applied for each child.

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

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

- ☐ No.
- ☒ Yes, check and describe those additional factors below.
  - ☐ Number of hours the child is in care. Describe:
  - ☒ Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:

The Department shall waive a portion of the co-payment for families who use child care providers that are accredited by NAEYC, NECPA and NAFCC equal to the proportion of children in the household attending such providers and needing child care subsidy assistance. For example, 1 of 3 children in the household needing child care subsidies is attending a child care provider that is accredited by NAEYC, NECPA, or NAFCC, then the family's co-payment is reduced (waived) by 33%.

☐ Other. Describe:

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

- ☐ No, the Lead Agency does not waive family contributions/co-payments.
- ☒ Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$1,957.
- ☒ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.

The Department shall provide to family units receiving child protective family supervision services and child care is needed as ordered by the court for child protective services reasons. Hawai'i Administrative Rules 17-798.21-9 & 17-798.21-14

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

The Department waives a portion of the co-payments for families who use child care providers that are accredited by NAEYC, NECPA and NAFCC. The family co-payment is proportionally reduced (waived) by the number of children in the household receiving subsidies and attending child care providers that are accredited by NAEYC, NECPA, and NAFCC. For example, 1 of 3 children in the household needing child care subsidies is attending a child care provider that is accredited by NAEYC, NECPA, or NAFCC, then the family's co-payment is reduced (waived) by 33%. Hawai'i Administrative Rule 17-798.21-14.

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

☐ No.

☒ Yes. If yes:

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

The Department doesn't enter into contracts with providers. Parents have the choice of choosing their provider which meets their needs for child care. Any provider may be considered for a family receiving a subsidy from the Department, provided that the child care provider meets the health and safety requirements, including background checks, under Chapters 17-798.21, 17-800, 17-891.1, 17-892.1, 17-895, or 17-896, and 17-801.

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

The Department will need to analyze the data to determine whether the cost of care is reported in the Department's child care case management data system to determine the amount and frequency that licensed and registered child care providers charge families above the Department's payment rates when the providers are caring for children whose families receive child care subsidies from the Department.

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

Payment rates are set at the 75th percentile of the 2016 Market Rate Study completed in March 2017. Since the Department is paying at the 75th percentile rates for accredited child care centers and for infant and toddler centers, subsidy families have access to a majority of accredited centers and infant and toddler centers based on the rates that the Department is paying.



Co-payment is based on family size and gross monthly income. The co-payment is for the entire family, not calculated on a per child basis. The Department will only pay up to the maximum payment amount, less any family co-payment amount.

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

☐ Limit the maximum co-payment per family. Describe: DRAFT

☒ Limit the combined amount of co-payment for all children to a percentage of family income.

List the percentage of the co-payment limit and describe.

Payment rates are set at the 75th percentile of the 2016 Market Rate Study completed in March 2017. Since the Department is paying at the 75th percentile rates for accredited child care centers and for infant and toddler centers, subsidy families have access to a majority of accredited centers and infant and toddler centers based on the rates that the Department is paying.

Co-payment is based on family size and gross monthly income. The co-payment is for the entire family, not calculated on a per child basis. The Department will only pay up to the maximum payment amount, less any family co-payment amount.

Families at or below 100% FPL for their household size do not have a family co-payment amount up to the maximum DHS payment rate, families that are 101% -150% FPL for their household size have 5% of their gross monthly income calculated as their family co-payment amount, and families that are 151% FPL – maximum eligibility limit (85% SMI) for their household size have a 10% of their gross monthly income calculated as their family co-payment amount up to the maximum DHS payment rate allowed.

The Department waives a portion of the co-payments for families who use child care providers that are accredited by NAEYC, NECPA and NAFCC. The family co-payment is proportionally reduced (waived) by the number of children in the household receiving subsidies and attending child care providers that are accredited by NAEYC, NECPA, and NAFCC. For example, 1 of 3 children in the household needing child care subsidies is attending a child care provider that is accredited by NAEYC, NECPA, or NAFCC, then the family's co-payment is reduced (waived) by 33%. Hawai'i Administrative Rule 17-798.21-14.

☒ Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe:

The Department uses the 85 percent of SMI as its initial eligibility level to qualify for child care subsidy assistance. Families that are 101% FPL – 150% FPL for their family size have a family co-payment of 5% of their monthly gross household income. Families that are 151% FPL – 85% SMI/eligibility limit for their family size have a family co-payment of 10% of their monthly gross household income. 85% SMI for a household of 3 is \$5,367 per month (\$64,404 per year), and the family co-payment would be \$537 per month, 10% of the household's gross income, whether one or two children need child care subsidy assistance from the Department.

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According to Child Care Aware’s 2017 report, a married couple in Hawai‘i pays 15.3% of their median income (\$89,733) for infant center-based care, and a single parent in Hawaii pays 45.6% of the median income (\$30,045) for infant center-based care. Therefore, Hawai‘i’s use of 85% SMI with a 10% family co-payment minimizes the abrupt termination of assistance for the family before the family can afford the full cost of child care.

☐ Other. Describe:  

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

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

### **4.1 Parental Choice in Relation to Certificates, Grants, or Contracts**

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

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

If the parent is eligible for child care services, the parent is issued a child care certificate before or after the parent has selected a provider for the provider to complete to verify the information of the provider the parent has selected. The certificate identifies the parent, eligible child, child’s date of birth, certification period, name of the provider, address and phone number of the child care provider, information whether the provider is licensed, registered, or legally exempt, any names of household members of exempt home-based care not in the child’s home or names of staff members of exempt center-based care.

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

- ☒ Certificate that provides information about the choice of providers
- ☒ Certificate that provides information about the quality of providers
- ☒ Certificate not linked to a specific provider, so parents can choose any provider
- ☒ Consumer education materials on choosing child care
- ☒ Referral to child care resource and referral agencies
- ☐ Co-located resource and referral in eligibility offices
- ☒ Verbal communication at the time of the application
- ☐ Community outreach, workshops, or other in-person activities
- ☒ Other. Describe:

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

4.1.3 Child care services available through grants or contracts.

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

☐ No. If no, skip to 4.1.4.

☒ Yes. If yes, describe:

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

The Hawai'i Department of Human Services (DHS) has a contracted service with the Department of Education (DOE) to reimburse DOE for the operational costs of after-school care providers operating at public elementary schools statewide for the children who qualify for the USDA free and reduced lunch program. The DOE operates the after-school care programs directly or contracts with private providers to operate the after-school care programs at 184 public elementary school campuses statewide. During the 2017-2018 school year, the DOE charges \$110 per child per month for the after-school child care program.

The Hawai'i Department of Human Services (DHS) has another contracted service with the DOE and a private provider that provides child care services for infants and toddlers of teen parents on-site or near one public high school campus on Hawai'i island.

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

Licensed and legally exempt center-based care. The Hawai'i Department of Human Services does not license programs operated by the Department of

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Education (DOE) or programs that are exempt under section 346-152(a), Hawai'i Revised Statutes.

- iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):  
Department of Education or child care providers that are selected through public procurement process and are licensed by the Department of Human Services to operate a group child care center.

- iv. The process for accessing grants or contracts:  
The Department of Education's public high school will select and enroll interested teen parents who agree to participate in the DOE's specialized curricula program that includes parenting education and skill building along with support in order to complete high school.

The Department of Education or its contracted after-school providers directly inform families of fee waivers for the after-school child care costs if the family submits an application to determine the family's eligibility for the fee waivers.

- v. How rates for contracted slots are set through grants and contracts:  
For the infant and toddler child care services for teen parents, the contract costs are determined by estimating the cost for care per child and the number of children that can be served at a particular site or estimating the cost to operate the program at the particular site.

For the after-school care fee waivers, the Hawai'i Department of Human Services (DHS) establishes a set rate per child per month that DHS will reimburse the Department of Education for each eligible child in care each month. The Department of Education receives \$110 per eligible child per month from DHS for the 2017-2018 school year.

- vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:  
Private child care providers bid on publicly procured contracts or exempt contract agreements are made with the Department of Education. Only private providers who meet child care licensing requirements and are awarded contracts through the public procurement process, private providers operating school-age programs exempt from licensure under section 346-152(a), Hawai'i Revised Statutes, through contracts with the Department of Education (DOE), or programs operated by the DOE are the types of providers available through grants or contracts.

vii. If contracts are offered statewide and/or locally: **locally**

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

- ☐ Programs to serve children with disabilities
- ☒ Programs to serve infants and toddlers
- ☐ Programs to serve school-age children
- ☐ Programs to serve children needing non-traditional hour care
- ☐ Programs to serve homeless children
- ☐ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas
  - ☐ Urban
  - ☐ Rural

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

The Child Care Certificate and Provider Agreement specifies that providers caring for a child receiving CCDF subsidies must allow parents unlimited access to their children while in care. The Department implemented the monitoring component for exempt child care provider caring for children whose families are receiving CCDF subsidies, the monitoring staff will also verify that child care providers are following this requirement.

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

- ☐ No.
- ☒ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
  - ☐ Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
  - ☒ Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe:

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

- ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- ☐ Restricted to care by relatives. Describe:
- ☐ Restricted to care for children with special needs or a medical condition. Describe:

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

☒ Other. Describe:

The in-home child care provider must not have a known history of child abuse or neglect, physical or psychological problems, or background check history that may adversely affect or interfere with the care of children. Background checks are done for the in-home child care provider and includes fingerprint search through the Federal Bureau of Investigation, fingerprint search and state name search through Hawai'i's state criminal repository, national sex offender public website registry search, Hawai'i sex offender registry search, Hawai'i child abuse and neglect registry search, and Hawai'i adult protective services registry search.

## 4.2 Assessing Market Rates and Child Care Costs

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

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

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

factors that impact the cost of providing care—such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.

- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up-to-date data.
- Describe the estimated reporting burden and cost to conduct the approach.

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

☒ MRS

☐ Alternative methodology. Describe:

☐ Both. Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors prior to developing and conducting the MRS or alternative methodology.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or other state-designated cross-agency body:

The Department conducts statewide quarterly meetings with the Department's Child Care Advisory Committee for input regarding the Market Rate Survey.

b) Local child care program administrators:

N/A, Hawai'i is a state-administered program.

c) Local child care resource and referral agencies:

The Department's contracted statewide child care resource and referral agency (CC R&R) conducts the Market Rate Survey annually for the Department. The scope of services for conducting the Market Rate Survey is described and outlined in the Resource & Referral request for proposals and the contract.

d) Organizations representing caregivers, teachers, and directors:

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

e) Other. Describe:

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of



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the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.

The Department's contracted statewide child care resource and referral agency conducts the Market Rate Survey annually for the Department. The child care resource and referral service agency surveys licensed and registered child care providers statewide 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.

For the 2016 Market Rate Survey, of the 979 child care providers statewide who provided responses, only 632 child care providers were included in the study along with the 2,704 rates they provided. Only full-time monthly rates were analyzed. Full-time monthly rates were weighted by total desired capacity of each provider. The desired capacity was used rather than licensed capacity, since individual providers do not always choose to enroll the maximum number or children they are licensed to serve.

The 347 child care providers that were excluded from the study were excluded because they did not offer child care to the general public, such as Head Start and Kamehameha Schools which have eligibility requirements to enroll in their programs. Also excluded were licensed before and after school child care that are only offered to students who are attending that particular school or program during the regular school day. Other reasons for exclusion from the study were inactive/closed provider status, missing rate information, part-time care rates, and missing capacity information.

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

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

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

Rates were compiled by Island and by County to account for variations in rates by geographic area. Results showed that the rates for Honolulu County (the most populous county) were higher than the other counties in the state.

b) Type of provider. Describe:

Results showed that child care market rates are higher for younger children and center-based care, and rates are lower for family child care. It is preferable to examine child care rates by statewide, county, or urban/rural classifications rather than by island because limited rate information was available for some of the islands.



- c) Age of child. Describe:

Results showed that child care market rates are higher for younger children and center-based care, and rates are lower for family child care. It is preferable to examine child care rates by statewide, county, or urban/rural classifications rather than by island because limited rate information was available for some of the islands.

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

For the purposes of the study, the child care provider was considered to be accredited if it possessed accreditation designations by the National Association for the Education of Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA).

- 4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public.

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

The Department posted the MRS on its public website.

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

March 30, 2018

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

April 20, 2017

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

The Market Rate Study has been posted online at the Department's website:  
<http://humanservices.hawaii.gov/bessd/child-care-program/>

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

At the statewide quarterly meetings, the Department received comments from the Child Care Advisory Committee members and stakeholder attendees.

### 4.3 Setting Payment Rates

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

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

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

Rate \$1,490 per month unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 75

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

Rate \$650 per month unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 50

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

Rate \$1,490 per month unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 75

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

Rate \$650 per month unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 50

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

Rate \$740 per month unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 50

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

Rate \$600 per month unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS: 37

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

Rate \$150 per month unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile of most recent MRS:

N/A, insufficient providers providing publicly available school age care to calculate a percentile.

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

Rate \$600 per month unit of time (e.g., hourly, daily, weekly, monthly)

Percentile of most recent MRS:

N/A, insufficient providers providing publicly available school age care to calculate a percentile.

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

Full-time care is more than 97 hours of child care needed per month. The Department does not have a part-time care.

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

December 31, 2017

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

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

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

4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

☐ Differential rate for *non-traditional hours*. Describe:

☐ Differential rate for *children with special needs*, as defined by the state/territory. Describe:

☒ Differential rate for *infants and toddlers*. Describe:

The Hawai'i Department of Human Services includes higher child care subsidy payment rates paid for infant and toddler care and for families using accredited child care providers that are registered family child care homes and exempt home-based care providers (including related and unrelated caregivers)

☐ Differential rate for *school-age programs*. Describe:

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☐ Differential rate for *higher quality*, as defined by the state/territory. Describe:  

☒ Other differential rates or tiered rates. Describe:

The Department provides a higher rate for center-based care providers accredited by the National Association for the Education of Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA). The rates took into consideration the annual Market Rate Studies for accredited center-based rates at the time when the Department revised the child care rates. Also, the Department provides a higher rate for the National Association for Family Child Care Accreditation (NAFCC). The rates took into consideration feedback from the Department's Child Care Advisory Committee members and stakeholder attendees and from family child care providers and the rates they currently charge. The Department does not define any variations or levels of quality that providers may have other than the 3 types of accreditations recognized for the tiered subsidy.

☐ Tiered or differential rates are not implemented.

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

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

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

The Department's contracted statewide child care resource and referral agency provides consumer education, consultation, and referrals to parents and other child care consumers. Child care resource and referral services assist parents eligible to receive child care subsidies from the Department, including parents not eligible for child care subsidies, to find, select and maintain quality child care arrangements by helping them understand and evaluate available child care options.

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

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 as the median rates charged statewide are the same or slightly lower than the Department's payment rates for center-based infant/toddler care, registered family child care home-infant/toddler care, and licensed before school care/after school care based on the 2017 market rate survey. The child care resource and referral agency also make provider referrals from the database equally and without bias.

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

The base payment rates are based on the most recent 2016 Market Rate Survey which were published and available on March 30, 2017. The Department set the rates at the 50th percentile for these types of child care: Infant and toddler child care center; Group child care center (not accredited by NAEYC or NECPA); Group child care homes; Family child care homes.

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

The Department provides a higher rate for center-based care providers accredited by the National Association for the Education of Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA). Also, the Department provides a higher rate for the National Association for Family Child Care Accreditation (NAFCC). The rates took into consideration from feedback from the Department's Child Care Advisory Committee members and stakeholder attendees and from family child care providers and the rates they currently charge. The rates took into consideration the 2016 Market Rate Study results for accredited center-based rates at the time when the Department revised the child care rates effective December 2017.

- e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable (response provided in 3.4.6)  
f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers

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

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

☐ Geographic area. Describe:  

☒ Type of provider. Describe:

The Departments payment rates are based on accredited center-based care, licensed center-based, licensed infant/toddler center-based, licensed exempt center-based, accredited registered family child care home, registered infant/toddler family child care home, licensed-exempt infant/toddler family child care, licensed-exempt family child care, licensed before/after school care and licensed-exempt before/after school care.

☒ Age of child. Describe:

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

☒ Quality level. Describe:

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

☐ Other.

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

☐ Payment rates are set at the 75th percentile or higher of the most recent survey.

Describe:

☐ Feedback from parents, including parent surveys or parental complaints. Describe:

☒ Other. Describe:

The 2016 Market Rate Survey results were published and available on March 30, 2017. The Department set the rates at the 75th percentile for these types of child care: Infant and toddler child care center; Group child care centers accredited by the National Association for the Education of Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA);

Note: there were no rates for accredited family child care homes and group child care homes as there were no licensed or registered homes that were accredited by the National Association for Family Child Care Accreditation (NAFCC).

The Department set the rates at the 50th percentile for these types of child care: Infant and toddler child care center; Group child care center (not accredited by NAEYC or NECPA); Group child care homes; Family child care homes;

In general, exempt providers are not surveyed in the Market Rate Survey, therefore there are not rates known for what exempt providers may be charging families. The Department of Education administers a statewide program for after-school care, of which most of these after-school providers are exempt from licensure by DHS, and the DOE has a set rate for contracted providers to charge families (which was \$110 per month per child in the 2017-2018 school year).

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

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent

for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

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

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

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

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

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

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

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

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

☒ Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure.

Once determined eligible and initial payments have been issued, the Department pays the child care subsidy payments at the start of the month to the family for that month's child care needs. The Department determines the child care need from the previous month during re-certifications and projects that same need for the next eligibility period. If the child is absent for a portion of the month, but the child care provider is paid for that month to hold the child's place and the family receives a receipt to document payment to the child care provider, the family continues to be eligible. However, once the child is disenrolled from the child care provider's program, the family must notify the Department. Child care



assistance would be suspended until the family finds a new child care provider who completes the requirements for subsidy payments, including completion of the child care certificate, and the child care provider has completed the required background checks.

☐ Providing full payment if a child attends at least 85 percent of the authorized time. If implemented describe the policy or procedure. [REDACTED]

☐ Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure. [REDACTED]

☐ Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. [REDACTED]

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

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

The Department pays for child care on a full-time basis (80 hours or more of care needed per month), or less than full-time basis in one other increment of up to 79 hours of care needed per month.

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

The Department provides 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 a subsequent provider.

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

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



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

Describe:

The Department pays the subsidy to the eligible family. Due to confidentiality laws and administrative requirements, the Department is not allowed to release any information to the child care provider regarding the family's eligibility status for child care subsidies or the payment amount without the family's written consent. Therefore, all notices regarding disposition of an application or changes to ongoing eligibility or subsidy payment amounts are sent to the family. It is the family's responsibility to communicate with the child care provider about the eligibility for and child care subsidy payment amount.

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

All notices regarding disposition of an application, redetermination, changes to ongoing eligibility, or 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 Hawai'i Administrative Rules Chapters 17-798.21 and 17-602-1. The family has 90 days from the date of the notice to appeal an adverse action taken by the Department.

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

☐ ☒ No, the practices do not vary across areas.

☐ ☐ Yes, the practices vary across areas. Describe:

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

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

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

- a) Children in underserved areas:

Child care slots are generally less available in rural areas. The relative childcare deserts within the state were Moloka'i, Lāna'i, the Leeward and Central districts of O'ahu, and all areas of the Big Island other than greater Hilo. Kaua'i, Moloka'i, and Lāna'i islands had no licensed infant-toddler centers, per the report, Hawai'i early learning needs assessment, DeBaryshe, B.D., Bird, O., Stern, I., & Zysman, D. (2017). Honolulu: University of Hawai'i Center on the Family. The University of Hawai'i Center on the Family (COF) conducted a needs assessment, with data collection occurring in the fall of

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2016. This study was commissioned by the Hawai'i Children's Action Network (HCAN) with funding from the Samuel N. and Mary Castle Foundation, and was designed in partnership with HCAN and the Executive Office on Early Learning (EOEL).

**b) Infants and toddlers:**

Child care slots for infants and toddlers (less than 3 years old) are more limited than for children over 3 years of age. Infant and toddler center care slots vary across the state, with ratios ranging from 19 to 74 children vying for one slot. For infant and toddler center care availability, Honolulu and Windward O'ahu had the most resources. Kaua'i, Moloka'i, and Lāna'i had no infant and toddler center care seats on these islands. For infant and toddler seats at registered Family Child Care (FCC) homes, the ratios range between 15 to 77 children per infant and toddler FCC seat. Here, the pattern of availability was in some ways the inverse of that for center seats, suggesting that FCC providers had a greater presence in rural areas with little center-based care, especially infant-toddler care. Hilo and Kaua'i had the best availability of FCC seats, while Central O'ahu and center-rich Honolulu had the lowest density of FCC seats.

The infant and toddler care data is per the report, Hawai'i early learning needs assessment, DeBaryshe, B.D., Bird, O., Stern, I., & Zysman, D. (2017). Honolulu: University of Hawai'i Center on the Family.

The University of Hawai'i Center on the Family (COF) conducted a needs assessment, with data collection occurring in the fall of 2016. This study was commissioned by the Hawai'i Children's Action Network (HCAN) with funding from the Samuel N. and Mary Castle Foundation, and was designed in partnership with HCAN and the Executive Office on Early Learning (EOEL).

**c) Children with disabilities (include the Lead Agency definition in the description):**

Per the report, Hawai'i early learning needs assessment, DeBaryshe, B.D., Bird, O., Stern, I., & Zysman, D. (2017). Honolulu: University of Hawai'i Center on the Family, of the respondents who completed the surveys in 2016, 564 children served were special needs.

The University of Hawai'i Center on the Family (COF) conducted a needs assessment, with data collection occurring in the fall of 2016. This study was commissioned by the Hawai'i Children's Action Network (HCAN) with funding from the Samuel N. and Mary Castle Foundation, and was designed in partnership with HCAN and the Executive Office on Early Learning (EOEL).

**d) Children who received care during non-traditional hours:**

Per the report, Hawai'i early learning needs assessment, DeBaryshe, B.D., Bird, O., Stern, I., & Zysman, D. (2017). Honolulu: University of Hawai'i Center on the Family, almost no licensed and registered child care options are available for parents who work evenings or weekends, with less than 2% of regulated child care seats open during these hours. In general, registered Family Child Care home providers were more likely than licensed child care centers to offer hours that met the needs of working parents.

The University of Hawai'i Center on the Family (COF) conducted a needs assessment, with data collection occurring in the fall of 2016. This study was commissioned by the Hawai'i Children's Action Network (HCAN) with funding from the Samuel N. and Mary

Castle Foundation, and was designed in partnership with HCAN and the Executive Office on Early Learning (EOEL).

- e) Other. Please describe any other shortages in the supply of high-quality providers.

Per the report, Hawai'i early learning needs assessment, DeBaryshe, B.D., Bird, O., Stern, I., & Zysman, D. (2017). Honolulu: University of Hawai'i Center on the Family, many programs held accreditation in some form. About 37% of center seats were in programs with an early childhood accreditation. Large, multi-site programs and, to a lesser extent, church-sponsored programs, were most likely to have an early childhood accreditation. Almost 11% of center seats, usually in classrooms affiliated with a K–12 private school, had other educational accreditations.

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

- a) Infants and toddlers. Check all that apply.

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

Higher base rate for infant and toddler center-based care

- b) Children with disabilities. Check all that apply.

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

- c) Children who receive care during non-traditional hours. Check all that apply.

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☒ Technical assistance support

- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.3.2)
- ☐ Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- ☐ Other. Describe:

d) Other. Check and describe:

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

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

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

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

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

The Department currently has two types of contracted services for slots. One contracted service targets infant and toddler care in group setting for teen parents on-site or near two public high schools in the state, operated by the Department of Education (DOE) or a private provider. The second contracted service is with the DOE to fund slots at after-school care providers at public elementary schools for the children who qualify for free and reduced lunch. The DOE operates the after-school care programs or contracts with private providers to operate the after-school care programs at 184 elementary school campuses statewide.

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

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

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

### 5.1 Licensing Requirements

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

- 5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E(c)(2)(F); 98.40(a)(2)).

**Licensing requirements:**

**License-exempt providers**

1. In-home child care providers who provide child care services in the child's own home.
2. Child care providers caring for children related to themselves by blood, marriage, or adoption and care for up to two children who are unrelated to themselves in their own home.

3. Exemptions for center-based programs that care for children less than 6 hours per week, programs that offer a specialized training or skill, multi-service organizations or community associations, county operated programs, programs operated by the Department of Education, programs that operate for only two consecutive weeks in a 3-month period, and programs licensed or certified by the U.S. Department of Defense and located on federal property.

Chapter 346-152(a), Hawaii Revised Statutes provides a list of exemptions from licensure or registration that can be found at: [http://www.capitol.hawaii.gov/hrscurrent/Vol07\\_Ch0346-0398/HRS0346/HRS\\_0346-0152.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0152.htm)

Exempt child care providers caring for children whose families are receiving subsidies must self-certify that they have appropriate health and safety practices for toileting and diapering, hand-washing, use of car seats for transporting children, available first-aid kits, emergency exit plans, working smoke detectors, appropriate discipline methods, and satisfactory TB clearance or chest x-ray. Exempt family child care home providers are required to have at least one announced site-visit per year and exempt center-based providers are required to have at least one unannounced site-visit per year. Visits are conducted to ensure that appropriate health and safety standards are met.

The Hawai'i Department of Human Services may conduct an unannounced site-visit for a legally exempt provider caring for children whose families are receiving subsidies if it is part of a complaint investigation to determine compliance with the law or minimum health and safety requirements. For legally exempt providers caring for related children whose families are receiving subsidies, the Department may conduct investigations and visits for complaints received that allege violations of the law or violations of the minimum health and safety requirements provided under the administrative rules.

The Department will also conduct background checks on legally exempt child care providers, including all staff and household members, caring for children whose families are receiving subsidies. Background checks include state and federal fingerprint record checks, state criminal history record checks, national and state sex offender registry checks, Hawai'i child abuse and neglect registry check, and Hawai'i adult abuse and neglect registry check.

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

☒ Center-based child care. Provide a citation:

HRS 346-161

☒ Family child care. Provide a citation:

HRS 346-171

☒ In-home care. Provide a citation:

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## HRS 346-152.5

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

☒ Center-based child care. If checked, describe the exemptions.

Exemptions for center-based programs that care for children less than 6 hours per week, programs that offer a specialized training or skill, multi-service organizations or community associations, county operated programs, programs operated by the Department of Education, programs that operate for only two consecutive weeks in a 3-month period, and programs licensed or certified by the U.S. Department of Defense and located on federal property.

Chapter 346-152(a), Hawaii Revised Statutes provides a list of exemptions from licensure or registration that can be found at: [http://www.capitol.hawaii.gov/hrscurrent/Vol07\\_Ch0346-0398/HRS0346/HRS\\_0346-0152.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0152.htm)

☒ Family child care. If checked, describe the exemptions.

Child care providers caring for children related to themselves by blood, marriage, or adoption and care for up to two children who are unrelated to themselves in their own home. There is a maximum of 6 children and only 2 children under 18 months of age are allowed unless a waiver is approved by the Hawaii Department of Human Services.

☒ In-home care. If checked, describe the exemptions.

In-home child care providers who provide child care services in the child's own home.

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

- a) Center-based child care if checked in 5.1.3.

Exempt child care providers caring for children whose families are receiving subsidies must certify that they have appropriate health and safety practices for toileting and diapering, hand-washing, use of car seats for transporting children, available first-aid kits, emergency exit plans, working smoke detectors, appropriate discipline methods, and satisfactory TB clearance or chest x-ray. Exempt center-based providers are required to have at least one unannounced site-visit per year. Visits are conducted to ensure that appropriate health and safety standards are met.

The Hawai'i Department of Human Services may conduct an unannounced site-visit for a legally exempt provider caring for children whose families are receiving subsidies if it is part of a complaint investigation to determine compliance with the law or minimum health and safety requirements.

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The Department will also conduct background checks on legally exempt child care providers, including all staff and household members, caring for children whose families are receiving subsidies. Background checks include state and federal fingerprint record checks, state criminal history record checks, national and state sex offender registry checks, Hawai'i child abuse and neglect registry check, and Hawai'i adult abuse and neglect registry check.

**b) Family child care if checked in 5.1.3e.**

Exempt child care providers caring for children whose families are receiving subsidies must certify that they have appropriate health and safety practices for toileting and diapering, hand-washing, use of car seats for transporting children, available first-aid kits, emergency exit plans, working smoke detectors, appropriate discipline methods, and satisfactory TB clearance or chest x-ray. Exempt family child care home providers are required to have at least one announced site-visit per year. Visits are conducted to ensure that appropriate health and safety standards are met.

The Hawai'i Department of Human Services may conduct an unannounced site-visit for a legally exempt provider caring for children whose families are receiving subsidies if it is part of a complaint investigation to determine compliance with the law or minimum health and safety requirements.

The Department will also conduct background checks on legally exempt child care providers, including all staff and household members, caring for children whose families are receiving subsidies. Background checks include state and federal fingerprint record checks, state criminal history record checks, national and state sex offender registry checks, Hawai'i child abuse and neglect registry check, and Hawai'i adult abuse and neglect registry check.

**c) In-home care if checked in 5.1.3.**

Exempt child care providers caring for children whose families are receiving subsidies must certify that they have appropriate health and safety practices for toileting and diapering, hand-washing, use of car seats for transporting children, available first-aid kits, emergency exit plans, working smoke detectors, appropriate discipline methods, and satisfactory TB clearance or chest x-ray. The Hawai'i Department of Human Services may conduct an unannounced site-visit for a legally exempt provider caring for children whose families are receiving subsidies if it is part of a complaint investigation to determine compliance with the law or minimum health and safety requirements.

The Department will also conduct background checks on legally exempt child care providers, including all staff and household members, caring for children whose families are receiving subsidies. Background checks include state and federal fingerprint record checks, state criminal history record checks, national and state sex offender registry



checks, Hawai'i child abuse and neglect registry check, and Hawai'i adult abuse and neglect registry check.

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

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

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

#### a) Licensed CCDF center-based care

##### 1. Infant

- How does the State/territory define infant (age range): **6 weeks to 12 months**
- Ratio: **4 children:1 staff**
- Group size: **8**
- Teacher/caregiver qualifications:
  1. **Lead caregiver qualifications:**
    - A. A bachelor's degree in Early Childhood Education (ECE) or Child Development (CD) or related fields, e.g., maternal-child health, nursing, or human development, and, twelve months full time experience working with children under thirty six months of age in a licensed group care setting, and, twelve credits approved ECE or CD training courses (may be part of the bachelor's degree) including thirty hours 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 credential in child development associate program, and, twenty-four months full time experience working with children under five years of age in a licensed group care setting of which twelve months shall have been with children under thirty-six months of age, and, twelve credits approved ECE or CD training courses, including thirty hours of course work in infant toddler development from an accredited teacher training institute or program; or
    - C. Two years of college, preferably in ECE or CD or related fields, and, twenty-four months full time experience working with children under five years of age in a licensed group care setting of which twelve months shall have been with children under thirty-six months of age, and, twelve credits approved ECE or CD training courses including thirty-hour course work in infant and toddler development from an accredited teacher training institute.
  2. **Caregiver qualifications:**

- A. A high school diploma or its equivalent, and, twelve months full time experience working with children under thirty-six months of age in a licensed group care setting, and, twelve credits approved ECE or CD training courses including 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, twenty-four months of full time experience working with children under thirty-six months of age in a licensed group care setting, and, thirty hours of course work in infant and toddler development from an accredited teacher training institute or program; or
- C. No high school diploma, and, thirty-six months 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.

3. Aide qualifications:

- A. A high school vocational child-care training course; or
- B. An orientation training in the center

2. Toddler

- How does the State/territory define toddler (age range):  
12 months to 36 months
- Ratio:  
4 children ages 12 months to 24 months: 1 staff; 6 children ages 18 months to 36 months: 1 staff
- Group size: 12
- Teacher/caregiver qualifications:  
same as lead caregiver, as caregiver, and aide for Infants.

3. Preschool

- How does the State/territory define preschool (age range): 2 years to 6 years old
- Ratio:  
8 to 1 for 2-year-old; 12 to 1 for 3-year-old; 16 to 1 for 4-year-old.
- Group size: shall not exceed license capacity
- Teacher/caregiver qualifications:
  - 1. Teacher/caregiver qualifications:
    - A. A degree in child development or early childhood education from an accredited college or university, and six months working experience in an early childhood program; or
    - 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; or

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- C. Baccalaureate (bachelor's degree) in elementary education from an accredited college or university plus six months working in an early childhood program, plus six credits -- semester or equivalent approved child development or early childhood training courses, (may be included as part of bachelors of arts or bachelors of science degree); or
  - D. Baccalaureate (bachelor's degree) in any field from an accredited college or university plus six months working in an early childhood program, plus twelve credits--semester or equivalent approved child development or early childhood training courses, (may be included as part of bachelor of arts or bachelor of science degree).
2. Assistant teacher qualifications:
    - A. Post-secondary credential in child development associate program or associate of arts degree and certificate in early childhood education, and six months experience working in an early childhood program; or
    - B. Two years (sixty credits) of post-secondary education plus six months working in an early childhood program and nine credits--semesters equivalent approved child development or early childhood training courses.
  3. Aide qualifications:
    - A. A high school vocational child-care training course; or
    - B. An orientation training in the center
4. School-age
    - How does the State/territory define school-age (age range): **20 children to 1 staff**
    - Ratio: **20 children to 1 staff**
    - Group size: **shall not exceed license capacity**
    - Teacher/caregiver qualifications:
      1. Teacher/caregiver qualifications:
        - A. Two years of college education and six months experience in working with school-age children; or
        - B. Child development associate (CDA) and six months experience in working with school-age children; or
        - C. Completion of high school and nine months of experience in working with school-age children; and
        - D. In all cases undergo an orientation training provided by the facility
      2. Assistant teacher qualifications:
        - A. Must be at least 18 years old, shall always be under the direction of a program leader, and shall undergo orientation training provided by the facility.
      3. Aide qualifications:
        - A. At least thirteen years old, shall always be under the direction of a program leader or an assistant program leader; or

- B. Shall be at least sixteen years old to be counted in the staff-child ratio.
- C. In all case undergo an orientation training provided by the facility

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

**No teacher/caregiver qualifications**

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

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

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

When an instructional curriculum and classroom environment and teacher training specifically require mixing the ages, the number of children per staff member is determined by the average of the staff-child ratios (2 yrs. old 8:1; 3 yrs. old 12:1; 4 yrs. old 16:1; 5 yrs. old 20:1) 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

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

For Infant and Toddler Center: In all cases, at least six months of experience shall be with children of the appropriate age for the before/after school program being directed.

b) Licensed CCDF family child care provider

1. Infant

- How does the State/territory define infant (age range): 6 weeks to 12 months
- Ratio: 2 children under 18 months: 1 caregiver
- Group size: 2
- Teacher/caregiver qualifications:  
Completion of a pre-service health and safety requirements training and 16 hours of annual health and safety on-going training in health and safety topics.

2. Toddler

- How does the State/territory define toddler (age range): 12 months to 36 months
- Ratio:  
6 children total in care, including 2 children less than 18 months: 1 caregiver
- Group size: 6
- Teacher/caregiver qualifications:

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Completion of a pre-service health and safety requirements training and 16 hours of annual health and safety on-going training in health and safety topics.

3. Preschool

- How does the State/territory define preschool (age range): 2 years to 6 years
- Ratio:  
6 children total in care, including 2 children less than 18 months: 1 caregiver
- Group size: 6
- Teacher/caregiver qualifications:  
Completion of a pre-service health and safety requirements training and 16 hours of annual health and safety on-going training in health and safety topics.

4. School-age

- How does the State/territory define school-age (age range):  
4 years and 8 months and older who are enrolled in public or private elementary schools
- Ratio:  
6 children total in care, including 2 children less than 18 months: 1 caregiver
- Group size: 6
- Teacher/caregiver qualifications:  
Completion of a pre-service health and safety requirements training and 16 hours of annual health and safety on-going training in health and safety topics.

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

Completion of a pre-service health and safety requirements training and 16 hours of annual health and safety on-going training in health and safety topics.

c) In-home CCDF providers:

1. Describe the ratios.

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

2. Describe the group size.

6 maximum; provided that a waiver may be approved by the State of Hawai'i Department of Human Services if a subsidy family has more than 6 children needing child care.

3. Describe the threshold for when licensing is required.

Caring for more than 2 but less than 7 unrelated children.

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

6 children; provided that a waiver may be approved by the State of Hawai'i Department of Human Services if a subsidy family has more than 6 children needing child care.

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

Related children are included in the child-to-provider ratio and group size.

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

A maximum of 2 children under 18 months old; provided that a waiver may be approved the State Department of Human Services if a subsidy family has more than 2 children less than 18 months old needing child care.

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

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

To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note – This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)
  1. Materials and equipment shall be kept clean;
  2. Clean bedding for each infant and toddler;
  3. Each child shall have a health record which provides evidence of a physical clearance (infant/toddler within 2 months of admission to facility), T.B. clearance test, current immunizations;

4. When acutely ill children are admitted, there must be adequate provision for the isolation and adequate personnel to provide individual care;
5. Medical consultation shall be available regarding special care and medication;
6. Staff must have written evidence of a physical exam and tuberculosis clearance which is repeated in compliance with the Hawaii State Department of Health Administrative Rules;
7. Each caregiving staff with an identified health problem shall have a written clearance from a physician to care for children;
8. 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;
9. Providers shall have health policies for control for the spread of communicable diseases;
10. Staff with visible skin conditions shall not prepare or serve food or handle utensils and feeding equipment;
11. Handling of diapers, training pants, linen and toys: soiled diapers placed in plastic bag;
12. While using disposable plastic gloves, cloth diapers or training pants shall be put in a sealed plastic bag;
13. Sheets, diapers and training pants soiled with blood, bodily fluids, or waste shall be handled as little as possible to prevent contamination;
14. Only washable toys shall be used for infants and toddlers in diapers or training pants;
15. Toys shall be sanitized daily; and
16. The facility shall have a written policy for handwashing which defines the handwashing procedure and when it is required.

- List the citation for these requirements.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-895-14, 17-895-20, 17-895-23, 17-895-28, 17-895-29, 17-895-30;
2. 17-892.1-20, 17-892.1-23, 17-892.1-28;
3. 17-892.1-20, 17-892.1-23, 17-892.1-29, 17-89231-30;
4. 17-896-19, 17-896-22, 17-896-27, 17-896-28;

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variations

- Describe any variations based on the age of the children in care.

No variations

- Describe if relatives are exempt from this requirement.

Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may

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determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

5. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)
  1. A child care facility shall have a written operation policy regarding safe sleep which shall be reviewed by all employees and volunteers;
  2. All employees and volunteers of the child care facility shall complete training in safe sleep practices that is approved by the department, upon hire and on an annual basis, and the child care facility shall maintain a record of policy reviews and trainings completed;
  3. Children that are less than one year of age shall be placed on their backs to sleep;
  4. Sleeping children are physically monitored and periodically checked; A child who falls asleep in a location or equipment other than a crib or playpen shall be moved to a crib or playpen;
  5. Cribs and playpens shall have not been recalled by the United States Consumer Product Safety Commission;
  6. Soft bedding, bumper pads, and other objects shall not be placed in the crib or playpen;
  7. A clean, tightly fitted crib sheet shall be used to cover the crib or playpen;
  8. Sleeping areas shall be kept ventilated and at a safe temperature; and
  9. Bed sharing is not allowed.
- List the citation for these requirements.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

  1. 17-891.2-15, 17-891.2-41, 17-891.2-42;
  2. 17-895-14, 17-895-45, 17-895-46;
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variations
- Describe any variations based on the age of the children in care.

No variations
- Describe if relatives are exempt from this requirement.

Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

6. Administration of medication, consistent with standards for parental consent



- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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

1. 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
2. Medication shall be kept out of the reach of the children and shall be returned to parents or guardians when no longer in use.
3. When over the counter medication is recommended by the child or family's doctor, medication shall be administered at the facility as directed by the doctor or parent or guardian in writing.

Medication shall be stored:

1. In a refrigerator, if refrigeration is required; medication shall be separated from food by being enclosed in a covered container; or
2. In a cool, dry, dark, and secured enclosure, which is inaccessible to the infants and toddlers, if refrigeration is not required.

- List the citation for these requirements.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-23, 17-892.1-23, 17-895-23, 17-896-22

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variations

- Describe any variations based on the age of the children in care.

No variations

- Describe if relatives are exempt from this requirement.

Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

## 7. Prevention of and response to emergencies due to food and allergic reactions

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

1. Children shall not be offered foods to which they are allergic. Provision 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. The facility shall have a written policy and plan for emergency medical care

- 
3. The provider or responsible adult shall always be within sight or hearing distance to respond to an emergency.
  4. Every facility shall have the following provisions for emergency care of children requiring treatment at a hospital or clinic away from the child care setting and for care of children who become ill after arrival:
    - A. The provider shall obtain the name of a physician or nearest hospital or clinic where care can be provided to the child;
    - B. The provider shall obtain written permission from the parents or guardians to allow the child to receive emergency care;
    - C. An adult shall accompany a child to the source of emergency care. The adult shall stay with the child until the parent or parent's designee assumes responsibility for the child's care. The selection of the adult shall not compromise the supervision of the other children in the program
- List the citation for these requirements.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
    1. 17-891.2-6, 17-892.1-6, 17-895-6, 17-896-6;
    2. 17-891.2-13;
    3. 17-891.2-21, 17-892.1-21, 17-895-21, 17-896-20;
    4. 17-891.2-25, 17-892.1-26, 17-895-25 and 17-896-24;
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
No variations
  - Describe any variations based on the age of the children in care.  
No variations
  - Describe if relatives are exempt from this requirement.  
Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.
8. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
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 shall provide for adequate space to meet the needs of the children as follows:
    1. The provider shall control rodents and insects;

2. The outdoor space shall be fenced or shall have natural barriers or other protective conditions to deter children from getting into unsafe areas;
3. There shall be no open drainage ditches, wells, or holes into which children may fall;
4. Drainage shall be adequate to prevent stagnant pools of water from accumulating;
5. Garbage and trash shall be stored in covered containers out of reach of the children and shall be removed frequently enough to avoid creating a health hazard or nuisances;
6. Poisons, drugs, harmful chemicals, and other dangerous articles such as cleaning fluid, matches, firearms, and tools shall be kept in a safe location, out of reach of children;
7. All rooms used for child care shall be lighted and ventilated;
8. Open fireplaces shall not be used. Floor heaters and all heating elements including hot water pipes shall be insulated or installed in a manner which makes the pipes inaccessible to children;
9. Floor space shall be arranged to provide areas for active play, quiet rest, and individual activities;
10. Furniture, equipment, and toys shall be sturdily constructed, without sharp edges, and shall present minimal hazards to children;
11. Lead based paint shall not be used on surfaces accessible to children;
12. Provision shall be made to eliminate the hazard of electrical outlets;
13. Poisonous plants shall be kept out of the reach of children;
14. Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times;
15. 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;
16. Firearms, hunting knives, bows and arrows, or other weapons kept on the premises of a child-care home must remain in a locked cabinet inaccessible to children during all hours of operation, with the exception of law enforcement officials, who are trained and certified to carry a firearm and ammunition, for the official's agency-issued firearm; and
17. Ammunition must be kept in a separate locked cabinet and inaccessible to children during all hours of operation.

- List the citation for these requirements.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-891.2-32, 17-892.1-33, 17-895-35, 17-896-31
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
No variations
- Describe any variations based on the age of the children in care.  
No variations
- Describe if relatives are exempt from this requirement.

Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

9. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)
- List the citation for these requirements.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variations

- Describe any variations based on the age of the children in care.

No variations

- Describe if relatives are exempt from this requirement.

Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

10. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Each facility shall have a written disaster plan to cover emergencies such as fire, flood, or natural disaster and shall be posted in a prominent place in the facility.

The plan shall be practiced at regular intervals and include written procedures for:

1. Evacuation;
2. Relocation of the child care facility if facility becomes uninhabitable or if ordered to evacuate;
3. Shelter in place at the child care facility;
4. Lock-down of the child care facility;

5. Communication and reunification with families during and after an emergency;
6. Continuity of operations during and after an emergency;
7. Providing for the needs of infants and toddlers during an emergency;
8. Providing for the needs of children with disabilities and children with special needs during an emergency;
9. Providing for the needs of children with chronic medical conditions during an emergency;
10. Each facility shall provide emergency preparedness training to staff, employees, and volunteers; and
11. Each facility shall conduct practice drills on emergency preparedness every six months or whenever any new procedures that affect practice have been added.

- List the citation for these requirements.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-30, 17-892.1-31, 17-895-33, 17-896-29

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variations

- Describe any variations based on the age of the children in care.

No variations

- Describe if relatives are exempt from this requirement.

Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

## 11. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)
  1. Following 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 the infants and toddlers.

4. All necessary cleaning equipment shall be available on the premises and a plan for regular cleaning shall be established to protect the health of the children and provider.

- List the citation for these requirements.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-31, 17-895-32;
2. 17-891.2-36, 17-892.1-36, 17-895-32, 17-896-35;

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variations

- Describe any variations based on the age of the children in care.

No variations

- Describe if relatives are exempt from this requirement.

Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

#### 9. Precautions in transporting children (if applicable)

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

1. The vehicle and driver providing transportation shall be in compliance with all relevant motor vehicle laws of the State;
2. No more than six children under the age of six years shall be transported when only one adult is in the vehicle;
3. Children shall be instructed in safe transportation conduct as appropriate for age and stage of development;
4. All children under three years of age shall be in federally approved child safety seats. All other children and adults shall be secured by seat belts;
5. The provider shall take a head count or attendance record check before and after transportation is provided;
6. Children are secured in the back seat of the vehicle; and
7. Children are never left alone in vehicles, even with the air conditioning on or windows rolled down.

- List the citation for these requirements.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-12, 17-892.1-12, 17-895-11, 17-896-12;

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
No variations
- Describe any variations based on the age of the children in care.  
No variations
- Describe if relatives are exempt from this requirement.  
Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)
  1. There shall be at least one adult caregiver with a current certificate in first aid at the facility when children are present.
  2. The child CPR requirement shall be as follows:
    - A. There shall be at least one adult caregiver with a current certificate in child CPR at the facility when children are present.
    - B. 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.
- List the citation for these requirements.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-891.2-22, 17-892.1-22, 17-895-22, 17-896-21
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
No variations
- Describe any variations based on the age of the children in care.  
No variations
- Describe if relatives are exempt from this requirement.  
Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in

violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

#### 11. Recognition and reporting of child abuse and neglect

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
Individual providers of child care, or employees or officers of any licensed or registered child care facility, foster home or similar institution is mandated to report suspect child abuse or neglect.
- List the citation for these requirements.  
Chapter 350, Hawaii Revised Statutes
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
No variations
- Describe any variations based on the age of the children in care.  
No variations
- Describe if relatives are exempt from this requirement.  
Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

a) The Lead Agency may also include optional standards related to the following:

##### 1. Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)
  1. In a home providing meal service, the minimum meal components and food amounts required by the United States Department of Agriculture (USDA) child care food program shall be met.
  2. The home shall offer and provide the following combination of meals and snacks for children in care:
    - A. Two to four hours - - - one snack;
    - B. Four to eight hours - - - one snack or breakfast and lunch or supper;
    - C. Eight hours or more - - - one snack or breakfast and lunch or supper and one additional snack (unless the eight hours or more extend into the evening hours when the child may be asleep);
    - D. When two snacks are required as in (c) above, at least one of those snacks shall include the provision and offering of milk or its calcium equivalent;



3. In a home where parents or guardians are allowed to provide food (i.e. sack lunches or snacks) the home, in addition to food the child brings, shall meet the minimum amounts required by the USDA child care food program by offering and providing children in care:
    - A. Four to eight hours - - - morning snack or breakfast or afternoon snack;
    - B. Eight hours or more - - - morning snack or breakfast and afternoon snack. (Unless the eight hours or more extend into the evening hours when the child may be asleep);
    - C. When two snacks are required as in (B) above, at least one of those snacks shall include the provision and offering of milk or its calcium equivalent;
  4. School aged children in before or after school care for two or more hours shall be offered a nutritious snack which may be provided by the facility or brought from home
- List the citation for these requirements.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
    1. 17-891.2-25, 17-892.1-26, 17-895-25, 17-896-24
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
No variation
  - Describe if relatives are exempt from this requirement.  
Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.
2. Access to physical activity
    - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)
      1. Activities which 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;
      2. At least twenty-five percent of the program time shall be spent in gross motor activities, such as running, climbing and other vigorous activities, to promote physical development.
    - List the citation for these requirements.

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Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-13, 17-892.1-13, 17-895-12, 17-896-13

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variation

- Describe if relatives are exempt from this requirement.  
Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

### 3. Caring for children with special needs

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)
  1. When infants and toddlers with special needs are admitted to a facility, the facility shall provide for the special needs of each infant or toddler.
  12. The infant or toddler with special needs shall be admitted only after consultation between the infant's or toddler's source of health care and the program's health consultant. The consultation shall include written recommendations to accommodate the child's special needs or to define the child's participation in the program.
  13. If the infant's or toddler's health care source considers it advisable, the staff of the program shall receive training related to the nature of the child's disability before the infant or toddler is admitted to the facility.
  14. Where the nature of the infant's or toddler's special needs or the number of children with special needs in the program necessitates added care, staff and equipment shall be available to cover these requirements

- List the citation for these requirements.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-24, 17-892.1-25, 17-895-24, 17-896-23

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No Variation

- Describe if relatives are exempt from this requirement.  
Relatives do not undergo annual monitoring inspections for health and safety standards. However, relatives are subject to the health and safety standards and the Department conducts investigations for complaint reports that a relative is in violation of health and safety standards. If the Department finds the relative in

violation of the required health and safety standards, the Department may determine that the relative does not meet the conditions to continue to care for a child whose family receives a child care subsidy from the Department.

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

- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.) [REDACTED]
- List the citation for these requirements. [REDACTED]
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
- Describe if relatives are exempt from this requirement.

#### 5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

#### **Pre-Service or Orientation Training Requirements**

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

Required to review the "Basic Health and Safety Practices: Child Care Provider's Guide" and complete an Assessment to satisfy the pre-service training requirement.

2. Licensed FCC homes:

Required to review the "Basic Health and Safety Practices: Child Care Provider's Guide" and complete an Assessment to satisfy the pre-service training requirement.

3. In-home care:

Required to review the “Basic Health and Safety Practices: Child Care Provider’s Guide” and complete an Assessment to satisfy the pre-service training requirement.

4. Variations for exempt provider settings:

Exempt center-based and exempt family child care are required to review the “Basic Health and Safety Practices: Child Care Provider’s Guide” and complete an Assessment to satisfy the pre-service training requirement. Relative care providers are exempt from the training requirement.

- b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

3 months

- c) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

- Provide the citation for this training requirement.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-895-14, 17-895-20, 17-895-23, 17-895-28, 17-895-29, 17-895-30;
2. 17-892.1-20, 17-892.1-23, 17-892.1-28;
3. 17-892.1-20, 17-892.1-23, 17-892.1-29, 17-892.1-30;
4. 17-896-19, 17-896-22, 17-896-27, 17-896-28;

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation for this training requirement.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-15, 17-891.2-41, 17-891.2-42;
2. 17-895-14, 17-895-45, 17-895-46;

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

3. Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-23, 17-892.1-23, 17-895-23, 17-896-22;

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

4. Prevention and response to emergencies due to food and allergic reactions

- Provide the citation for this training requirement.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-6, 17-892.1-6, 17-895-6, 17-896-6;
2. 17-891.2-13;
3. 17-891.2-21, 17-892.1-21, 17-895-21, 17-896-20;
4. 17-891.2-25, 17-892.1-26, 17-895-25 and 17-896-24;

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation for this training requirement.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-32, 17-892.1-33, 17-895-35, 17-896-31;

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

- Provide the citation for this training requirement.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-13, 17-892.1-13, 17-895-12, 17-896-13;

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

- 
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event
- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
    1. 17-891.2-30, 17-892.1-31, 17-895-33, 17-896-29;
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☒ Yes  
☐ No
8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
    1. 17-891.2-31, 17-895-32;
    2. 17-891.2-36, 17-892.1-36, 17-895-32, 17-896-35;
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☒ Yes  
☐ No
9. Appropriate precautions in transporting children (if applicable)
- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
    1. 17-891.2-12, 17-892.1-12, 17-895-11, 17-896-12;
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☒ Yes  
☐ No
10. Pediatric first aid and CPR certification
- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
    1. 17-891.2-22, 17-892.1-22, 17-895-22, 17-896-21;
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☒ Yes

☐ No

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement.  
**Chapter 350, Hawaii Revised Statutes**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☒ Yes  
☐ No

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement.  
**Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:**  
1. 17-891.2-13, 17-892.1-13, 17-895-12, 17-896-13;
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☒ Yes  
☐ No

13. Describe other requirements

- Provide the citation for other training requirements.  
**Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:**  
1. 17-891.2-17, 17-892.1-17, 17-895-16, 17-896-16;
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☒ Yes  
☐ No

**Ongoing Training Requirements**

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

- a) Licensed child care centers: **16 hours**
- b) Licensed FCC homes: **16 hours**
- c) In-home care: **8 hours**
- d) Variations for exempt provider settings: **8 hours for exempt center-based; relative care providers are exempt from the on-going training requirement.**

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)

- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-895-14, 17-895-20, 17-895-23, 17-895-28, 17-895-29, 17-895-30;
  2. 17-892.1-20, 17-892.1-23, 17-892.1-28;
  3. 17-892.1-20, 17-892.1-23, 17-892.1-29, 17-89231-30;
  4. 17-896-19, 17-896-22, 17-896-27, 17-896-28;

- How often does the state/territory require that this training topic be completed?

☐ ☐ Annually.

☐ ☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

Prevention and control of infectious diseases (including immunizations) falls within the "health and safety" topic area.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation for this training requirement.



Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-15, 17-891.2-41, 17-891.2-42;
2. 17-895-14, 17-895-45, 17-895-46;

- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

Prevention and control of infectious diseases (including immunizations) falls within the "health and safety" topic area.

### 3. Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-23, 17-892.1-23, 17-895-23, 17-896-22

- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

Prevention and control of infectious diseases (including immunizations) falls within the “health and safety” topic area.

#### 4. Prevention and response to emergencies due to food and allergic reactions

- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-891.2-6, 17-892.1-6, 17-895-6, 17-896-6;
  2. 17-891.2-13;
  3. 17-891.2-21, 17-892.1-21, 17-895-21, 17-896-20;
  4. 17-891.2-25, 17-892.1-26, 17-895-25 and 17-896-24;

- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

Prevention and control of infectious diseases (including immunizations) falls within the “health and safety” topic area.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-891.2-32, 17-892.1-33, 17-895-35, 18-896-31
- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

Prevention and control of infectious diseases (including immunizations) falls within the "health and safety" topic area.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-891.2-13, 17-892.1-13, 17-895-12, 17-896-13;
- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

Prevention and control of infectious diseases (including immunizations) falls within the “health and safety” topic area.

#### 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-891.2-30, 17-892.1-31, 17-895-33, 17-896-29;
- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

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Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event falls within the “health and safety” topic area

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-891.2-31, 17-895-32;
  2. 17-891.2-36, 17-892.1-36, 17-895-32, 17-896-35;
- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants falls within the “health and safety” topic area.

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-891.2-12, 17-892.1-12, 17-895-11, 17-896-12;
- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

Appropriate precautions in transporting children falls within the “health and safety” topic area.

#### 10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:

1. 17-891.2-22, 17-892.1-22, 17-895-22, 17-896-21;

- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

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Pediatric first aid and CPR certification falls within the “health and safety” topic area

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement.  
Chapter 350, Hawaii Revised Statutes
- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

Recognition and reporting of child abuse and neglect falls within “prevention of child maltreatment and abuse” topic area.

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-891.2-13, 17-892.1-13, 17-895-12, 17-896-13;
- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

Child development falls within “child growth and development” topic area.

13. Describe other requirements.

Transition to a new facility

- Provide the citation for other training requirements.  
Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers:
  1. 17-891.2-17, 17-892.1-17, 17-895-16, 17-896-16;
- How often does the state/territory require that this training topic be completed?

☐ Annually.

☒ Other. Describe

Providers must complete on-going training in at least 2 of 15 topics of health and safety standards to meet the on-going training hours requirement annually. The 15 topics are:

1. Physical care of the young child;
2. Care of the sick child;
3. Child nutrition;
4. Child growth and development;
5. Child 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. First aid and child cardiopulmonary resuscitation;
12. Health and safety;
13. Child care business and program management; or
14. Physical environment; and
15. Safe sleep training (if permitted to care for children less than 1 year of age);

### 5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

#### 5.3.1 Enforcement of licensing and health and safety requirements



Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note – Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements.

Hawai'i Administrative Rules for all licensed and registered providers and exempt center and home providers: 17-891.2, 17-892.1, 17-895.1, 17-896 and 17-798.21. Hawai'i Administrative Rules require that all licensed and registered providers and exempt center and home providers comply with all applicable State and local health and safety requirements, complete health and safety trainings, and are subject to monitoring visits.

### 5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

#### a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

Pre-licensure or pre-registration inspections are conducted by the Department's licensing inspectors for compliance with health, safety, and fire standards prior to issuing a license or registration to operate a licensed or registered child care home or center.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers.

Unannounced annual inspections are conducted by the Department's licensing inspectors for compliance with health and safety for licensed and registered child care centers and homes.

3. Identify the frequency of unannounced inspections:

☒ Once a year

☐ More than once a year. Describe  

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

Pre-licensure or pre-registration inspections are conducted by the Department's licensing inspectors for compliance with health, safety, and fire standards prior to issuing a license or registration to operate a childcare home or center. Unannounced annual inspections, drop-in visits, monitoring visits, and off-year visits are conducted by the Department's licensing inspectors for compliance with health and safety for licensed and registered centers and homes.

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

Hawai'i Administrative Rules 17-892.1-3, 17-892.1-3, 17-895.1-3, 17-896-3

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

Pre-licensure or pre-registration inspections are conducted by the Department's licensing inspectors for compliance with health, safety, and fire standards prior to issuing a license or registration to operate a childcare home or center. Unannounced annual inspections, drop-in visits, monitoring visits, and off-year visits are conducted by the Department's licensing inspectors for compliance with health and safety for licensed and registered child care centers and homes.

2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF family child care providers.

Unannounced annual inspections are conducted by the Department's licensing inspectors for compliance with health and safety for licensed and registered centers and homes.

3. Identify the frequency of unannounced inspections:

☒ Once a year

☐ More than once a year. Describe  

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

Pre-licensure or pre-registration inspections are conducted by the Department's licensing inspectors for compliance with health, safety, and fire standards prior to issuing a license or registration to operate a childcare home or center. Annual, unannounced inspections, drop-in visits, monitoring visits and off-year visits are conducted by the Department's

licensing inspectors for compliance with health and safety for licensed and registered homes and centers.

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

Hawai'i Administrative Rules 17-891.2-3, 17-892.1-3, 17-895-3, 17-896-3

- c) Licensed in-home CCDF child care

☒ N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to

1. Describe your state/territory's requirements for pre-licensure inspections of licensed in-home child care providers for compliance with health, safety, and fire standards.
2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers.
3. Identify the frequency of unannounced inspections:  
☐ Once a year  
☐ More than once a year. Describe
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.
5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

- d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

Hawai'i Department of Human Services, child care licensing

- 5.3.3 Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Unannounced annual visits are conducted by the Department's licensing inspectors for compliance with health and safety standards for license-exempt center-based providers

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caring for a child whose family receives a subsidy from the Department. Complaint visits are conducted unannounced.

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

Hawaii Administrative Rules 17-800

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Unannounced annual visits are conducted by the Department's licensing inspectors for compliance with health and safety standards for license-exempt center-based providers caring for a child whose family receives a subsidy from the Department. Complaint visits are conducted unannounced.

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

Hawaii Administrative Rules 17-798.21

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used.

Announced annual visits are conducted by the Department's licensing inspectors for compliance with health and safety standards for exempt home-based providers caring for a child whose family receives a child care subsidy in the child's own home. In-home providers who are related to all children in care are exempt from annual monitoring, however, an unannounced complaint visit is conducted for complaints of illegal child care for relative child care providers caring for a child whose family receives a subsidy from the Department.

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

Hawaii Administrative Rules 17-798.21-49

- 5.3.4 The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). The state/territory may determine if exempt relative providers (as described in section (658P(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (98.41(a)). To certify, describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Unannounced annual visits are conducted by the Department's licensing inspectors for compliance with health and safety standards for license-exempt center-based providers caring for a child whose family receives a subsidy from the Department. Complaint visits are conducted unannounced.

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

Hawaii Administrative Rules 17-798.21-49

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Unannounced annual visits are conducted by the Department's licensing inspectors for compliance with health and safety standards for license-exempt center-based providers caring for a child whose family receives a subsidy from the Department. Complaint visits are conducted unannounced.

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

Hawaii Administrative Rules 17-798.21-49

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used.

Announced annual visits are conducted by the Department's licensing inspectors for compliance with health and safety standards for exempt home-based providers caring for a child whose family receives a child care subsidy in the child's own home. In-home providers who are related to all children in care are exempt from annual monitoring, however, a complaint visit is conducted for complaints of illegal child care.

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

Hawaii Administrative Rules 17-798.21-49

#### 5.3.5 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1)).

- a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1)).

The Department has established minimum qualification requirements for individuals hired to be licensing inspectors. These qualification requirements have been approved through the position classification process, which includes approval by the state employees' union and collective bargaining, required for state employee positions.

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Graduation from an accredited 4 year college or university with a bachelor's degree which included a minimum of 12 semester credit hours in courses such as counseling, criminal justice, human services, psychology, social work, social welfare, sociology, or other behavioral sciences, or a bachelor's or master's degree from social working a program of study accredited by the Council on Social Work Education, or a doctoral degree in social work from a college or university accredited by the Western Association of Schools and Colleges, or comparable regional accreditation body.

Six months for the Level II, one and one-half years for Level III, and for level IV, two and one-half years of progressively responsible professional work experience which involved helping individuals and their families find satisfactory ways of identifying their problems, coping with their conditions, and functioning effectively within their environments.

Depending of the employment setting and the kinds of clients served, job duties and responsibilities may vary, although typically the work will include the identification and evaluation of the client's problems and needs; the development of a service or treatment plan, sometimes in tandem with other professionals working within an interdisciplinary team; the initiation and implementation of the service plan, either directly or through the authorization of provider/vendor services; monitoring of services being provided; and evaluation/assessment of the client's progress, with amendments to the service/treatment plan made as appropriate.

Possession of a Master's degree in Social Work from an accredited college or university will be deemed to meet all requirements for the Human Services Professional III, if coursework focused on preparation for direct services work, i.e., helping people in need, rather than, e.g., being concerned primarily with administration or academic research. Practicum experience which focused on helping people in need is also preferred.

The Department provides on-going language access and civil rights training to all Departmental staff, including licensing inspectors, including provision of free interpreter services and not discriminating against persons due to any protected class.

On-going development of training for licensing inspectors related to health and safety requirements, including the Department's licensure and registration requirements. Completed training for licensing inspectors related to health and safety requirements, including the Department's licensure and registration requirements and appropriate to the different ages of children in care and care types.

The Hawai'i Department of Human Services obtained statutory authority to subject legally exempt child care providers caring for CCDF subsidy children to minimum health and safety requirements, including monitoring inspections.

Procedures and training for health and safety standards and monitoring inspections and complaint investigations of legally exempt child care providers caring for children whose families are receiving CCDF subsidies have been developed. Licensing inspectors received training to conduct monitoring inspections and complaint investigations of legally exempt child care providers caring for children whose families are receiving CCDF subsidies.

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

All newly hired child care licensing inspectors complete the training for licensing inspector modules provided by the Staff Development Office within the Department's

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Benefit, Employment and Support Services Division. All existing child care licensing inspectors completed the training for licensing inspector modules in the latter half of 2017.

5.3.6 The States and Territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e., number of providers per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Procedures and training for health and safety standards and monitoring inspections and complaint investigations of legally exempt child care providers caring for children whose families are receiving CCDF subsidies have been developed. Licensing inspectors received training to conduct monitoring inspections and complaint investigations of legally exempt child care providers caring for children whose families are receiving CCDF subsidies.

Operational practices have been established that licensing inspectors' positions are maintained and vacancies filled as soon as allowable at a sufficient level to enable the Department to conduct inspections of licensed and registered child care homes and facilities on a timely basis in accordance with State requirements.

DHS conducted a survey of the caseloads that other states are using for their licensed and registered child care providers and compared it with the national best practice recommendations.

DHS conducted an analysis of the number of 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. DHS considered regional variations and driving distances, to enable the State to conduct inspections of such child care providers and facilities on a timely basis.

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

1:48 provider is the average inspector caseload.

5.3.7 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?



☐ Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.  

☒ Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

Complaint investigation visits may be conducted for illegal child care or allegations of violations of minimum health and safety requirements for legally exempt providers caring for only related children whose families receive subsidies. Exempt relative providers are the child's aunt, uncle, grandparent, great-grandparent, and adult sibling living in a separate residence.

☐ No, relatives are not exempt from inspection requirements.

## 5.4 Criminal Background Checks

5.4.1 In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care providers that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);
2. Sex offender registry or repository check in the current state of residency (in-state);
3. Child abuse and neglect registry and database check in the current state of residency (in-state);



4. FBI fingerprint check (national);
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional (inter-state);
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).

#### **Milestone Prerequisites for Time-Limited Waivers**

By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):

- The national FBI fingerprint check; and,
- The three in-state background check provisions for the current state of residency:
  - state criminal registry or repository using fingerprints;
  - state sex offender registry or repository check;
  - state-based child abuse and neglect registry and database .

All four components are required in order for the milestone to be considered met.

If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

<b>Background Check Components</b>	<b>If milestone is met, time-limited waiver allowed for:</b>
1) In-state criminal w/fingerprints	Conducting background checks on backlog of current (existing) staff only
2) In-state sex offender registry	
3) In-state state-based child abuse and neglect registry	
4) FBI fingerprint check	
5) NCIC National Sex Offender Registry (NSOR)	Establishing requirements and procedures AND/OR
6) Inter-state state criminal registry	Conducting background checks on all new (prospective) child care staff
7) Inter-state state sex offender registry	AND/OR

8) Inter-state child abuse and neglect registry	Conducting background checks on backlog of current (existing) staff
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States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

#### Overview of Background Check Implementation deadlines

- implementation (658H(j)(1) of CCDBG Act): Original deadline for September 30, 2017
- extension deadline (658H(j)(2) of CCDBG Act): Initial one-year September 30, 2018
- deadline (45 CFR 98.19(b)(1)(i)): One-year waiver September 30, 2019
- deadline (45 CFR 98.19(b)(1)(ii)): Waiver renewal September 30, 2020

Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.

- a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

The Hawai'i Department of Human Services conducts background checks, including a Hawai'i child abuse and neglect registry check, national sex offender public website registry check, state sex offender registry check, fingerprint-based check through the Federal Bureau of Investigation (FBI), fingerprint-based check with Hawai'i's state criminal repository, and a Hawai'i adult abuse perpetrator registry check.

- Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).  
Hawai'i Administrative Rules for background checks apply to all licensed and registered providers, including employees who care for children or have unsupervised access to children and adult household members.
- Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

Hawai'i Administrative Rules for background checks apply to exempt child care providers caring for children whose families are receiving subsidies, including employees or persons who provide care and adult household members living in the exempt provider's home. Household members and exempt child care providers who are related to all children in care when they are the aunt, uncle, grandparent, great-grandparent, or adult sibling living in a separate residence are not required to complete fingerprint-based federal and state criminal record background checks and NCIC NSOR checks; all other background checks apply.

- iii. Has the search of the state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

☒ Yes.

☐ No. Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement.  Describe the status of conducting the search of the state criminal registry or repository, with the use of fingerprints for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

- iv. List the citation:

Hawai'i Administrative Rules 17-891.2-3, 17-892.1-3, 17-895-3, 17-896-3, and 17-798.21-49

- b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides.

The Hawai'i Department of Human Services conducts a state sex offender registry check through the Hawai'i criminal repository's database, as well as a national sex offender public website registry check at initial hire and annually thereafter.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).  
Hawai'i Administrative Rules for background checks apply to all licensed and registered providers.
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

Hawai'i Administrative Rules for background checks apply to exempt child care providers caring for children whose families are receiving subsidies, including employees or persons who provide care and adult household members living in the exempt provider's home. Household members and exempt child care providers who are related to all children in care when they are the aunt, uncle, grandparent, great-grandparent, or adult sibling living in a separate residence are not required to complete fingerprint-based federal and state criminal record background checks and NCIC NSOR checks; all other background checks apply.

- iii. Has the search of the state sex offender registry or repository been conducted for all current (existing) child care staff?
- ☒ Yes
- ☐ No. Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement.  Describe the status of conducting the search of the state sex offender registry or repository for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

- iv. List the citation:

Hawai'i Administrative Rules 17-891.2-3, 17-892.1-3, 17-895-3, 17-896-3, and 17-798.21-49

- c) Briefly summarize the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in the state where the staff member resides.

The Hawai'i Department of Human Services conducts a Hawai'i child abuse and neglect registry check at initial hire and annually thereafter through the Department's Child Welfare Services registry database.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). Hawai'i Administrative Rules for background checks apply to all licensed and registered providers.
- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

Hawai'i Administrative Rules for background checks apply to exempt child care providers caring for children whose families are receiving subsidies, including employees or persons who provide care and adult household members living in the exempt provider's home. Household members and exempt child care providers who are related to all children in care when they are the aunt, uncle, grandparent, great-grandparent, or adult sibling living in a separate residence are not required to complete fingerprint-based federal and state criminal record background checks and NCIC NSOR checks; all other background checks apply.

- iii. Has the search of the state-based child abuse and neglect registry and database been conducted for all current (existing) child care staff?

☒ Yes

☐ No. Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement.  Describe the status of conducting the search of the state-based child abuse and neglect registry and database for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

- iv. List the citation:

Hawai'i Administrative Rules 17-891.2-3, 17-892.1-3, 17-895-3, 17-896-3, and 17-798.21-49

- d) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification.

The Hawai'i Department of Human Services conducts a fingerprint-based check through the Federal Bureau of Investigation (FBI)'s database by submitting fingerprint samples via electronic transmission to the FBI, which utilizes the Next Generation Identification requirements.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). Hawai'i Administrative Rules for background checks apply to all licensed and registered providers.

- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

Hawai'i Administrative Rules for background checks apply to exempt child care providers caring for children whose families are receiving subsidies, including employees who provide care and adult household members living in the exempt provider's home. Household members and exempt child care providers who are related to all children in care when they are the aunt, uncle, grandparent, great-grandparent, or adult sibling living in a separate residence are not required to complete fingerprint-based federal and state criminal record background checks and NCIC NSOR checks; all other background checks apply.

- iii. Has the search of the FBI fingerprint check using Next Generation Identification been conducted for all current (existing) child care staff?

☒ Yes

☐ No. Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement.  Describe the status of conducting the FBI fingerprint check using Next Generation Identification for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

- iv. List the citation:

Hawai'i Administrative Rules 17-891.2-3, 17-892.1-3, 17-895-3, 17-896-3, and 17-798.21-49

- e) Describe the status of the requirements, policies and procedures for the search of the NCIC's National Sex Offender Registry.

☐ Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the search of the NCIC's NSOR check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).
- iii. List the citation:

☒ In progress. Check here to indicate request for time-limited waiver for this requirement ☒ and enter the expected date of full implementation of this requirement. 9/30/2019. Describe the status of implementation of requirements, policies and procedures for the NCIC's National Sex Offender Registry. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

1. Efforts to date for this requirement are:

- A. The Department has been in on-going discussion with the Hawai'i Criminal Justice Data Center, the state criminal repository agency regarding the requirements of CCDF to discuss strategies for compliance with the CCDF requirements and leveraging any available services from the Hawai'i Criminal Justice Data Center; and
- B. The Department is working with the Hawai'i Criminal Justice Data Center to obtain access to NCIC NSOR database by the end of calendar year 2018.

2. Key activities planned for implementation are:

- A. The Department will develop policies and procedures for those individuals that are required to be re-fingerprinted when the date of the last fingerprint submission exceeds 5 years, if before December 4, 2016;
- B. The Department will be working with child care licensing offices statewide to ensure that the data in the licensing database is accurate to reflect the correct date of when staff and caregivers have completed their fingerprint check. On and after December 4, 2016, all caregivers and staff that have been fingerprinted have their fingerprints retained by the Hawai'i Criminal Justice Data Center and will be enrolled in the state and federal RapBack subscription program;
- C. Once RapBack will be available to the Department, the Department will work with the Hawai'i Criminal Justice Data Center to ensure that all active staff and caregivers will be enrolled for subscription services to the RapBack Program, which will alert the department when an individual has a new sex offender record added from the NCIC NSOR database as well as new arrests reported to the state or FBI criminal databases. Individuals who are exempt from the NCIC NSOR check are exempt child care providers and household members of the exempt provider's home who are related to all children in care when they are the aunt, uncle, grandparent, great-grandparent, or adult sibling living in a separate residence.

3. Challenges to implement this requirement are:
- A. Needing to rely on partnership with a different agency which retains the authority and access to the NCIC NSOR database and that the agency shall ensure that the data system modification needed will occur in the needed timeframe; and
  - B. Uncertainty as to whether additional fees will be imposed for the RapBack services for criminal arrests from state or FBI criminal databases or the NCIC NSOR database in the future in order to maintain the sustainability for the state and FBI agencies that maintain their criminal records databases due to the increased usage from the CCDBG background check requirements.
4. Key strategies used to address the challenges:
- A. Building strong relationship with the Hawai'i Criminal Justice Data Center state criminal repository agency and maintaining on-going communication for the status of the data system modification is on-track and discussing any questions about the Department's access to criminal records information; and
  - B. On-going discussions with Hawai'i Criminal Justice Data Center about possible services that can be leveraged by the Department to assist in meeting the requirement of CCDF.
- f) Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.
- ☐ Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state criminal registry check on all new and existing child care staff.
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
  - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).
  - iii. List the citation:
- ☒ In progress. Check here to indicate request for time-limited waiver for this requirement ☒ and enter the expected date of full implementation of this requirement. 9/30/2019. Describe the status of implementation of requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states. At a minimum, the description



should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

1. Efforts to date for this requirement are:

- A. In September 2016, the Department revised its consent form to conduct background clearance checks for prospective and existing licensed, regulated and registered providers and caregivers to require the individual to identify all of the states that the individual has lived in during the preceding 5 years; and
- B. The Department's child care licensing units were instructed to track the number of providers who have lived outside of the state of Hawaii and the states they have lived in, in the preceding 5 years of the background check.

2. Key activities planned for implementation are:

- A. Reviewing best practices and lessons learned from other states that have implemented the out-of-state criminal record checks and the information that Office of Child Care provided regarding each state's requirements to request results of the background checks;
- B. Developing policies and procedures for child care licensing inspectors to request and obtain out-of-state criminal records; and
- C. Providing training to child care licensing staff about the policies and procedures for requesting and obtaining out-of-state criminal records;

3. Challenges to implement this requirement are:

- A. Analyzing and developing procedures as to what the state will do if all of the background checks are not completed within the 45 days of receipt of request to conduct the background checks;
- B. The complex process involved to determine each state's different requirements to request a background check and receive results from the state to complete the background check requirements within 45 days of receipt of request to conduct the background checks;
- C. Developing procedures as to what to do if the other state is a "closed" state and will not provide results of a background check to Hawai'i to determine whether the person is suitable to provide care to children; and

4. Strategies used to address the challenges: Hawai'i will consider whether contracting for services from outside agencies may need to be procured to assist the licensing units with requesting out-of-state background checks.

g) Describe the status of the requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years.

☐ Fully implemented for all required child care providers (all licensed, regulated or registered; and all (prospective and existing) child care providers eligible to provide care for children receiving CCDF assistance). This means that the State/Territory has

requirements and procedures in effect, and has conducted the inter-state sex offender registry check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). [REDACTED]
- ii. Describe how these requirements, policies and procedures apply to all providers eligible to care for children receiving CCDF, in accordance with 98.43 and 98.16(o). [REDACTED]
- iii. List the citation: [REDACTED]

☒ In progress. Check here to indicate request for time-limited waiver for this requirement ☒ and enter the expected date of full implementation of this requirement. 9/30/2019 Describe the status of implementation of requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

1. Efforts to date for this requirement are:

- A. In September 2016, the Department revised its consent form to conduct background clearance checks for prospective and existing licensed, regulated and registered providers and caregivers to require the individual to identify all of the states that the individual has lived in during the preceding 5 years; and
- B. The Department's child care licensing units were instructed to track the number of providers who have lived outside of the state of Hawaii and the states they have lived in, in the preceding 5 years of the background check.

2. Key activities planned for implementation are:

- A. Reviewing best practices and lessons learned from other states that have implemented the out-of-state criminal record checks and the information that Office of Child Care provided regarding each state's requirements to request results of the background checks;
- B. Developing policies and procedures for child care licensing inspectors to request and obtain out-of-state criminal records; and
- C. Providing training to child care licensing staff about the policies and procedures for requesting and obtaining out-of-state criminal records;

3. Challenges to implement this requirement are:

- A. Analyzing and developing procedures as to what the state will do if all of the background checks are not completed within the 45 days of receipt of request to conduct the background checks;
- B. The complex process involved to determine each state's different requirements to request a background check and receive results from the state to complete

the background check requirements within 45 days of receipt of request to conduct the background checks;

- C. Developing procedures as to what to do if the other state is a “closed” state and will not provide results of a background check to Hawai‘i to determine whether the person is suitable to provide care to children; and

4. Strategies used to address the challenges: Hawai‘i will consider whether contracting for services from outside agencies may need to be procured to assist the licensing units with requesting out-of-state background checks.

- h) Describe the status of the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.

☐ Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).
- iii. List the citation:

☒ In progress. Check here to indicate request for time-limited waiver for this requirement ☒ and enter the expected date of full implementation of this requirement. 9/30/2019 Describe the status of implementation of requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

1. Efforts to date for this requirement are:

- A. In September 2016, the Department revised its consent form to conduct background clearance checks for prospective and existing licensed, regulated and registered providers and caregivers to require the individual to identify all of the states that the individual has lived in during the preceding 5 years; and
- B. The Department’s child care licensing units were instructed to track the number of providers who have lived outside of the state of Hawaii and the states they have lived in, in the preceding 5 years of the background check.

2. Key activities planned for implementation are:
  - A. Reviewing best practices and lessons learned from other states that have implemented the out-of-state child abuse neglect registry checks and the information that Office of Child Care provided regarding each state's requirements to request results of the background checks;
  - B. Developing policies and procedures for child care licensing inspectors to request and obtain out-of-state child abuse neglect registry checks; and
  - C. Providing training to child care licensing staff about the policies and procedures for requesting and obtaining out-of-state child abuse neglect registry checks;
3. Challenges to implement this requirement are:
  - A. Analyzing and developing procedures as to what the state will do if all of the background checks are not completed within the 45 days of receipt of request to conduct the background checks;
  - B. The complex process involved to determine each state's different requirements to request a background check and receive results from the state to complete the child abuse neglect registry check requirement within 45 days of receipt of request to conduct the background checks;
  - C. Developing procedures as to what to do if the other state is a "closed" state and will not provide results of a child abuse neglect registry check to Hawai'i to determine whether the person is suitable to provide care to children; and
4. Strategies used to address the challenges: Hawai'i will consider whether contracting for services from outside agencies may need to be procured to assist the licensing units with requesting out-of-state child abuse neglect registry checks.

5.4.2 A child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective child care staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care staff member may begin to work on a provisional basis for a child care provider after completing either a Federal Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However, the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?

☐ No.

☒ Yes. Describe:

The Hawaii Administrative Rules 17-891.2-3, 17-892.1-3, 17-895-3, 17-896-3, and 17-798.21-49 allow prospective staff members to begin work on a provisional basis if supervised at all times after completing and clearing the state and FBI fingerprint check.

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- 5.4.4 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.
- 5.4.5 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

The Department's Child Welfare Services Branch staff respond to request for child abuse and neglect registry checks from other states for provisions of the Adam Walsh Act. The Department's Child Welfare Services Branch staff currently complete all requests for child abuse neglect registry checks within 2-14 days of the receipt of the request. The Department will continue to consider its administrative resources needed to conduct and provide responses to requests for child abuse and neglect registry checks from other states for provisions of the Child Care and Development Block Grant (CCDBG) Act of 2014 for childcare providers. The CCDF agency will work with the Child Welfare Services Branch to ensure that the child welfare agency has sufficient staffing and resources to meet the requirements of CCDBG. If additional staffing will be needed, the Department would need to submit to the Legislature the request for funding and establishment of positions.

The Hawai'i Criminal Justice Data Center (HCJDC) staff who are under the Department of the Attorney General, are responsible to respond to requests for state criminal repository checks from other states. Since Hawai'i participates in the National Fingerprint File (NFF) Program, the HCJDC has not seen a significant increase in inquiries received for the provisions of the Child Care and Development Block Grant (CCDBG) Act of 2014 for child care providers. The HCJDC usually responds to all criminal history record check requests, whether name-based or fingerprint-based within three (3) business days. For HCJDC, name-based requests have a fee of \$30 and fingerprint-based requests have a fee of \$35. The Hawai'i Department of Human Services will work with HCJDC to ensure that the HCJDC agency has sufficient staffing and resources to meet the requirements of CCDBG. If additional staffing is needed, the HCJDC would need to submit to the Legislature the request for funding and establishment of positions.

- 5.4.6 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping,

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arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

*Note:* The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

5.4.7 Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(h)?

- ☐ No.
- ☐ Yes. Describe:

The Department has established other disqualifying crimes, including all felony convictions, for a period of 5 years from the date of conviction. Also, the Department may assess on a case-by-case basis any background history, including convictions for other crimes not specifically listed in 5.3., to consider the suitability of an individual in which the Department may consider the nature of the incident, when the incident occurred, patterns of behavior which are considered reckless or negligent and resulted in or could have resulted in an injury to the person or others, and evidence of rehabilitation.

5.4.8 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2–4)).

The Department has established a process for a child care provider or staff member to appeal the results of their background check to challenge the accuracy and completeness. If the staff member is ineligible, the Department will provide information about each disqualifying crime to the staff member.

For child care centers, the Department provides the results of the background check in a statement that indicates whether the staff member is suitable or not suitable without revealing the specific disqualifying information.

5.4.9 The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost

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of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The Department charges a nominal fee for processing FBI fingerprint checks of \$12.00 which is the cost of the fee charged by the FBI. The fee is assessed to the individual needing background checks, including the FBI fingerprint check. This fee is assessed to the Department by the State's criminal justice data agency processing the fingerprint samples on behalf FBI. There are no other fees that are associated with the remaining background checks completed by the Department that are passed on to the individual.

- 5.4.10 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from background checks?

- ☐ No, relatives are not exempt from background check requirements.
- ☐ Yes, relatives are exempt from *all* background check requirements.
- ☒ Yes, relatives are exempt from *some* background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

Household members and exempt child care providers who are related to all children in care when they are the aunt, uncle, grandparent, great-grandparent, or adult sibling living in a separate residence are not required to complete fingerprint-based federal and state criminal record background checks and NCIC NSOR checks; all other background checks apply

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages,



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English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

## 6.1 Professional Development Framework

6.1.1 Describe how the state/territory developed its training and professional development Each State or Territory must describe their professional development framework for training, professional development, and post-secondary education, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework. Describe how the state/territory's framework for training and professional development addresses the following required elements:

- State/territory professional standards and competencies. Describe:  
The Department's Child Care Provider Registry contractor utilizes the standards and competencies developed by the community-based collaborative workgroup of 27 agencies, organizations and State Departments, which can be found at <http://www.patchhawaii.org/assets/content/providers/center/careers/ASK-Booklet.pdf?1416515464>.  
  
The competencies define what all staff in all early childhood roles and setting are required to know and be able to do.
- Career pathways. Describe:  
The Department has a career lattice and framework that is in alignment with the requirements for staff at licensed center-based child care facilities and can be found at <http://www.patchhawaii.org/assets/content/providers/center/careers/Framework.pdf?1416509744>.  
  
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 Hawai'i. 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 and Scholarship contracted services for continuing education in the early childhood workforce.
- Advisory structure. Describe:



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The Hawai'i Department of Human Services convenes quarterly the Child Care Advisory Committee with 20 voting members statewide from a variety of early childhood stakeholders, including: a statewide child care center director's group; an association for independent schools; the Head Start Association; the statewide Child Care Resource and Referral agency; a Kauai island representative; a Family Child Care provider; a Hawaii island representative; a parent representative; the Tribal/Native Hawaiian CCDF agency; a faith-based representative; the Hawaii Association for the Education of Young Children; the Department of Health; a multi-site child care center organization group; a Maui County representative; a school-aged care representative; the non-TANF child care subsidy case management agency; the University of Hawaii, Center on the Family; the Department of Education; the University of Hawaii Community Colleges; and an early childhood advocacy group.

Additionally, other early childhood stakeholders are invited to attend the Child Care Advisory Committee meetings and participate in the discussions. The Department has had discussions with the Child Care Advisory Committee members and early childhood stakeholder attendees regarding workforce development issues. The Department will continue to work with the Department's Child Care Advisory Committee to discuss on an on-going basis and possible workgroup to review and improve upon the Professional Development requirements.

- **Articulation. Describe:**  
Articulation agreements are in place across and within institutions of higher education within Hawai'i. 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.
- **Workforce information. Describe:**  
The Department has standardized the evaluation of staff qualifications for education and experience through a statewide contracted service for the Department's Child Care Provider Registry. Staff employed at licensed infant and toddler centers, group child care centers, and group child care homes are required to submit their education and experience qualifications to the registry service to determine which position(s) the individual is qualified to fill at a licensed infant and toddler center, group child care center, or group child care home. Registered family child care home operators and legally exempt child care providers caring for children whose families are receiving CCDF subsidies are not required to participate in the Child Care Provider Registry.
- **Financing. Describe:** \_\_\_\_\_

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

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☐ Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:  

☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework.

Describe:

The Hawai'i Department of Human Services convenes quarterly the Child Care Advisory Committee with 20 voting members statewide from a variety of early childhood stakeholders, including: a statewide child care center director's group; an association for independent schools; the Head Start Association; the statewide Child Care Resource and Referral agency; a Kauai island representative; a Family Child Care provider; a Hawaii island representative; a parent representative; the Tribal/Native Hawaiian CCDF agency; a faith-based representative; the Hawaii Association for the Education of Young Children; the Department of Health; a multi-site child care center organization group; a Maui County representative; a school-aged care representative; the non-TANF child care subsidy case management agency; the University of Hawaii, Center on the Family; the Department of Education; the University of Hawaii Community Colleges; and an early childhood advocacy group.

Additionally, other early childhood stakeholders are invited to attend the Child Care Advisory Committee meetings and participate in the discussions. The Department has had discussions with the Child Care Advisory Committee members and early childhood stakeholder attendees, including higher education and providers of community-based trainings, regarding in aligning training and professional development opportunities.

Other. Describe:  

- 6.1.2 Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Hawai'i Department of Human Services convenes quarterly the Child Care Advisory Committee with 20 voting members statewide from a variety of early childhood stakeholders, including: a statewide child care center director's group; an association for independent schools; the Head Start Association; the statewide Child Care Resource and Referral agency; a Kauai island representative; a Family Child Care provider; a Hawaii island representative; a parent representative; the Tribal/Native Hawaiian CCDF agency; a faith-based representative; the Hawaii Association for the Education of Young Children; the Department of Health; a multi-site child care center organization group; a Maui County representative; a school-aged care representative; the non-TANF child care subsidy case management agency; the University of Hawaii, Center on the Family; the Department of Education; the University of Hawaii Community Colleges; and an early childhood advocacy group.

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Additionally, other early childhood stakeholders are invited to attend the Child Care Advisory Committee meetings and participate in the discussions. The Department has had discussions with the Child Care Advisory Committee members and early childhood stakeholder attendees, including higher education and providers of community-based trainings, regarding in aligning training and professional development opportunities.

- 6.1.3 Identify how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.

☒ Financial assistance to attain credentials and post-secondary degrees. Describe:

The Hawai'i Department of Human Services offers scholarships to child care providers and staff working with children and pursuing post-secondary degrees through the contracted Training and Scholarships services.

☐ Financial incentives linked to educational attainment and retention. Describe: \_\_\_\_\_

☐ Financial incentives and compensation improvements. Describe: \_\_\_\_\_

☐ Registered apprenticeship programs. Describe: \_\_\_\_\_

☐ Outreach to high school (including career and technical) students. Describe: \_\_\_\_\_

☐ Policies for paid sick leave. Describe: \_\_\_\_\_

☐ Policies for paid annual leave. Describe: \_\_\_\_\_

☐ Policies for health care benefits. Describe: \_\_\_\_\_

☐ Policies for retirement benefits. Describe: \_\_\_\_\_

☐ Support for providers' mental health, such as training in reflective practices and stress-reduction techniques and health and mental health consultation services. Describe: \_\_\_\_\_

☐ Other. Describe: \_\_\_\_\_

## 6.2 Training and Professional Development Requirements

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing requirements designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

- 6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as

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described in section 2) in the training and professional development requirements (98.44(b)(2)(ii)).

The agency that Hawai'i contracts with for training services offers an online infant and toddler trainings that addresses social-emotional development and early childhood mental health, including strategies to reducing challenging behaviors. Additional training series addresses strategies to reducing challenging behaviors in preschool-age children and promoting nurturing positive behaviors and building positive relationships with children and their families. The Hawai'i Department of Human Services through a contract partners with Department of Health, Children with Special Health Needs Branch, the University of Hawaii John A. Burns School of Medicine, Department of Pediatrics, the American Academy of Pediatrics- Hawai'i Chapter, on the Healthy Child Care Hawaii collaborative project. The Healthy Child Care Hawaii project partners are working to develop 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 will be four areas that will be 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 child care 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
4. 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.

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 C agency) for those children birth – 3 years old; and through Department of Education's Preschool Special Education (IDEA Part B, 619) for those 3-5 years old. The use of valid screening and assessment procedures to identify concerns and delays is an essential part of child's development.

- 6.2.2 Describe how the state/territory's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

The Department also contracts for services to provide training services to promote on-going professional development opportunities to support quality child care settings to early childhood practitioners, including providers supported through tribal organizations and the statewide

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Hawaiian medium early learning provider and its employees, for a nominal cost that covers 12 separate series and 93 classes. 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 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 Training 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.

- 6.2.3 Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)).

The contracted agency for the Training services is required to provide interpreter services and reasonable accommodations for attendees of 12 separate training series and 93 classes provided through the contract, including the series for those interested in becoming registered family child care providers.

- 6.2.4 If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages.

The State has the ability to have translation/interpretation in primary and secondary languages at no cost to the individual. The Department does not limit the languages that interpreter services can be provided by the contracted agency for the Training services provided on behalf of the Department. The contractor must provide interpreter services upon request in all primary and secondary languages.

- 6.2.5 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii-iv)).

The Department contracts for community-based training services for a nominal cost that covers 12 separate series and 93 classes addressing the on-going professional development needs of the early childhood sector. The trainings include information about research and best practices in child development, including social emotional development, cognitive development, physical health and development, and meaningful parent and family engagement.

1. Various methodologies of training are available: online training, in- person training, and live-webinar training. This is to ensure that best practice is being met and the quality of the child care workforce increases. Continuing training provides opportunities to the child care workforce by keeping them abreast of the latest research and allows them to be more responsive to child development, program management and professionalism.
2. The training is available to any employee of licensed child care facilities, including Hawaiian medium early learning and care employees, or registered family child care provider, or potential applicant to become a registered family child care provider.
3. The contracted agency is required to provide interpreter services for attendees of trainings provided through the contract.
4. Community-based trainings provided through the Department's contracted training services address a range of ages in care from birth to school age. Trainings also address cultural diversity and family partnerships for child care providers.
5. A training series focus on an inclusive environment in early childhood settings for special needs children. Some of the areas addressed in the classes are the importance of building family partnerships, cultural awareness and effective communication, strategies for building tolerance and acceptance, exploring attitudes towards inclusion.

6.2.6 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c)(3)(B)(i)).

- a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The Hawai'i Department of Human Services will be partnering with the Governor's Coordinator on Homelessness and the Department's Homeless Programs Office to focus on increasing outreach to the numerous community organizations who are serving homeless families across the State through the Continuum of Care. The Department will focus on strategies to improve training and technical assistance for outreach to partner agencies in obtaining information about the availability of Department's child care services, including the child care subsidy program and the child care resource and referral services, so that the community providers are helping the families access these services that are essential to supporting homeless families with young children find and maintain stable employment or secure vocational training or educational opportunities in order for the families to maintain and increase their economic self-sufficiency and to be able to secure and maintain permanent housing for themselves.

- b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2).

The Hawai'i Department of Human Services will be partnering with the Governor's Coordinator on Homelessness and the Department's Homeless Programs Office to focus on increasing outreach to the numerous community organizations who are serving homeless families across the State through the Continuum of Care. The Department will focus on strategies to improve training and technical assistance for outreach to partner

agencies in obtaining information about the availability of Department's child care services, including the child care subsidy program and the child care resource and referral services, so that the community providers are helping the families access these services that are essential to supporting homeless families with young children find and maintain stable employment or secure vocational training or educational opportunities in order for the families to maintain and increase their economic self-sufficiency and to be able to secure and maintain permanent housing for themselves.

- 6.2.7 The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

- ☐ Issue policy change notices
- ☐ Issue new policy manual
- ☒ Staff training
- ☐ Orientations
- ☐ Onsite training
- ☐ Online training
- ☐ Regular check-ins to monitor the implementation of CCDF policies
- ☐ The type of check-ins, including the frequency. Describe: \_\_\_\_\_
- ☐ Other. Describe: \_\_\_\_\_

- 6.2.8 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16(z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

- a) Identify the strategies that the state/territory is developing and implementing for training and TA.

The Department contracts with an agency that provides training to child care providers. This agency offers several courses in business practices for the Family Child Care provider. Some of the areas addressed by these business courses are budgeting, record keeping, marketing and parent-provider communication. Since the fall of 2015, the agency began to offer courses in business practice for the Group Child Care Providers. Some of the areas addressed by these courses are the fundamentals of early childhood education and care, staff qualifications and professional development, diversity and inclusive settings and families, child care centers and community partnerships.

- b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- ☐ Fiscal management
- ☒ Budgeting
- ☒ Recordkeeping
- ☐ Hiring, developing, and retaining qualified staff



- ☐ Risk management
- ☒ Community relationships
- ☒ Marketing and public relations
- ☒ Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ☐ Other. Describe:

### 6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. *Note:* States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

- a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry.

Hawai'i's early learning and developmental guidelines was established in 2012. A workgroup of higher education early childhood stakeholders will be reviewing the Hawai'i Early Learning and Development Standards starting in the fall of 2018 for possible revisions.

- b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

The current Hawai'i Early Learning and Developmental Standards (HELDS) were endorsed by the Governor and the Early Learning Advisory Board in 2012. A workgroup consisting of members from higher education institutions from the early childhood education faculty in Hawai'i began reviewing the HELDS for revisions and updates in the fall of 2016 for revisions to be finalized and approved by various stakeholder groups. The HELDS span five age groups:

1. Infants (children from birth to 12 months old),
2. Younger Toddlers (children 12-24 months old),
3. Older Toddlers (children 24-36 months old),
4. 3-years old (children 36-48 months old),



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5. 4 years old (children 48 months – Kindergarten entry), with the standards listed for each age range indicating what the child should be able to do by the end of the age range.

The HELDS are grouped by the children's ages; however, the Hawai'i Department of Education standards are grouped by grade. Since some children will turn five prior to attending kindergarten, the HELDS addresses their development.

- c) Check the domain areas included in the state/territory's early learning and developmental guidelines. Check all that apply.

☒ Cognition, including language arts and mathematics

☒ Social development

☒ Emotional development

☒ Physical development

☒ Approaches toward learning

☐ Other. Describe: \_\_\_\_\_

- d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC.

In 2014, Hawaii's public pre-kindergarten (pre-K) program was established for the 2014-2015 school year in 21 classrooms on 19 public elementary school campuses across the state. An additional 5 classrooms on 5 new campuses will be opening in the 2018-2019 school year. The Executive Office on Early Learning, the agency administrative attached to the Department of Education, administers the public pre-K program. The teachers in the public pre-K program have incorporated the HELDS into the public pre-K curricula. The HELDS are vertically aligned with three sets of learning standards for kindergarten children currently being implemented in the Hawaii Department of Education:

1. The Common Core State Standards (CCSS) for English language Arts and Literacy and Mathematics;
2. The Hawaii Content and Performance Standards (HCPS) III in seven content areas (Social Studies, Science, Health, Physical Education, Fine Arts, World Languages, and Career and Technical Education); and
3. General Learner Outcome (GLOs) that have indicators that identify student effort, work habits and behavior;

- e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.
- f) Provide the Web link to the state/territory's early learning and developmental guidelines.

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Department's contractor for the Training services must align the existing training curricula provided through the Department's contracted Training services to reflect the applicable components of the Hawai'i Early Learning and Development Standards (HELDS), which is the early learning guidelines for Hawai'i. Other professional development opportunities, including credit-bearing courses and community-based trainings, align the curricula to the HELDS.

6.3.3 If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Quality CCDF funds are not used to maintain or implement the early learning guidelines in Hawai'i.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

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States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)).

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

## **7.1 Quality Activities Needs Assessment for Child Care Services**

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The University of Hawai'i Center on the Family (COF) conducted a needs assessment, with data collection occurring in the fall of 2016. This study was commissioned by the Hawai'i Children's Action Network (HCAN) with funding from the Samuel N. and Mary Castle Foundation, and was designed in partnership with HCAN and the Executive Office on Early Learning (EOEL).

Per the report, *Hawai'i early learning needs assessment*, DeBaryshe, B.D., Bird, O., Stern, I., & Zysman, D. (2017). Honolulu: University of Hawai'i Center on the Family, the report recommends:

1. Increase the capacity of childcare and preschool programs with a priority on infant-toddler seats and regions

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- A. Increase and diversify funding streams including state, county, business, and philanthropic support.
    - B. Update DHS tuition subsidy rates and develop other solutions to help providers remain in business.
  2. Decrease out-of-pocket costs, especially for low- and moderate-income families, while protecting freedom of choice in selecting care.
    - 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.

**Goal 1: Promoting access to quality and accredited child care for low-income families receiving the CCDF subsidies.**

In state fiscal year 2017, approximately fifty-six (56) percent of Hawaii's children whose families receive CCDF child care subsidies were with legally exempt child care providers. It is not clear whether families are choosing legally exempt child care because that is their preference due to a variety of reasons which can include cultural values or non-traditional work schedules or because of limited slots are available in licensed and registered child care settings. In adjusting the child care payment rates and reducing family co-payments for accredited child care providers, the Hawai'i 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 Hawai'i Department of Human Services analyzes the utilization trends annually to monitor whether or not families shift to accessing accredited licensed and registered child care homes and facilities when their out-of-pocket cost for such care is lowered.

The Department will continue to evaluate the feasibility of implementing technical assistance services to increase the number of child care facilities that complete the accreditation process for both NAEYC and NECPA. The Department currently has a small pilot project to provide facilitation and support for child care homes to complete NAFCC accreditation. The pilot project will look at ways to expand services to the Neighbor

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Islands as well. The Department raised the child care payment rates for group care and NAEYC and NECPA accredited centers. The Department established higher payment rates for family child care homes that are accredited by NAFCC. The Department has decreased family co-payments for all families receiving child care subsidies and waives a portion of the family's co-payment when at least one subsidy child between the ages of birth to kindergarten entry is attending a licensed group care facility. The increased child care payment rates and decreased family co-payments will allow Hawai'i'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 Hawai'i's most vulnerable children.

1. The Hawai'i Department of Human Services provides technical assistance services to increase the number of child care facilities and homes that complete the accreditation process for both NAEYC or NECPA or NAFCC;
2. The Hawai'i Department of Human Services provides a higher child care subsidy amount to families due to increased payment rates and lowered family co-payments;
3. Number of child care referral services provided by child care resource and referral agency;
4. Number of unduplicated persons receiving child care referral services provided by child care resource and referral agency;
5. Number of unduplicated persons finding child care as a result of child referral services provided by child care resource and referral agency;
6. Number of referrals to other types of resources or services needed provided by child care resource and referral agency.

**Goal 2: Ensuring the health, safety, and welfare of children in licensed and registered child care homes and facilities and in legally exempt, non-relative care for children.**

Hawai'i 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 2017, Hawai'i's children were cared for by 818 legally exempt, non-relative child care providers, the majority of which are home-based providers.

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.

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The Department's priority is to ensure the health, safety and well-being of children in care with licensed, registered, and legally exempt providers through on-going monitoring inspections, completion of background checks, and supporting providers in meeting the minimum standards for health and safety for legally exempt providers caring for children whose families are receiving CCDF subsidies as well as for licensed and registered child care providers.

1. Number of licensed and registered child care homes and facilities were provided training services;
2. Number of legally exempt providers caring for children whose families receive CCDF subsidies received health and safety training guidebooks;
3. Number of licensed and registered child care homes and facilities received health and safety training guidebooks;
4. Number of children served by the licensed and registered child care homes and facilities receiving training services;
5. Number of subsidy children served by the legally exempt provider caring for children whose families receive CCDF subsidies;
6. Number of licensed and registered child care homes and facilities receiving health consultation services;
7. Number of licensed and registered child care homes and facilities receiving menu reviews;
8. Number of licensed child care facilities inspected annually;
9. Number of legally exempt providers caring for children whose families receive CCDF subsidies inspected annually;
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 Hawai'i 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;
4. Number of children whose families are receiving CCDF subsidies who attend an accredited child care facility or home.

Existing contracted services provided by the Department are:

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1. Services to provide training and scholarship services to promote on-going professional development opportunities to support quality child care settings to interested persons, including parents and caregivers for a nominal cost that covers 12 separate series and 93 classes. The trainings include information about research and best practices in child development. The contractor and the Department are exploring ways to make community-based child care training more accessible to all child care providers statewide. Hawai'i is made up of 6 primary islands, and there are local community needs and transportation issues. On-line training has been a great help to those providers who reside in areas that are not easily accessible or who lack adequate transportation. Scholarships are provided for post-secondary education coursework to individuals working in the child care sector or not yet entered and pursuing their post-secondary degrees in Early Childhood Education to promote qualified staff and retention of staff through a career pathway.
  2. 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.
  3. Nutrition training and menu review program, which provides community-based nutrition training for licensed and registered child care homes and facilities as well as menu review services for child care programs that are not participating in the Child and Adult Care Food Program (CACFP). As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the nutrition training and menu review program.
  4. The Department contracts for services to provide educational outreach services, technical assistance, and resources to promote quality of care for subsidy families utilizing legally exempt friend, family, and neighbor (FFN) care and their child care providers as well as registered family child care providers. The contractor sends monthly informational packets to home-based child care providers and subsidy families, and the packets provide the providers and families with information about research and best practices in child development. The contractor also provides activity sheets and reflection surveys that can be returned to the contractor and the provider or family will receive children's books to keep. The contractor also posts the newsletters on their website.

Additional services that may be considered by the Department: mental health consultation and technical assistance support services to promote children's social-emotional health, 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 and to develop 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, and other quality improvement opportunities that may arise.

- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

## 7.2 Use of Quality Funds

- 7.2.1 Check the quality improvement activities in which the state/territory is investing.

☒ Supporting the training and professional development of the child care workforce  
If checked, respond to section 7.3 and indicate which funds will be used for this activity.

Check all that apply.

☒ CCDF funds

☐ Other funds

☐ Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

☐ Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

☒ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☐ Other funds

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☐ Other funds

☒ Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☒ Other funds



☐ Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

☒ Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

☒ CCDF funds

☐ Other funds

☐ Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

☐ Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

### **7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds**

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce.

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

☒ Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe:

The Hawai'i Department of Human Services contracts with a service provider to provide 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

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licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the health consultation program and community public health offices.

The Hawai'i Department of Human Services' s contracted service provider provides collaboration with the Department's Child Care Advisory Committee to strengthen health and safety in early childhood care; expand a statewide system of child care health consultants; provide training to pediatric residents and child care licensing workers, with opportunities for teaching early childhood development and health issues to staff and families at child care sites; promote health and safety in child care, and provide information on medical homes and health resources. This provider also conducts a project on early childhood social and emotional (SE) consultation services to selected licensed child care centers. SE consultation may include:

1. Conducting individual child observation within the child care setting;
2. Supporting child care provider with individual child behavior and management within the child care setting;
3. Providing consultations to child care providers;
4. Providing recommendations to child care providers on referrals for health, mental health, or community resources (such as a primary care provider, DOH early intervention services or Hawai'i Department of Human Services of Education special education child care center programs);
5. Providing professional development training sessions on behavior management and supporting positive social and emotion development.

The purpose of the project is to strengthen the capacity of child care programs to support social-emotional and behavioral development for you children under the age of 5 years, by addressing social-emotional and mental health needs, and challenging behaviors in licensed child care centers.

Services to provide training and scholarship services to promote on-going professional development opportunities to support quality child care settings to interested persons, including parents and caregivers for a nominal cost that covers 12 separate series and 93 classes. The trainings include information about research and best practices in child development. The contractor and the Hawai'i Department of Human Services are exploring ways to make community-based child care training more accessible to all child care providers statewide. Hawai'i is made up of 6 primary islands, and there are local community needs and transportation issues. On-line training has been a great help to those providers who reside in areas that are not easily accessible or who lack adequate transportation. Scholarships are provided for post-secondary education coursework to individuals working

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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.

Nutrition training and menu review program, which provides community-based nutrition training for licensed and registered child care homes and facilities as well as menu review services for child care programs that are not participating in the Child and Adult Care Food Program (CACFP). As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the nutrition training and menu review program.

The Department contracts for services to provide educational outreach services, technical assistance, and resources to promote quality of care for subsidy families utilizing legally exempt friend, family, and neighbor (FFN) care and their child care providers as well as registered family child care providers. The contractor sends monthly informational packets to home-based child care providers and subsidy families, and the packets provide the providers and families with information about research and best practices in child development. The contractor also provides activity sheets and reflection surveys that can be returned to the contractor and the provider or family will receive children's books to keep. The contractor also posts the newsletters on their website. The contractor is also developing initial health and safety training guidebook that would be used for all licensed and registered child care homes and facilities as well as legally exempt providers caring for children whose families receive CCDF subsidies.

☒ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age 5 for such behaviors. (See also section 2.5.) Describe:

The Hawai'i Department of Human Services contracts with a service provider to provide 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.

The Hawai'i Department of Human Services's contracted service provider provides collaboration with the Department's Child Care Advisory Committee to strengthen health and safety in early childhood care; expand a statewide system of child care health consultants; provide training to pediatric residents and child care licensing workers, with

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opportunities for teaching early childhood development and health issues to staff and families at child care sites; promote health and safety in child care, and provide information on medical homes and health resources. This provider also conducts a project on early childhood social and emotional (SE) consultation services to selected licensed child care centers. SE consultation may include:

1. Conducting individual child observation within the child care setting;
2. Supporting child care provider with individual child behavior and management within the child care setting;
3. Providing consultations to child care providers;
4. Providing recommendations to child care providers on referrals for health, mental health, or community resources (such as a primary care provider, DOH early intervention services or Hawai'i Department of Human Services of Education special education child care center programs);
5. Providing professional development training sessions on behavior management and supporting positive social and emotion development.

The purpose of the project is to strengthen the capacity of child care programs to support social-emotional and behavioral development for you children under the age of 5 years, by addressing social-emotional and mental health needs, and challenging behaviors in licensed child care centers.

☐ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe: \_\_\_\_\_

☒ Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. Describe:  
Services to provide training and scholarship services to promote on-going professional development opportunities to support quality child care settings to interested persons, including parents and caregivers for a nominal cost that covers 12 separate series and 93 classes. The trainings include information about research and best practices in child development. The contractor and the Hawai'i Department of Human Services are exploring ways to make community-based child care training more accessible to all child care providers statewide. Hawai'i is made up of 6 primary islands, and there are local community needs and transportation issues. On-line training has been a great help to those providers who reside in areas that are not easily accessible or who lack adequate transportation. Scholarships are provided for post-secondary education coursework to individuals working in the child care sector or not yet entered and pursuing their post-secondary degrees in Early Childhood Education to promote qualified staff and retention of staff through a career pathway.

☐ Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: \_\_\_\_\_

☐ Using data to guide program evaluation to ensure continuous improvement. Describe: \_\_\_\_\_

☐ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: \_\_\_\_\_

☐ Caring for and supporting the development of children with disabilities and developmental delays. Describe: \_\_\_\_\_

☒ Supporting the positive development of school-age children. Describe:

The Hawai'i Department of Human Services (DHS) has a contracted service with the Department of Education (DOE) to reimburse DOE for the operational costs of after-school care providers operating at public elementary schools statewide for the children who qualify for the USDA free and reduced lunch program. The DOE operates the after-school care programs directly or contracts with private providers to operate the after-school care programs at 184 public elementary school campuses statewide. During the 2017-2018 school year, the DOE charges \$110 per child per month for the after-school child care program. The Hawai'i Department of Human Services (DHS) has another contracted service with the DOE and a private provider that provides child care services for infants and toddlers of teen parents on-site or near one public high school campus on Hawai'i island.

☐ Other. Describe: \_\_\_\_\_

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply.

☒ Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling

☒ Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities

☐ Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

☐ Other. Describe: \_\_\_\_\_

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Hawai'i Department of Human Service will review and evaluate its operations and contracted service providers' quarterly activity report that provides data on number of individuals served and outcome measures to ensure outcome goals are met.

1. Number of licensed child care facilities inspected annually;
2. Number of legally exempt providers caring for children whose families receive CCDF subsidies inspected annually;
3. Number of background checks completed annually;
4. Number of licensed child care facilities becoming accredited by the National Association for the Education for Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA);
5. Number of registered family child care homes that become accredited by the National Accreditation for Family Child Care (NAFCC);
6. Number of registered family child care providers and child care staff that receive scholarship funds from the Department;
7. 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;
8. 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;
9. Number of children whose families are receiving CCDF subsidies who attend an accredited child care facility or home;
10. Number of licensed and registered child care homes and facilities were provided training services;
11. Number of legally exempt providers caring for children whose families receive CCDF subsidies received health and safety training guidebooks;
12. Number of licensed and registered child care homes and facilities received health and safety training guidebooks;
13. Number of children served by the licensed and registered child care homes and facilities receiving training services;
14. Number of subsidy children served by the legally exempt provider caring for children whose families receive CCDF subsidies;
15. Number of licensed and registered child care homes and facilities receiving health consultation services;
16. Number of licensed and registered child care homes and facilities receiving menu reviews;
17. Number of child care referral services provided by child care resource and referral agency;
18. Number of unduplicated persons receiving child care referral services provided by child care resource and referral agency;
19. Number of unduplicated persons finding child care as a result of child referral services provided by child care resource and referral agency;
20. Number of referrals to other types of resources or services needed provided by child care resource and referral agency;
21. The number of children served by the child care centers on or near the DOE public high school campuses;
22. The number of teens that are promoted to the next grade level or graduate from high school;
23. The number of family child care providers or employees of licensed infant and toddler centers that are trained through the infant and toddler training contractor;

24. The number of infant and toddler age children served in programs operated by the participating trainees;
25. The number of registered family child care homes and licensed infant and toddler centers adhering to the safe sleep requirements;
26. The number of children whose families are receiving CCDF subsidies who are less than 12 months of age and are being cared for by a legally exempt child care provider.

#### 7.4 Quality Rating and Improvement System

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS.

##### 7.4.1 Does your state/territory have a quality rating and improvement system?

☐ Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available. [\[redacted\]](#)

☐ Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. [\[redacted\]](#)

☐ If Yes, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [\[redacted\]](#)

☐ No, but the state/territory is in the QRIS development phase.

☒ No, the state/territory has no plans for QRIS development.

##### 7.4.2 QRIS participation.

###### a) Are providers required to participate in the QRIS?

☐ Participation is voluntary.

☐ Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

☐ Participation is required for all providers.

###### b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply.

☐ Licensed child care centers

☐ Licensed family child care homes

☐ License-exempt providers

☐ Early Head Start programs

- ☐ Head Start programs
- ☐ State prekindergarten or preschool programs
- ☐ Local district-supported prekindergarten programs
- ☐ Programs serving infants and toddlers
- ☐ Programs serving school-age children
- ☐ Faith-based settings
- ☐ Tribally operated programs
- ☐ Other. Describe: \_\_\_\_\_

#### 7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. *Note:* If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- ☐ No.
- ☐ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - ☐ Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system).
  - ☐ Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - ☐ Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - ☐ Other. Describe: \_\_\_\_\_
  - ☐ None.

#### 7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- ☐ No.
- ☐ Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.



- ☐ Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
- ☐ Embeds licensing into the QRIS.
- ☐ State/territory license is a “rated” license.
- ☐ Other. Describe: \_\_\_\_\_
- ☐ Not linked.

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS.

- ☐ No.
- ☐ Yes. If yes, check all that apply.
  - ☐ One time grants, awards, or bonuses
  - ☐ Ongoing or periodic quality stipends
  - ☐ Higher subsidy payments
  - ☐ Training or technical assistance related to QRIS
  - ☐ Coaching/mentoring
  - ☐ Scholarships, bonuses, or increased compensation for degrees/certificates
  - ☐ Materials and supplies
  - ☐ Priority access for other grants or programs
  - ☐ Tax credits (providers or parents)
  - ☐ Payment of fees (e.g., licensing, accreditation)
  - ☐ Other: \_\_\_\_\_
  - ☐ None

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. \_\_\_\_\_

## 7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care.

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What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

☒ Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe:

The Hawai'i Department of Human Services contracts with a private agency to provide 1 infant and toddler child care center for teen parents enrolled in/attending high schools located on the island of Hawai'i. The center provide care for children ages 6 weeks to 3 years old, and the teen parents must be participating in the DOE's Reality and Dual Role Skills (GRADS) program or alternate on-campus program that provides educational and parenting support services for pregnant and parenting teens. This childcare service enables them to continue their high school education with a goal of graduation and to learn life skills and child development skills as appropriate parents to ensure a healthy and safe environment for their child. The staff of these high schools select motivated students and refer them to the GRADS program and the child care program. The students' attendance and grades are monitored by the DOE and contracted agency's staff. Participation in the child care program activities is expected. The teen parents sign a contract with respect to enrollment and participation in this service. Violation of their personal contracts dismisses them from using the child care service. The service is available when the public schools are in session. The DOE and contracted agency tracks the number of teen parents enrolled in the program who were promoted to the next grade or graduated high school.

The Hawai'i Department of Human Services of Human Services contracts with a private agency to provide infant and toddler training that meets the requirements of initial 30 hours and an additional 15 hours of training in infant and toddler development needed within 2 years for staff employed at licensed infant and toddler centers. The training is available to family child care providers as well. The goals of this service are to increase the availability of infant and toddler care settings by increasing the pool of qualified infant and toddler center staff who are appropriately trained to care for infants and toddlers and increase the quality of care in early childhood settings by providing training which increases the knowledge and expertise of caregivers who work with infants and toddlers.

☐ Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: \_\_\_\_\_

☒ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe:

The Hawai'i Department of Human Services of Human Services contracts with a private agency to provide infant and toddler training that meets the requirements of initial 30 hours and an additional 15 hours of training in infant and toddler development needed within 2 years for staff

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employed at licensed infant and toddler centers. The training is available to family child care providers as well. The goals of this service are to increase the availability of infant and toddler care settings by increasing the pool of qualified infant and toddler center staff who are appropriately trained to care for infants and toddlers and increase the quality of care in early childhood settings by providing training which increases the knowledge and expertise of caregivers who work with infants and toddlers.

The Hawai'i Department of Human Services of Human Services contracts with Windward Community College to provide educational outreach services and resources to registered Home Based Family Child Care providers, also known as FCC providers, with the aim of increasing their expectations and efforts to provide quality care that fosters children's early learning, school-readiness, and healthy development, including technical assistance to support registered FCC providers in providing quality child care and promoting accreditation by the National Association for Family Child Care (NAFCC). The contract's NAFCC Accreditation Facilitation Project supports providers in achieving higher quality by offering monthly training sessions, home visits, observations, and one-to-one coaching sessions as they move towards becoming accredited.

☐ Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe: \_\_\_\_\_

☐ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: \_\_\_\_\_

☐ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: \_\_\_\_\_

☒ Developing infant and toddler components within the state/territory's child care licensing regulations. Describe:

Hawai'i included safe sleep requirements within its administrative requirements for licensed infant and toddler centers and registered family child care homes that cover maintaining policies, annual training, sleep environment, and sleep positioning of children under 12 months of age who are in care. Hawai'i has similar minimum health and safety requirements for legally exempt providers caring for children under 12 months of age whose families receive CCDF subsidies.

☐ Developing infant and toddler components within the early learning and developmental guidelines. Describe: \_\_\_\_\_

☐ Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: \_\_\_\_\_

☐ Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the

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activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Describe:

☐ Other. Describe: \_\_\_\_\_

- 7.5.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

As part of the contract service provider's contract, a quarterly activity report is due that collects data. The data for each contract varies dependent of the type of service being provided.

Examples of data collected are:

1. The number of children served by the child care centers on or near the DOE public high school campuses.
2. The number of teens that are promoted to the next grade level or graduate from high school.
3. The number of family child care providers or employees of licensed infant and toddler centers that are trained through the infant and toddler training contractor.
4. The number of infant and toddler age children served in programs operated by the participating trainees.
5. The number of registered family child care homes and licensed infant and toddler centers adhering to the safe sleep requirements.
6. The number of children whose families are receiving CCDF subsidies who are less than 12 months of age and are being cared for by a legally exempt child care provider.

## 7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

- 7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The contracted service provider, as stipulated in their contract, is required to report on the following outcomes that outlines the proposed annual goal (90-100%), percentage achieved per quarter and cumulative to correspond with the number of individuals served to ensure:

1. Number of families or individuals whose need for child care needs were met through the R/R services;

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2. Number of eligible subsidy families provided consumer education services at time of subsidy intake interview who requested R/R services;
  3. Number of families or individuals whose need for information on various programs were met;
  4. Number of families or individuals whose need form information on IDEA were met;
  5. Number of families or individuals whose need for information on child care assistance were met;
  6. Number of child care providers that attended networking events hosted by the provider;
  7. Number of prospective providers provided child care information and referral services;
  8. Number of prospective providers provided information and referred to family child care recruitment program;
  9. Number of child care providers and child care staff Statewide shall have received the requested child care information and referral services regarding he provider support/development activities;
  10. Number of child care referral services provided by child care resource and referral agency;
  11. Number of unduplicated persons receiving child care referral services provided by child care resource and referral agency;
  12. Number of unduplicated persons finding child care because of child referral services provided by child care resource and referral agency;
  13. Number of referrals to other types of resources or services needed provided by child care resource and referral agency;

## **7.7 Facilitating Compliance With State Standards**

- 7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

The Hawai'i Department of Human Services contracts with a private agency through the training and scholarship services to actively recruit family child care homes in the efforts to meet the child care needs of Hawaii's families. These potential family child care providers are offered a series of courses to help prepare them for the field of child care. To reach out and increase recruitment of potential child care providers, the agency makes follow up calls, home visits and pre-licensing home visits promptly.

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The Hawai'i Department of Human Services is interested in continuing to support child care providers in improving the quality of care provided to children and offers a variety of services for Hawai'i's child care providers, including licensed, registered, and legally exempt caring for CCDF subsidy children. The Hawai'i Department of Human Services will continue to review existing services being provided as well as considering additional services and needs that may be needed.

Existing contracted services provided by the Hawai'i 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 for a nominal cost that covers 12 separate series and 93 classes. The trainings include information about research and best practices in child development. The contractor and the Hawai'i Department of Human Services are exploring ways to make community-based child care training more accessible to all child care providers statewide. Hawai'i is made up of 6 primary islands, and there are local community needs and transportation issues. On-line training has been a great help to those providers who reside in areas that are not easily accessible or who lack adequate transportation. Scholarships are provided for post-secondary education coursework to individuals working in the child care sector or not yet entered and pursuing their post-secondary degrees in Early Childhood Education to promote qualified staff and retention of staff through a career pathway.
2. 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.
3. Nutrition training and menu review program, which provides community-based nutrition training for licensed and registered child care homes and facilities as well as menu review services for child care programs that are not participating in the Child and Adult Care Food Program (CACFP). As part of the child care licensing or registration application process, the licensing workers provide to applicants a resource listing of available community programs including the nutrition training and menu review program.
4. The Hawai'i 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, and the packets provide the providers and families with information about research and best practices in child development. The contractor also provides activity sheets and reflection surveys that can be returned to the contractor and the provider or family will receive children's books to keep. The contractor also posts the newsletters on their website

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

☒ No.

☐ Yes. If yes, which types of providers can access this financial assistance?

☐ Licensed CCDF providers

☐ Licensed non-CCDF providers

☐ License-exempt CCDF providers

☐ Other. Describe: \_\_\_\_\_

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Number of licensed and registered child care homes and facilities were provided training services; Number of legally exempt providers caring for children whose families receive CCDF subsidies received health and safety training guidebooks; Number of licensed and registered child care homes and facilities received health and safety training guidebooks.; Number of children served by the licensed and registered child care homes and facilities receiving training services; Number of subsidy children served by the legally exempt provider caring for children whose families receive CCDF subsidies; Number of licensed and registered child care homes and facilities receiving health consultation services; and Number of licensed and registered child care homes and facilities receiving menu reviews.

## 7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The Hawai'i Department of Human Services does not have a system to measure quality and effectiveness of child care programs but is continuing to work on initiatives to support quality child care programs.

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The Hawai'i Department of Human Services provides a higher child care payment rate for licensed centers that are nationally accredited by the National Association for the Education of Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA).

The Hawai'i Department of Human Services is also considering including a higher child care payment rate for registered family child care homes that are nationally accredited by the National Association for Family Child Care (NAFCC).

The Hawai'i Department of Human Services also contracts for services to provide training services to promote on-going professional development opportunities to support quality child care settings to interested persons working with children, including potential registered family child care providers, employees of licensed center-based providers, for a nominal cost that covers 12 separate series and 93 classes. The trainings include information about research and best practices in child development, including social emotional development.

- 7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Number of registered family child care providers and child care staff that receive scholarship funds from the Department; 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; 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; Number of children whose families are receiving CCDF subsidies who attend an accredited child care facility or home; Number of registered family child care providers and child care staff that receive scholarship funds from the Department; 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; 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 Number of children whose families are receiving CCDF subsidies who attend an accredited child care facility or home.

## 7.9 Accreditation Support

- 7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☒ Yes, the state/territory has supports operating statewide or territory-wide. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation.



The Hawai'i Department of Human Services provides a higher child care payment rate for licensed centers that are nationally accredited by the National Association for the Education for Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA). The Hawai'i Department of Human Services provides a higher child care payment rate for registered family child care homes and group child care homes that are nationally accredited by the National Association for Family Child Care (NAFCC).

☒ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide. Describe:

The Hawai'i Department of Human Services has a pilot project to provide technical assistance and support services for providers seeking or maintaining national accreditation through the National Association for Family Child Care (NAFCC) to promote families' access to high quality home-based care. The project continues to look for ways to expand to Neighbor Islands.

☐ No, but the state/territory is in the accreditation development phase.

☐ No, the state/territory has no plans for accreditation development.

- 7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Number of licensed child care facilities becoming accredited by the National Association for the Education for Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA); and number of registered family child care homes and group child care homes that become accredited by the National Accreditation for Family Child Care (NAFCC).

## 7.10 Program Standards

- 7.10.1 How does the state/territory support state/territory or local efforts to develop or adopt high-quality program standards relating to:

☐ Health. Describe the supports:

☐ Mental health. Describe the supports:

☐ Nutrition. Describe the supports:

☐ Physical activity. Describe the supports:

☐ Physical development. Describe the supports:

- 7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Hawai'i 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 as appropriate to the provider

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type, and establishing minimum standards for health and safety for legally exempt providers caring for children whose families are receiving CCDF subsidies.

1. Number of licensed child care facilities inspected annually;
2. Number of legally exempt providers caring for children whose families receive CCDF subsidies inspected annually; and
3. Number of background checks completed annually;

### 7.11 Other Quality Improvement Activities

7.11.1 List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. N/A

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud.

### 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.

☒ Issue policy manual

☒ Issue policy change notices

☒ Staff training. Describe:

New Hire/Orientation and On-going refresher training by the Staff Development Office

☒ Ongoing monitoring and assessment of policy implementation. Describe:

On-going quality assurance reviews of the child care subsidy cases by the Child Care Program Office

☒ Other. Describe:

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On-going quality assurance reviews of the child care subsidy cases by the Child Care Program Office

- 8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices follow generally accepted accounting principles (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds, including the following:

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

Definition: "Subrecipient means a non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart Provides additional information on contractors (which may be referred to as "vendors"). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

☒ Fiscal oversight of grants and contracts. Describe: Child Care Program Administrator and the Child Care Program Specialist assigned to oversee and monitor the contract or grant. The Program Specialist conducts reviews of contractors through other methods: specialist does not process payments to the sub-contractors without receipt of original invoices and verify 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 sub-contractors. Final payment will not be processed without receipt of the annual report, even if an invoice has been received. Program Specialist reviews quarterly and annual reports and may cross-check the reports to ensure accuracy of data reporting. If inconsistencies are noted, Program Specialist follows up with contractors for clarification and/or correction. Program Specialist also tracks payments already 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 services providing under the scope of services specifications for a contract. Contractors must submit copies of their annual

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audit reports to the Program Specialist and the DHS 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.

☒ Tracking systems to ensure reasonable and allowable costs. Describe:

Invoices and expenditure reports; Monthly or Quarterly Activity reports; Year End reports.

☐ Other. Describe: \_\_\_\_\_

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Activities can include, but are not limited to, the following:

☐ Conduct a risk assessment of policies and procedures. Describe: \_\_\_\_\_

☒ Establish checks and balances to ensure program integrity. Describe:

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.

Run system reports that flag errors (include types) and/or collects cumulative data for monthly review. System reports include data such as: the number of untimely applications processed; which cases and subsidy workers have frequent changes to bank account information; completion of Health& Safety Training.

☒ Use supervisory reviews to ensure accuracy in eligibility determination. Describe:

Run monthly report to identify a list of cases to be reviewed by supervisor's staff for quality assurance (AQCRO).

☐ Other. Describe: \_\_\_\_\_

8.1.4 Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include intentional and unintentional client and/or provider violations, as defined by the Lead Agency. Administrative errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

☐ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

☒ Run system reports that flag errors (include types). Describe:

Review monthly system reports that include data such as the number of untimely applications processed and which cases and subsidy workers have frequent changes to bank account information completed in the data system.

- ☐ Review enrollment documents and attendance or billing records.
- ☒ Conduct supervisory staff reviews or quality assurance reviews.
- ☐ Audit provider records.
- ☒ Train staff on policy and/or audits.
- ☐ Other. Describe: \_\_\_\_\_

b) Check which activities the Lead Agency has chosen to conduct to identify administrative errors.

- ☐ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).
- ☒ Run system reports that flag errors (include types). Describe: ☒
- ☐ Review enrollment documents and attendance or billing records.
- ☒ Conduct supervisory staff reviews or quality assurance reviews.
- ☐ Audit provider records.
- ☒ Train staff on policy and/or audits.
- ☒ Other. Describe: \_\_\_\_\_

“For Run Reports Box” Review monthly system reports that include data such as the number of untimely applications processed and which cases and subsidy workers have frequent changes to bank account information completed in the data system.

Other "Describe" The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.

- a) Check activities that the Lead Agency uses to investigate and recover improper payments due to intentional program violations or fraud. Activities can include, but are not limited to, the following:
  - ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \_\_\_\_\_
  - ☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

- ☒ Recover through repayment plans.
- ☒ Reduce payments in subsequent months.
- ☐ Recover through state/territory tax intercepts.
- ☒ Recover through other means.
- ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
- ☐ Other. Describe:

b) Describe the results of the Lead Agency activities regarding the investigation and recovery of fraud or intentional program violations.

Refer to The Investigations Office within the Department's Benefit, Employment and Support Services Division comprising of investigators to review, investigate and pursue TANF, SNAP, and CCDF intentional improper violations and fraud.

c) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Activities can include, but are not limited to, the following:

- ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \_\_\_\_\_
- ☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
- ☒ Recover through repayment plans.
- ☒ Reduce payments in subsequent months.
- ☒ Recover through state/territory tax intercepts.
- ☒ Recover through other means.
- ☒ Establish a unit to investigate and collect improper payments. Describe:  
The Fiscal Management Office has a Collections and Recovery Section unit that will process remittances from clients who had over payments.
- ☐ Other. Describe:

Check any activities that the Lead Agency will use to investigate and recover improper payments due to administrative errors.

- ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \_\_\_\_\_
- ☐ Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency).
- ☒ Recover through repayment plans.
- ☒ Reduce payments in subsequent months.
- ☒ Recover through state/territory tax intercepts.
- ☒ Recover through other means.
- ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

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☐ Other. Describe:  

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

☐ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. \_\_\_\_\_

☐ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. \_\_\_\_\_

☒ Prosecute criminally.

☐ Other. Describe:  

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