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

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:34:15 GMT

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

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

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Overview

Introduction

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

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

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

Organization of Plan

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

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

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

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

1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **North Dakota Department of Health and Human Services**
 - ii. Street Address: **600 East Boulevard Avenue, Dept. 325**
 - iii. City: **Bismarck**
 - iv. State: **North Dakota**
 - v. ZIP Code: **58502**
 - vi. Web Address for Lead Agency: **www.hhs.nd.gov**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Pat**
 - ii. Lead Agency Official Last Name: **Traynor**
 - iii. Title: **Interim Health & Human Services Commissioner**
 - iv. Phone Number: **701-328-4501**
 - v. Email Address: **p**

1.1.2 CCDF Administrator

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

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

- ii. CCDF Administrator Last Name: **Hill**
 - iii. Title of the CCDF Administrator: **CCDF Coordinator**
 - iv. Phone Number: **701-328-3809**
 - v. Email Address: **mfhill@nd.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name: **Emily**
 - ii. CCDF Co-Administrator Last Name: **Kerns**
 - iii. Title of the CCDF Co-Administrator: **Child Care Assistance Program Administrator**
 - iv. Phone Number: **701-328-2337**
 - v. Email Address: **ekerns@nd.gov**
 - vi. Description of the Role of the Co-Administrator: **Responsible for the subsidy portion of CCDF**

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

- a. All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
 - ii. Sliding-fee scale is set by the:

- State or Territory.
- Local entity (e.g., counties, workforce boards, early learning coalitions).
- Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	[x]	[]	[]	[]	[] Describe:
Who monitors licensed providers?	[x]	[]	[]	[]	[] Describe:
Who monitors license-exempt providers?	[x]	[]	[]	[]	[] Describe:
Who operates the quality improvement activities?	[x]	[]	[]	[]	[] Describe:

1.2.3 Information systems availability

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

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

a. Tasks to be performed.

[x] Yes. If yes, describe: **The Lead Agency’s contracted child care resource and referral vendor’s scope of work addresses parent and family services including child care referral service, consumer education resources, referral feedback survey responsibility and referral follow-up expectations.**

The Lead Agency maintains rigorous oversight of CCDF administration by formalizing written agreements with entities such as Human Service Zones that handle eligibility determinations. These agreements specify the tasks to be performed, including training and supervision of eligibility workers, adherence to updated policies, and execution of eligibility determinations. The Lead Agency ensures that all tasks performed by Human Service Zones and Temporary Assistance for Needy Families (TANF) programs are in compliance with the Child Care and Development Fund (CCDF) requirements, as outlined in the North Dakota Century Code. The Century Code serves as the primary written "agreement" governing the responsibilities and tasks assigned to Human Service Zones.

[] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: **The Lead Agency’s contracted child care resource and referral vendor assists parents in locating child care and providing consumer education on an as needed basis, providing a statewide, toll-free telephone number that is staffed Monday ☐ Friday, 8:00 a.m. ☐ 5:00 p.m., along with a general email address that parents can reach out to after hours. The**

vendor must assure that requests for child care referral services are responded to within 48 hours. Additionally, the Lead Agency maintains a child care referral database and consumer education website to serve parents and families 24/7.

The Lead Agency ensures that Human Service Zones (HSZs) and TANF programs perform their required tasks in compliance with the North Dakota Century Code. While the Century Code does not establish specific timelines for completing tasks, it mandates that HSZs assist in the administration of various human services programs, including economic assistance and child care assistance, as outlined in North Dakota Century Code Chapter 50-01.1 and Chapter 50-35.

HSZs are responsible for ensuring the effective and timely administration of these programs, which includes processing applications, providing services to eligible individuals, and maintaining program integrity. Although the Century Code requires HSZs to help administer these programs, the specific timelines for completing tasks are typically determined by the Lead Agency's policies and procedures.

To ensure compliance with both state and federal requirements, the Department's Human Service Zone Accounting Manager, along with other designated officials, monitors the performance of these tasks. The Lead Agency oversees the activities of HSZs to ensure that all responsibilities are carried out efficiently and in accordance with the legal framework established by the state.

No. If no, describe:

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

Yes. If yes, describe: **The Lead Agency's contracted child care resource and referral vendor receives CCDF funding to conduct child care referrals as part of their contract. The contracted vendor certifies that they have read and understand the 2 CFR Part 200 Informational Guide. The vendor submits a budget to the Lead Agency categorizing expenditures for services which is approved by the Lead Agency.**

The Lead Agency ensures compliance with Child Care and Development Fund (CCDF) requirements by requiring Human Service Zones and Temporary Assistance for Needy Families (TANF) programs to submit detailed budgets. These budgets must itemize categorical expenditures, including direct costs such as compensation, fringe benefits, and approved operating costs, as defined under North Dakota Century Code Chapter 50-01.1 and Chapter 50-35.

The budgets are reviewed and approved by the Department's Human Service Zone Accounting Manager to ensure they align with the requirements. The Lead Agency also monitors these expenditures through a structured cost allocation plan, ensuring that all direct and indirect costs are appropriately categorized and reimbursed in compliance with state regulations

No. If no, describe:

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

Yes. If yes, describe: **The Lead Agency's contracted child care resource and referral vendor completes a quarterly report and meets with the Lead Agency to discuss performance including number of referrals by type, number of referral feedback surveys completed, trends in care requests, etc.**

The Human Service Zones (HSZs) are responsible for administering Economic Assistance and Medicaid programs in accordance with the guidelines established by the North Dakota Department of Health and Human Services (ND HHS). HSZs are tasked with supervising and directing these programs, ensuring timely and accurate service delivery to the public. To meet these responsibilities, the HSZs adhere to the following processes:
Timeliness and Program Accuracy: HSZs process program applications and reviews accurately, following program policies and adhering to defined timelines.

Monitoring and Performance Management: HSZs monitor reports and data metrics to manage workload and performance effectively.

Staff Performance Reviews: Regular check-ins with staff are conducted to review work performance and ensure adherence to program standards.

These tasks are monitored by the Quality Control Team of Economic Assistance to ensure compliance with state and federal requirements and to maintain the overall integrity of the Child Care and Development Fund (CCDF) program.

[] No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The Lead Agency is required to complete a six-month contract monitoring checklist for the child care resource and referral contract that covers communication between parties, technical assistance, reimbursement requests, programmatic progress reports, client complaints regarding the contract, concerns with the entity's ability to perform the scope of services outlined in the contract, and changes in key personnel. The Lead Agency also meets quarterly with the vendor to review programmatic progress. The Human Service Zones receive monthly reports to ensure the quality of their child care assistance cases. A quality control team reviews each case for accuracy and manages the correction of any errors found. Quarterly, the Human Service Zone directors and the Lead Agency leadership team meet to discuss caseloads, timeliness, workload, error rates, and new policies. This meeting provides an opportunity for an open discussion on any concerns with the Child Care Assistance program, and the eligibility determination process. Moreover, the team also has access to real-time dashboards that show work progress on child care assistance cases from application submission to the final determination of eligibility. These dashboards have the ability to drill down to the exact worker assigned to the application, providing clarity and transparency in the eligibility determination process. The Lead Agency has access to not only the workflow but also the integrated eligibility system where they can check case narration and understand how the case has been flowing from the initial application. The dashboards can also show the supervision of the individual eligibility worker as well as the other cases for that eligibility worker so if a trend from a specific Human Service Zone or worker is noticed it can be reviewed in its entirety.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public

agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

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

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

1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency meets with Human Service Zone directors and supervisors monthly to discuss upcoming policy changes, ask for feedback and touch base on issues the zones may be experiencing relating to CCDF. Human Service Zones are collections of counties working together to provide essential services. Local offices, formerly known as county social service offices, assist with Temporary Assistance for Needy Families (TANF), Child Care Assistance Program (CCAP), and other economic assistance. These offices also offer referrals to additional local resources.**

The "Host County" within each Human Service Zone manages administrative functions such as payroll and HR responsibilities.

- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Early Childhood Council (ECC) meets at least twice annually. The Lead Agency attends every meeting to discuss CCDF-related strategies and initiatives. Insights and perspectives shared during the discussions have been incorporated into plan development. The Lead Agency will continue to engage in regular communication on CCDF plan related items during the course of plan implementation.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The Lead Agency has both traveled to and held virtual meetings with Turtle Mountain, Spirit Lake, Three Affiliated Tribes, and Trenton Indian Service Area to discuss CCDF-related strategies and initiatives. Additionally, to gather input on the 2025-2027 State Plan, the Lead Agency hosted a consultation meeting with the Tribal CCDF Administrators. The Lead Agency will continue to communicate with the Tribal CCDF Administrators during the course of plan implementation.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **Representatives from the Lead Agency attended annual national and regional conferences to consult with other states and develop new initiatives to support quality care and workforce. Representatives from the Lead Agency held, at a minimum, quarterly meetings with: the North Dakota Department of Public Instruction, contracted vendors, and the statewide afterschool network while preparing the draft responses for the state plan.**

1.3.2 Public hearing process

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

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

- i. Date of the public hearing: **5/30/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **5/9/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
 Yes.
 No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **On April 15, 2024 initial**

information about the public hearing date and comment period was published in the Lead Agency’s provider e-newsletter. On May 9, 2024, a public notice was posted to the Lead Agency’s website at: <https://www.hhs.nd.gov/news/publicnotice> and to the Secretary of State’s website at: <https://apps.nd.gov/sos/ndpmn/mainmenu.htm>. The State of North Dakota provides automatic translation for nd.gov websites, courtesy of Google Translate. Public notices include Lead Agency contact information for individuals who need accommodations to participate in meetings. Relay North Dakota services are also available. Relay North Dakota services are free and enable people who are deaf, hard of Hearing, deafblind or those with a speech disability to place and receive phone calls. Communications Assistants are specially trained to facilitate the calls.

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The public hearing is a virtual event, allowing participants to join the meeting from their home, and enabling access to all geographic regions of the State.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **A copy of the draft plan was posted to the Lead Agency’s website. A link to the webpage was included in the public notice and in the Lead Agency’s provider e-newsletter. If any accommodations were needed, contact information was included in the public notice.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Public comments are taken into consideration by determining if any immediate changes could be made to the plan, or if the comments would involve a more long-term program and policy evaluation and implementation. A summary of public comments and the Lead Agency’s responses will be posted to the Lead Agency’s website.**

1.3.3 Public availability of final Plan, amendments, and waivers

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <https://www.hhs.nd.gov/cfs/early-childhood-services/child-care-development-fund>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. Working with advisory committees. Describe: **The Lead Agency regularly meets with the Early Childhood Council (ECC) and Early Childhood Services Advisory Board to discuss CCDF related items. The ECC has multiple member seats for child care providers and the meetings are open to the public. The Early Childhood Services Advisory Board is solely comprised of child care providers from across the state and represent a cross-section of provider types. The availability of the Plan**

and Plan amendments have been discussed with each group.

- ii. Working with child care resource and referral agencies. Describe: **The Lead Agency’s contracted resource and referral vendor was invited to share information on their social media platforms.**
- iii. Providing translation in other languages. Describe:
- iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe: **The CCDF State Plan has been highlighted in the Lead Agency’s provider e-newsletter, along with a link to where the plan, plan amendments, and applicable waivers are posted on the Lead Agency’s webpage. The public is able to sign up to receive the e-newsletter via a link on the Lead Agency’s website. Information about the public hearing was shared on the Lead Agency’s social media platforms. Additionally, the Lead Agency’s contracted resource and referral vendor shared the Lead Agency’s social media posts.**
- v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe:
- vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
- vii. Direct communication with the child care workforce. Describe: **The CCDF State Plan has been highlighted in the Lead Agency’s provider e-newsletter, along with a link to where the plan, plan amendments, and applicable waivers are posted on the Lead Agency’s webpage. Child care providers are able to sign up to receive the e-newsletter via a link on the Lead Agency’s website.**
- viii. Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents’ employment, education, or job training activities to comply with the Lead Agency’s or designated

local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
- i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:
 - ii. Leveraging eligibility from other public assistance programs. Describe: **The Lead Agency uses an integrated eligibility system (SPACES) to administer the Child Care Assistance Program (CCAP). Information from LIHEAP, SNAP, TANF and Health Care programs are shared with CCAP. Changes reported for the other programs can be used for CCAP eligibility.**
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **If a new child is added to an ongoing CCAP case after the household has been determined eligible, a new 18-month eligibility period will begin for the entire household beginning the month the new child was added.**
 - iv. Self-assessment screening tools for families. Describe:
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **The Lead Agency has implemented policies to ensure efficient processing of CCAP applications through an integrated eligibility system. This system, which also handles Medicaid, LIHEAP, TANF, and SNAP applications, tracks progress from submission to eligibility determination. Applications are assigned to eligibility workers based on timeliness priorities, with work items weighted and queued accordingly. The system's design allows the Lead Agency to monitor the entire application flow, tracking which workers handle specific cases to assess timeliness and pinpoint areas for improvement. This structured approach facilitates timely eligibility determinations and continual service enhancement.**
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?

Yes.

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

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

Yes. If yes, describe the policies:

No.

2.1.2 Preventing disruption of eligibility activities

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

i. Advance notice to parents of pending redetermination.

ii. Advance notice to providers of pending redetermination.

iii. Pre-populated subsidy renewal form.

iv. Online documentation submission.

v. Cross-program redeterminations.

vi. Extended office hours (evenings and/or weekends).

vii. Consultation available via phone.

viii. Leveraging eligibility from other public assistance programs.

ix. Other. Describe: **The Lead Agency offers multiple ways for a household to complete a review in addition to online document submission, including an option for in-person drop-off of documents and an email option to our customer support center.**

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

Yes. If yes, describe the policies:

No.

2.2 Eligible Children and Families

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

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition,

Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

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

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

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

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

No.

Yes.

- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity:
The Lead Agency allows care for children ages 13 through 18 when the child is physically or mentally incapable of caring for themselves as verified in writing by a physician or a licensed or certified psychologist.

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

No.

Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

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

- i. **“residing with”:** A child or children who are physically present in the home of a parent, legal guardian or an individual who is considered loco parentis while receiving child care services.

- ii. **“in loco parentis”:** An individual (relative or non-relative) who is not the natural, adoptive or stepparent of the child but who assumes parental responsibilities and is physically caring for the child in their home on a 24-hour-a-day basis when the natural, adoptive or stepparent is not caring for the child or residing in the home and when the duration is expected to last over 30 uninterrupted days.

2.2.2 Eligibility criteria: reason for care

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

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

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

- i. An activity for which a wage or salary is paid.
- ii. Being self-employed.
- iii. During a time of emergency or disaster, partnering in essential services.
- iv. Participating in unpaid activities like student teaching, internships, or practicums.
- v. Time for meals or breaks.
- vi. Time for travel.
- vii. Seeking employment or job search.
- viii. Other. Describe: **Paid work studies, internships, or assistantships.**

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

- i. Vocational/technical job skills training.
- ii. Apprenticeship or internship program or other on-the-job training.
- iii. English as a Second Language training.
- iv. Adult Basic Education preparation.
- v. Participation in employment service activities.
- vi. Time for meals and breaks.
- vii. Time for travel.
- viii. Hours required for associated activities such as study groups, lab experiences.
- ix. Time for outside class study or completion of homework.
- x. Other. Describe:

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

- i. Adult High School Diploma or GED.
- ii. Certificate programs (12-18 credit hours).
- iii. One-year diploma (36 credit hours).
- iv. Two-year degree.
- v. Four-year degree.
- vi. Travel to and from classrooms, labs, or study groups.
- vii. Study time.
- viii. Hours required for associated activities such as study groups, lab experiences.

- ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe:
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
 - Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- Work. Describe:
 - Job training. Describe:
 - Education. Describe:
 - Combination of allowable activities. Describe:
 - Other. Describe:
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- Yes.
 - No. If no, describe the additional work requirements:
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”
- Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.
- No. If no, skip to question 2.2.3.
 - Yes. If yes, answer the questions below:
- Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:
- Children in foster care.
 - Children in kinship care.
 - Children who are in families under court supervision.
 - Children who are in families receiving supports or otherwise engaged with a child welfare agency.
 - Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.
 - Children whose family members are deemed essential workers under a

governor-declared state of emergency.

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe: **The Lead Agency through the ND Child Care Initiative has implemented the Child Care Workforce Benefit Pilot which allows eligibility for employees working at least 25 hours in a ND licensed child care program through CCAP with a waived co-payment, on a case by case basis.**

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

No.

Yes.

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

No.

Yes.

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

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

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

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

Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	5334.00	75.00	4002.00
2	6975.00	75.00	5232.00
3	8616.00	75.00	6463.00
4	10258.00	75.00	7695.00
5	11899.00	75.00	8925.00

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

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

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

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

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

i. Region/locality with the highest eligibility limit:

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

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

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

Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

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

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. Gross wages or salary.
- ii. Disability or unemployment compensation.
- iii. Workers’ compensation.
- iv. Spousal support, child support.
- v. Survivor and retirement benefits.
- vi. Rent for room within the family’s residence.

- vii. Pensions or annuities.
 - viii. Inheritance.
 - ix. Public assistance.
 - x. Other. Describe:
- d. What is the effective date for these income eligibility limits? **October 1, 2024**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
 LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**
- Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://app.powerbigov.us/view?r=eyJrIjojOGI5NDY4NzctM2QzOS00NWY4LWJjNTAtMDA5N2IxMmE5NTMyliwidCI6IjJkZWVwNDY0LWRhNTFtNGE4OC1iYWUyLWlzZGI5NGJjMGM1NCJ9&pageName=ReportSection2a293b23c84b8b2e01ea%22>

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

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

2.2.6 Family asset limit

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

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

No.

Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

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

a. Eligibility determination? If checked, describe:

b. Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant identity. Describe how you verify: The identity of any caretaker must be verified at initial application. Once identity verification is received and retained in the casefile, it does not need to be supplied for future eligibility determinations. Identity verification includes, but is not limited to: driver's license, picture ID, school, work, hospital or health care identification, pay stubs, bank records, utility records, mortgage/rent receipt or agreements, birth certificates.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant's relationship to the child. Describe how you verify: The relationship of the applicant must be verified at initial application. Once relationship verification is received and retained in the casefile, it does not need to be supplied for future eligibility determinations. Relationship verification includes, but is not limited to: birth certificates, vital statistics, adoption papers, baptismal records, marriage certificates, court records, contact with school system, Head Start records, day care provider records, hospital and clinic records community organizations, social service agencies.

Required at Initial Determination	Required at Redetermination	Description
[x]	[]	<p>Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: The age and citizenship of any child for which assistance is requested must be verified. Once age and citizenship verifications are received and retained in the case file, it does not need to be supplied for future eligibility determinations. Age and citizenship verification includes, but is not limited to: children's birth certificates, vital statistics, adoption papers, baptismal records, passport, picture ID, hospital and clinic records, school records, Immigration or Naturalization records, Alien Registration card.</p>
[x]	[x]	<p>Work. Describe how you verify: All employment activities of any identified caretaker must be verified. Employment verifications are required at application and review. Households must also supply employment verification during the eligibility period when there is a total loss of all activities and the household has been granted a minimum three month period of continued assistance. Verification of the new activity must be supplied for assistance to continue beyond the three months. Acceptable employment verification includes, but is not limited to: pay stubs, employer statement, work schedules, client statement if other verification sources are not available.</p>
[x]	[x]	<p>Job training or educational program. Describe how you verify: All job training or educational activities of any identified caretaker must be verified. Job training and educational activity verifications are required at application and review if applicable. Households must also supply training or education verifications during the eligibility period when there is a total loss of all activities and the household has been granted a minimum three month period of continued assistance. Verification of the new activity must be supplied for assistance to continue beyond the three months. Acceptable job training and education verification includes but is not limited to: class schedules, training schedules, statements from school administrators, employer statement, Crossroads Program approval letter, client statement if other verification sources are not available.</p>

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	<p>Family income. Describe how you verify: All income, earned and unearned, of any identified caretaker must be verified at the time of application and review. Households who report a change in income during the eligibility only need to verify income if the income change results in a decreased copayment. Eligibility will continue if no verification is received. Increases in income do not need to be verified as it is not a mandatory reportable change, unless the income is expected to remain over 85% SMI. Acceptable income verification includes, but is not limited to: pay stubs, employer records, employer statement, court order, child and spousal support agreements, self-employment records, tax documents, benefit letters from pensions and various government benefit programs, bank statements, client statements if other verification sources are not available.</p>
[x]	[]	<p>Household composition. Describe how you verify: Household composition must be verified at initial application. Once household composition verification is received and retained in the casefile, it does not need to be supplied for future eligibility determinations if the household composition does not change. Verification of household composition is typically verified through receiving verification for other mandatory items such as relationship and income. However, in the event the household composition is questionable, additional verification may be requested. Acceptable household composition verification includes, but is not limited to: birth certificates, hospital and clinic records, school records, court records, utility records, mortgage and lease records, client statement if other verification sources are not available.</p>

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant residence. Describe how you verify: The household's residency must be verified at initial application. Once residency verification is received and retained in the casefile, it does not need to be submitted for future eligibility determinations. Identity verification includes, but is not limited to: driver's license, picture ID, school records, work records, The household's residency must be verified at initial application. Once residency verification is received and retained in the casefile, it does not need to be submitted for future eligibility determinations. Identity verification includes, but is not limited to: driver's license, picture ID, school records, work records, hospital or health care records, pay stubs, bank records, utility records, mortgage/rent receipt or agreements, birth certificates.
<input type="checkbox"/>	<input type="checkbox"/>	Other. Describe how you verify: NA

2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: **North Dakota Department of Health and Human Services, Economic Assistance Policy Section.**
- b. Provide the following definitions established by the TANF agency:
 - i. **“Appropriate child care”:** Appropriate child care which includes licensed center-based providers, licensed family home child care providers, self-declared home child care providers under North Dakota Century Code 50-11.1.
 - ii. **“Reasonable distance”:** Child care is unobtainable at a location such that the usual commuting time from the parent's home to the location at which child care is provided, and on to the parent's worksite, is one hour or less.
 - iii. **“Unsuitability of informal child care”:** Suitable child care is unobtainable for a relative, from an approved child care provided licensed or registered under North Dakota Century Code chapter 50-11.1, or from a child care provider not required to be licensed to registered under North Dakota Century Code chapter 50-11.1.
 - iv. **“Affordable child care arrangements”:** Child care is unobtainable, from a child care provider licensed or registered under North Dakota Century Code chapter 50-11.1, at a rate equal to or less than two times the maximum allowable amount as determined by the child care assistance program.
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

- i. In writing
- ii. Verbally
- iii. Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.” The Lead Agency defines a child with special needs as a child who is physically or mentally incapable of caring for himself or herself as verified by a qualified health professional, a physician, physician's assistant, advanced registered nurse practitioner, qualified mental health professional. Services are prioritized by providing services to a child between the ages of 13 to 19 when that child is identified as having special needs. A special needs child is a child who has multiple and/or severe functional needs that requires ongoing specialized care. Written verification is required and should state the nature of the special needs and if for a child age thirteen (13) under age nineteen (19) state that the child is unable to care for themselves.**
- e. **“Families with very low incomes.” The Lead Agency defines families with very low incomes as families who are receiving Temporary Assistance for Needy Families (TANF).**

2.3.2 Prioritization of child care services

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

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children experiencing homelessness, as defined by CCDF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: The Lead Agency does not have a waiting list, but if one is implemented children experiencing homelessness would be served without being placed on a waiting list.
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

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

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Services are prioritized for parents participating in the Alternative Response for Newborns (ARSEN) program. ARSEN is a child protection response involving substance exposed newborns which is designed to provide referral services to and monitor support services for a person responsible for the child's welfare. CCAP will pay child care while the parent works with ARSEN program and waive the co-payments for these families. Services are also prioritized for parents participating in the Crossroads program. The Crossroads Program is designed to assist teen parents under the age of 21 continue their education.**

2.3.3 Enrollment and grace period for children experiencing homelessness

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

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable

time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

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

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Households who indicate on an application or review that they are experiencing homelessness must be approved for services for the month of application before supplying all necessary verifications. Households are provided a 90-day grace period from the date of application to supply all necessary verifications to continue assistance.**
- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.
 - i. Provide the policy for a grace period for:

Children experiencing homelessness: **Children experiencing homelessness who are admitted to an early childhood facility and have not adhered to the recommended schedule shall provide proof of immunization or a certificate of immunization within thirty calendar days of enrollment or be excluded from the early childhood facility.**

Children who are in foster care: **Children who are in foster care who are admitted to an early childhood facility and have not adhered to the recommended schedule shall provide proof of immunization or a certificate of immunization within thirty calendar days of enrollment or be excluded from the early childhood facility.**
 - ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?
 Yes.
 No. If no, describe:
- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **After the completion of Cycle 2 monitoring in April 2024, the Lead Agency received a preliminary notice of non-compliance for this requirement on July 3, 2024. The notice stated: ☐The Monitoring Team did not find evidence that the Lead Agency coordinates with licensing and other relevant state and local agencies to provide referrals and support to help families of children receiving child care services during a grace period comply with immunization and other health and safety requirements.☑ The Lead Agency will need additional time to meet the requirement to ensure policies include the required coordination to provide referrals and support for families to come into compliance with immunization and other health and safety requirements.**

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

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

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

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

ix. Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
- i. Lead Agency accepts applications at local community-based locations.
 - ii. Partnerships with community-based organizations.
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. Other. Describe: **Outreach is conducted for CCAP eligible families at each local county level by conducting referrals to programs and services in the area that assist homeless families and families with low incomes. Families who are TANF eligible work with JOBS program contractors who provide outreach TANF families by connecting them with services. McKinney-Vento liaisons provide outreach and referrals to homeless families.**
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
- i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Lead Agency's contracted child care resource and referral vendor offers an online, self-paced course to help providers learn about reasons behind homelessness, how being homeless affects children's development and what they can do to support children experiencing homelessness. These resources align with McKinney-Vento's definition of "Children Experiencing Homeless".**
 - ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The Lead Agency is currently exploring training and technical assistance opportunities.**

2.5 Promoting Continuity of Care

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

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **The Child Care Assistance Program (CCAP) is housed under the Lead Agency's Economic Assistance Policy Section. The policy section also contains LIHEAP, SNAP and TANF, and works closely with the Medical Services section which contains the Health Care Coverage programs. The Lead Agency provides a combined program application that contains all these programs, in addition to a combined review form that**

contains all open programs that are due for review. Additionally, verification and information provided for one program is used to determine eligibility for other programs. This allows clients a combined option to access multiple programs and promotes the continuity of care by making various types of assistance as accessible as possible to these populations. Applicants who apply for CCAP and Health Care Coverage are reviewed for Health Tracks, a free preventative health-screening service office to children ages 0-21 whose families do not have a copay. These screenings include dental, hearing, vision, developmental and other types of screenings. The Lead Agency has also established a minimum eligibility period longer than 12 months, which can be used as a tool to address the continuity of care to support child's development.

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

Yes.

No. If no, describe: **After the completion of Cycle 2 monitoring in April 2024, the Lead Agency received a preliminary notice of non-compliance for this requirement on July 3, 2024. The notice states "12-Month Eligibility Determination and Re-Determination in accordance with 45 CFR 98.21(a)(1). The Lead Agency does not always provide an eligibility period of at least 12 months." Currently families can choose to close their case within their eligibility period, however they would need to reapply if they need child care assistance again within that time period. This correction will not be implemented by October 1, 2024 due to system changes that are needed, and additional funding to support the system changes.**

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may

establish a period of 3 months or longer.

- 6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
- 7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe:

- c. Are the policies different for redetermination?

No.

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

2.5.3 Job search and continued assistance

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

- i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **Activity search is an allowable activity at application. Child care for activity search must be allowed for three full consecutive months within an eligibility period.**

- ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **Activity search is an allowable activity at review. Child care for activity search must be allowed for three full consecutive months within an eligibility period.**

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

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

Yes. The Lead Agency continues assistance.

No, the Lead Agency discontinues assistance.

- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:

- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:

- iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?

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

- i. Not applicable.

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

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

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

Provide the Lead Agency’s policy for a change in residency outside the State or Territory: **If the caretaker moves out of state, the case will close. A caretaker whose name the case is in enters a public institution, the case will transfer over to the other caretakers name.**

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

Provide the Lead Agency’s definition of fraud/intentional program violations that lead to discontinued assistance: **Clients that have committed an Intentional Program Violation (IPV) will be disqualified from receiving benefits. An IPV is defined as having made a fraudulent statement or representation with respect to the Child Care Assistance Program.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

Yes.

No. If no, describe: **After the completion of Cycle 2 monitoring in April 2024, the Lead Agency received a preliminary notice of non-compliance for this requirement on July 3, 2024. The notice states "Change Reporting During the Minimum 12-Month Eligibility Period in accordance with 45 CFR 98.21(e)(4). The Lead Agency does not always act on information provided by the family that would reduce the family’s co-payment or increase the family’s subsidy when the family has a voluntary reduction in income." The Lead Agency does not reduce co-payments when a household reports a job quit and voluntary reduction income. System changes are needed to come into compliance and these will not be completed by October 1, 2024.**

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

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

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

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

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

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

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

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **At the time of review, households will continue to be eligible for another 18-month period if the household's income is over the initial application income limit of 75% SMI but is under 85% SMI.**
 - i. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

- ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
 - v. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

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

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

3.1 Family Co-payments

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

3.1.1 Family co-payment

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

- a. What is the maximum percent of a family’s gross income any family could be charged as a co-payment? **6%**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?
 Yes.
 No. If no, describe:

3.1.2 Sliding fee scale

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

- a. Is the sliding fee scale set statewide?
 Yes.
 No. If no, describe how the sliding fee scale is set:
- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	1601.00	32.00	2.00	4534.00	266.00	6.00
2	2094.00	42.00	2.00	5929.00	347.00	6.00

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
3	2586.00	52.00	2.00	7324.00	511.00	6.00
4	3078.00	62.00	2.00	8719.00	511.00	6.00
5	3571.00	71.00	2.00	10114.00	593.00	6.00

- c. What is the effective date of the sliding-fee scale(s)? **October 1, 2024**
- d. Provide the link(s) to the sliding-fee scale(s): **<https://www.hhs.nd.gov/applyforhelp/ccap>**
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment?
- No.
- Yes.
- If yes:
- i. Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **The Lead Agency does not mandate the rates child care providers choose and allows providers to charge and collect payment from families above the state max rate. This policy gives families a better range of providers to choose from. The Lead Agency sets payment rates at the 75th percentile of the most recent MRS to help ensure families can afford and have access to child care.**
 - ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: **The Lead Agency reviewed data from a 6-month time period and determined that on average less than 16% of providers who certified for payment from CCAP, certified for more than the state max rate. The Lead Agency identified an average amount of \$157 of the 16% of providers who are charging additional funds.**

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
- i. The fee is a dollar amount and (check all that apply):
- The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
- ii. The fee is a percent of income and (check all that apply):
- The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional percentage is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- No.
- Yes.
- If yes, check and describe those additional factors below:
- i. Number of hours the child is in care. Describe:
- ii. Quality of care (as defined by the Lead Agency). Describe:
- iii. Other. Describe:
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. Base co-payments on only a portion of the family's income. For instance, only

consider the family income over the federal poverty level.

- ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
- iii. Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

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

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

- i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. Families experiencing homelessness.
- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy:
- vii. Families meeting other criteria established by the Lead Agency. Describe the policy: **The Lead Agency waives co-payments for households that are also eligible for TANF, TANF Transition, Diversion, Crossroads, Alternative Response for Substance Exposed Newborns (ARSEN), and through the North Dakota Child Care Initiative the Lead Agency is waiving co-payments for all households at or below 30% SMI and for households identified under protective services.**

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

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

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

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

4.1 Access to Full Range of Provider Options

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

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **The Lead Agency asks providers to report any barriers in participating with the Child Care Assistance Program (CCAP) as a part of the Market Rate Survey. Providers included in the survey were licensed as a center, group or family and asked if payment reimbursement rates were too low, if the added administrative duties, or if the time it took to receive payments were a barrier, and the highest response received were that these issues were not a barrier. Only 13% of providers reported a barrier as extreme. Some additional barriers reported included communication, mail difficulties and paperwork.**
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **The Lead Agency refers parents to the contracted child care resource and referral vendor as needed to help select from a variety of child care providers.**
- e. Describe what information is included on the child care certificate: **The certificate includes the maximum amount that can be paid by the Child Care Assistance Program and the level of care that each child has been approved for. The certificate also contains the family's co-**

payment amount and provides a brief overview of how payments are determined.

4.2 Assess Market Rates and Analyze the Cost of Child Care

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

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

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

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

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

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

- a. Market rate survey.

- i. When were the data gathered (provide a date range; for instance, September – December 2023)? **October 2023 – January 2024**
- b. ACF pre-approved alternative methodology.
 - i. The alternative methodology was completed.
 - ii. The alternative methodology is in process.

If the alternative methodology was completed:

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

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

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

- c. Consultation on data collection methodology.

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

- iii. State Advisory Council or similar coordinating body: **The Market Rate Survey (MRS) was brought before the Early Childhood Council (ECC) in May 2023. The ECC was informed of the Lead Agency’s intent to contract the survey out, the intent of the survey, and asked for feedback or suggestions on what the ECC would like to see on the MRS.**
- iv. Local child care program administrators: **The Lead Agency met with local child care program administrators in June 2023 to discuss the intent to contract the survey out, the intent of the survey, and asked for feedback or suggestions on what they would like to see on the MRS.**
- v. Local child care resource and referral agencies: **The Lead Agency’s contracted child care resource and referral agency was involved and participated in meetings developing the MRS and weekly meetings during the collection period of the MRS. The Lead Agency’s contracted child care resource and referral agency helped to collect MRS data by reaching out to child care providers as needed.**
- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The Lead Agency met with the Early Childhood Advisory board in June 2023 and discussed the MRS. The Early Childhood Advisory board was informed of the Lead Agency’s intent to contract the survey out, the intent of the survey, and asked for feedback or suggestions on what the board would like to see on the MRS.**
- vii. Other. Describe: **NA**

d. An MRS must be statistically valid and reliable.

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

- i. When was the market rate survey completed? **1/22/2024**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **October 23, 2023 to January 22, 2024**
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **Surveys were sent to all Center and Family/Group child care providers licensed in North Dakota. Provider types included were child care centers, preschool education facilities, school age child care, multiple license facilities, family child care and group care in homes and in facilities.**
- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **An initial listing of providers eligible to complete the MRS was obtained from the child care licensing system. Information that was incomplete on a child care provider record was obtained from the Child Care Assistance Program system or the Lead Agency's contracted resource and referral agency.**
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The survey was multi-modal, beginning with an online survey launch, making use of telephone calling to encourage response (and in some cases, completing by telephone), and finally utilizing paper surveys via physical mail to ensure that all providers had been reached. The online survey was initially distributed via personalized link to ensure that recipients were not contacted after they had completed the survey. However, the survey was also distributed using an anonymous link (via social media, and by telephone contact to encourage immediate completion), and by QR code on postcard reminders and the mail survey letter.**

Additionally, the survey included multiple reminders in all three formats, so that providers were encouraged to complete the survey regardless of modality. We also made use of passive online (social media) reminders, which included an anonymous link to the survey, and at launch, conducted webinars and office hours to allow for providers' questions and concerns. The webinar recordings were also posted online for those who did not attend
- vi. What is the percent of licensed or regulated child care centers responding to the survey? **42.10**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **57.70**
- viii. Describe if the survey conducted in any languages other than English: **NA**
- ix. Describe if data were analyzed in a manner to determine price of care per child:

Yes. Data from the market rate portion of the survey were combined with the narrow cost analysis portion of the survey to produce a uniform price of care per child estimate. This will be detailed further in the report.

- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The data collected was analyzed in its completion; no sampling was used in the fielding of the survey, and as the response rates were determined to be representative both geographically and by license type, no weighting was employed.**
- e. Price variations reflected.

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

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **As North Dakota is a geographically large but not populous state, it was central to our methodology that all areas be represented evenly. Throughout fielding, we took care to keep track of response rates by Planning Region, which presented an aggregate picture of providers throughout the state (not every county contains a child care provider).**
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **Provider types included in the market rate survey were child care centers, preschool education facilities, school age child care, multiple license facilities family child care and group care in homes and in facilities. The licensing system was used to identify licensed child care providers in the state that were eligible to complete the MRS.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The survey uses a few questions to assess the age of children for which care is provided by the respondent. First, there are two questions (‘‘What is the age range of children you currently accept in your program? Youngest age’’ and ‘‘Oldest age’’) which attempt to assess the range of care provided for in a specific manner. There are also the age group breakdowns; the survey question, ‘‘Which of the following age groups does your facility serve when capacity allows? Select all that apply.’’ quantifies in a more easily translatable manner which age groups are served by the provider.**

Throughout the survey, the ‘‘age groups’’ breakdowns are used to refer to common care differentiations (e.g. rates charged to parents). However, some providers have noted that they have further breakdowns within these categories. This is worth noting for future iterations of the survey.

- iv. Describe any other key variations examined by the market rate survey or ACF pre-

approved alternative methodology, such as quality level: **NA**

4.2.2 Cost analysis

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

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The narrow cost analysis was conducted using a cost survey as part of the broader Market Rate Survey.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **Initial analyses suggest that annual expenditures were higher on average at rural childcare centers compared to urban childcare centers. Expenditures were also higher at non-home facilities than they were at home-based facilities. Annual revenues from enrollment were somewhat higher in urban facilities than they were in rural facilities and were much higher at non-home facilities than they were at home-based facilities.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The study analyzed costs based on the provider's participation in the statewide quality rating and improvement system (QRIS). All providers included in the study are required, at minimum, to meet a base level of quality (i.e. child care licensing or Step 1 Quality Rating).**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The study analyzed costs based on the provider's participation in the statewide quality rating and improvement system (QRIS). All providers included in the study are required, at minimum, to meet a base level of quality (i.e. child care licensing or Step 1 Quality Rating). Providers that deliver higher levels of quality (i.e. Step 2, Step 3, or Step 4 Quality Rating) are required to implement additional quality practices related to professional development, staff qualifications, learning environment, curriculum and assessment use, and relationships amongst teachers and children.**
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information?

After conducting a narrow cost analysis, the Lead Agency found that there was a difference between the enrollment expenses and revenue among different types of childcare providers. While center-licensed providers were able to make a profit from their enrollment revenue and cost per child, family and group license types faced a deficit. This inequality between different license types led the state to increase CCAP rates for family and group license types to support the childcare business. The state agency plans to continue to monitor the availability of child care, and to use coding to track types of providers and whether any increases in provider payment from the ND Child Care Initiative have an effect on child care business sustainability and capacity in order to understand which payment practices best support ND child care.

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

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

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

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

- i. Provide the date the report was completed: **6/28/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **7/19/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **www.hhs.nd.gov/sites/www/files/documents/EA/CCAP/2024_MRS.pdf**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The report was reviewed by the Economic Assistance Section, the Early Childhood Section, and Child Care Aware of ND to ensure all details that were needed were captured in the final report.**

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also

consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

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

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

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

Yes.

i. If yes, check if the Lead Agency:

Sets the same payment rates for the entire State or Territory.

Sets different payment rates for different regions in the State or Territory.

No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2024**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **The Lead Agency publishes weekly rates.**

4.3.2 Base payment rates

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

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

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

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

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

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	1278.00 Per Month	100.00	319.50	76.00	1083.33	1148.33	1243.33		
Family Child Care for Infants (6 months)	980.00 Per Month	100.00	245.00	86.00	799.50	845.00	866.67		
Center Care for Toddlers (18 months)	1243.00 Per Month	100.00	310.75	88.00	1045.42	1083.33	1148.33		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Toddlers (18 months)	980.00 Per Month	100.00	245.00	90.00	758.33	801.67	866.67		
Center Care for Preschoolers (4 years)	1040.00 Per Month	100.00	260.00	75.00	931.67	975.00	1040.00		
Family Child Care for Preschoolers (4 years)	855.00 Per Month	100.00	213.00	75.00	758.33	780.00	855.83		
Center Care for School-Age (6 years)	823.00 Per Month	100.00	205.00	75.00	624.00	715.00	823.33		
Family Child Care for School-Age (6 years)	812.00 Per Month	100.00	203.00	75.00	715.00	758.33	812.50		

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

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

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

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

Yes.

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

4.3.3 Tiered rates, differential rates, and add-ons

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

- a. Does the Lead Agency provide any rate add-ons above the base rate?
- Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **A child who meets the Lead Agency's definition of disability and who is attending a quality rating and improvement system (QRIS) participating provider with a Step 2 Quality Rating or higher will be eligible to receive an additional 10% of the state max rate for each payment.**

Through the ND Child Care Initiative, providers with a current Step 2 Quality Rating or higher are eligible to receive a Tiered Quality payment monthly. These payments are separate from the service month payments issued for a child's child care costs, and are not intended to be used for a child's billed amount. An additional 5%, 10% or 15% of the state max rate will be issued per CCAP child based on the Quality Rating.

Through the ND Child Care Initiative, North Dakota Licensed, tribally licensed or military licensed providers who are caring for CCAP infants and toddlers are eligible to receive an additional payment of 30% of the state max rate per CCAP infant and toddler monthly. These payments are separate from the service month payments issued for a child's child care costs, and are not intended to be used for a child's billed amount.

No.

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

Yes.

No. Tiered or differential rates are not implemented.

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

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

Does the Lead Agency reduce provider payments if the price the provider charges to

private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

Yes. If yes, describe:

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Lead Agency uses various methods to determine the rates for its Child Care Assistance Program. Firstly, the agency works with a vendor to conduct a market rate survey and narrow cost analysis that collects demographic and independent variables, such as cost per license type and child age. Once the 75th percentile of the survey is determined, it is compared to the current rates. The agency focuses on creating equitable adjustments to its child care assistance rates through the market rate survey, narrow cost analysis, and collaboration with stakeholders like providers, The Early Childhood Council, Tribal Partners, and Legislative Representatives. Once initial rates are determined, the Lead Agency reviews the rate changes to ensure the changes are equitable to all license-type providers.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The market rate survey and narrow cost analysis reviewed responses from a population of licensed providers. Licensed childcare providers are required to maintain health safety quality and staffing guidelines to retain their licenses. By choosing this population for the market rate survey and narrow cost analysis and using this information to determine rates, the Lead Agency can determine that these rates support the requirements needed to provide childcare that maintains CCDF requirements.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The narrow cost analysis provided insight into child care providers' revenues and expenditures per child and by license type in North Dakota. It was evident that providers in the family group license type are seeing a significant decrease in revenue based on the cost of providing care per child, while center-type licenses did see a slight profit through their enrollment revenue and expenditures per child. This information assisted the Lead Agency in determining which groups might need a higher state max rate to support access and availability of childcare.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **After reviewing the narrow cost analysis, the Lead Agency determined that Bright and Early providers saw a significant decrease in revenue, compared to their non-quality-rated counterparts. In order to support quality care, it was determined that the Lead Agency would keep base rates equivalent across provider types, however, the Lead Agency implemented a provider bonus payment through the ND Childcare Initiative, which provides a relative increase in payment based on quality rating to support the accessibility and availability of quality childcare in North Dakota and ensure child care providers are supported in their efforts to provide quality-rates care.**

- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **NA**

4.4 Payment Practices to Providers

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

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

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

4.4.1 Prospective and enrollment-based payment practices

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

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

Yes. If yes, describe: **The Lead Agency allows child care providers to certify for payment beginning on the 20th of the prior month. All payments certified prior to the 2nd to last working day of the month are processed that night to allow for payments to be received by child care providers on the first of the month.**

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency’s payment practice that ensures timely payment for that provider type:

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

Yes. The Lead Agency pays all providers by authorized enrollment and payment is not

altered based on a child's attendance or the number of absences a child has.

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

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

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

Yes.

No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

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

Yes. If yes, identify the fees the Lead Agency pays for: **The Lead Agency pays for registration fees, which may also be referred to as an annual enrollment fee or a deposit.**

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **The Lead Agency sends a certificate to providers which informs them of the maximum amount and the level of care that can be paid by the Lead Agency per child that has been associated to that provider. The provider is informed of the family's co-payment amount and provided a brief overview of how payments are determined. As part of this notice, providers are given an information page on their right to appeal.**

- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur:

Child Care providers are sent a 'Closing Notice for Provider'. This notice is sent to all providers associated to a case when the case is set to close. The notice informs the provider that any services provided after a certain date, typically the first day of the

month after a case closed, will not be paid by CCAP. Child Care providers are also notified of changes to payment rates and co-payments through an updated certificate as changes are made. Notices are available to providers the next business day in the provider SSP, and by mail in 5 - 7 business days.

- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Both clients and providers are given a 30-day period from the date of notice to submit an appeal request for any adverse action. Both clients and providers are supplied this information on the various notices they receive.**
- f. Other. Describe any other payment practices established by the Lead Agency: **NA**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **The Lead Agency has implemented a prospective payment policy that allows providers to receive payment on the first of the month in which care is to be provided, which matches the payment practices used by child care providers for private paying families. However, if a provider chooses to certify for payment after the month is over, they have this option as well. The Lead Agency has implemented a simplified payment request process to reduce time and administrative burden on providers and families.**

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

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

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

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The Lead Agency is still developing plans on how to offer child care services through grants or contracts and will be pursuing a waiver.**

If no, skip to question 4.5.2.

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

Children with disabilities. Number of slots allocated through grants or

contracts:

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

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

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

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

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

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

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

Other populations. If checked, describe:

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

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

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

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

Yes.

No.

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

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe:
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. Restricted to care for children with special needs or a medical condition. Describe: **In-home child care is allowed when a child's health would be at risk if taken to an outside provider or that a child's medical condition creates an undue hardship by taking the child to an outside provider.**

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

4.5.3 Shortages in the supply of child care

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

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

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: **The Lead Agency does not license by age; however, uses the Bi-Partisan Policy Center's child care desert definition to identify underserved and potentially constrained counties across the state of North Dakota.**
 - ii. Method of tracking progress: **The Lead Agency reviews licensed child care capacity on a quarterly basis.**
 - iii. What is the plan to address the child care shortages using family child care homes **The Lead Agency through the ND Child Care Initiative has made Grow Child Care grants available to start or expand child care capacity in counties identified as underserved. The ND Child Care Initiative is also making it possible for providers participating in the Child Care Assistance Program (CCAP) to receive an additional payment per CCAP infant and toddler. These funds are equal to 30% of the state max rate for each infant and/or toddler, separate from the CCAP payment and are not applied to a family's bill.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency through the ND Child Care Initiative has made Grow Child Care grants available to any program increasing infant and/or toddler space by adding eight infants or 10 toddlers to a space dedicated to that age. The ND Child Care Initiative is also making it possible for providers participating in the Child Care Assistance Program (CCAP) to receive an additional payment per CCAP infant and toddler. These funds are equal to 30% of the state max rate for each infant and/or toddler, separate from the CCAP payment and are not applied to a family's bill.**
- b. In different regions of the State or Territory:
 - i. Data sources used to identify shortages: **The Lead Agency uses child care licensing data and county profile reports from the referral data system to look at child care capacity across the state.**
 - ii. Method of tracking progress: **The Lead Agency reviews licensed child care capacity on a quarterly basis.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency through the ND Child Care Initiative has made Grow Child Care grants available to start or expand child care capacity in counties identified as underserved.**

- iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency through the ND Child Care Initiative has made Grow Child Care grants available to any program increasing infant and/or toddler space by adding eight infants or 10 toddlers to a space dedicated to that age. These grants are also available for starting new child care in underserved counties.**
- c. In care for special populations:
 - i. Data sources used to identify shortages: **The Lead Agency uses the number of children supported by IDEA Part C Early Intervention and IDEA Part B 619 to understand the number of children birth to five that may require specialized care. The Lead Agency also has anecdotal data from families and advocates about the challenges families face when seeking child care for children with special needs.**
 - ii. Method of tracking progress: **The Lead Agency’s contracted vendor for Inclusive Child Care Support provides data to illustrate the resources and support made available to providers caring for children with special needs.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency with state general funding contracts an Inclusive Child Care Support vendor to offer resources and support to providers in caring for children with special needs. Through the ND Child Care Initiative, the Lead Agency also has grants designed to help licensed programs create and maintain an inclusive environment that supports children with disabilities or developmental delays to learn, grow, play and develop alongside their peers in an inclusive setting. Providers can apply for inclusive care support, environmental modifications and specialized equipment and materials.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency with state general funding contracts an Inclusive Child Care Support vendor to offer resources and support to providers in caring for children with special needs. Through the ND Child Care Initiative, the Lead Agency also has grants designed to help licensed programs create and maintain an inclusive environment that supports children with disabilities or developmental delays to learn, grow, play and develop alongside their peers in an inclusive setting. Providers can apply for inclusive care support, environmental modifications and specialized equipment and materials.**

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

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

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

- a. Underserved geographic areas. Describe: **The Lead Agency uses the Bi-Partisan Policy Center’s child care desert definition to identify underserved and potentially constrained counties across the state of North Dakota. The Lead Agency through the ND Child Care Initiative has made Grow Child Care grants available to start or expand child care capacity**

in counties identified as underserved.

- b. Infants and toddlers. Describe: **The Lead Agency does not license by age; however, uses the Bi-Partisan Policy Center’s child care desert definition to identify underserved and potentially constrained counties across the state of North Dakota. The Lead Agency through the ND Child Care Initiative has made Grow Child Care grants available to any program increasing infant and/or toddler space by adding eight infants or 10 toddlers to a space dedicated to that age.**
- c. Children with disabilities. Describe: **The Lead Agency uses the number of children supported by IDEA Part C Early Intervention and IDEA Part B 619 to understand the number of children birth to five that may require specialized care. The Lead Agency also has anecdotal data from families and advocates about the challenges families face when seeking child care for children with special needs. The Lead Agency through the ND Child Care Initiative has grants designed to help licensed programs create and maintain an inclusive environment that supports children with disabilities or developmental delays to learn, grow, play and develop alongside their peers in an inclusive setting. Providers can apply for inclusive care support, environmental modifications and specialized equipment and materials.**
- d. Children who receive care during non-traditional hours. Describe: **The Lead Agency has limited data in the child care referral data base on programs that care for children beyond the traditional child care hours of 7:30 a.m. - 5:30 p.m. The Lead Agency through the ND Child Care Initiative has launched a non-traditional hour child care pilot to learn what it takes for local communities to develop solutions for making non-traditional hour care available.**
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **The population focus includes all children enrolled with CCDF eligible providers. The Lead Agency through the ND Child Care Initiative supplied infrastructure funding to the quality rating and improvement system (QRIS) contractor for outreach, assessment, and technical assistance. This funding allowed the contractor to hire additional staff and eliminate the waiting period to participate in the QRIS. The initiative also provides Child Care Assistance Program (CCAP) Tiered Quality Based Bonuses to providers that participate in the QRIS and have a Step 2, Step 3, or Step 4 Quality Rating. Programs are also eligible for quality improvement grants on an annual basis, measured by the program’s ability to attain and maintain a Step 2, Step 3, or Step 4 Quality Rating. The Initiative also rewards completion of above and beyond training and makes a shared-services alliance available to providers at little to no cost which includes business training, child care management systems, and curriculum.**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The Lead Agency through the ND Child Care Initiative expanded resources available to the Child Care**

Assistance Program (CCAP) increasing rates for families with children ages zero to three when they face the greatest economic pressure and make critical decisions about how and if they rejoin the workforce. The Initiative also eliminates a copay for families at or under 30% SMI. In addition, to reduce burden during application, families who are already receiving LIHEAP, TANF or SNAP have fewer questions on the CCAP application and are not required to verify their income.

5 Health and Safety of Child Care Settings

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

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

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

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

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **Child care Centers are licensed and monitored by the Lead Agency and must meet licensing requirements per North Dakota Century Code 50-11.1 and North Dakota Administrative Rule 75-03-10. These programs receive one announced and one unannounced monitoring visit per year. Setting: Programs are often in free-standing buildings, businesses, community centers, or places of worship. They may be privately-owned, for-profit business or a non-profit entity that is governed by a board of directors. Age Range: Infants through 11 years old Number of Children: 19 or more children**

Group Child Care in a Facility programs are licensed and monitored by the Lead Agency and must meet licensing requirements per North Dakota Century Code 50-11.1 and North Dakota Administrative Code 75-03-09. These programs receive one announced and one unannounced monitoring visit per year. Setting: Programs are often in free-standing buildings, businesses, homes, community centers, or places of worship. They may be privately-owned, for-profit business or a non-profit entity that is governed by a board of directors. Age Range: Infants through 11 years old Number of Children: Up to 30 children, dependent upon square-footage requirements, staffing ratios and local ordinances.

Preschool programs are licensed and monitored by the Lead Agency and must meet licensing requirements per North Dakota Century Code 50-11.1 and North Dakota Administrative Code 75-03-11. Private preschool programs provide care part-time, with hours limited to three hours a day. These programs receive one announced and one unannounced monitoring visit per year. Setting: Programs are often in free-standing buildings, businesses, community centers, or places of worship. They may be privately-owned, for-profit business or a non-profit entity that is governed by a board of directors. Age Range: 2 through 5 years old Number of Children: Varies, dependent upon square-footage requirements

School-Age Child Care programs are licensed and monitored by the Lead Agency and must meet licensing requirements per North Dakota Century Code 50-11.1 and North Dakota Administrative Code 75-03-11.1. These programs offer services before and after school, sometimes on school holidays, and through the summer months. These programs receive one announced and one unannounced monitoring visit per year. Setting: Programs are often in free-standing buildings, businesses, community centers, or places of worship. They may be privately-owned, for-profit business or a non-profit entity that is governed by a board of directors. Age Range: 5 through 11 years old Number of Children: 19 or more children

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

Yes. If yes, describe:

No.

- b. Identify the family child care providers subject to licensing: **Family child care programs are licensed and monitored by the Lead Agency and must meet licensing requirements per North Dakota Century Code 50-11.1 and North Dakota Administrative Code 75-03-08. These programs receive one announced and one unannounced monitoring visit per year.**
Setting: Private residence
Age Range: Infants through 11 years old
Number of Children:
- Up to 7 children, of which no more than 3 may be under the age of 24 months, plus 2 additional school-age children, or;
- Maximum of 4 children under the age of 24 months, plus 2 school-age children.
- A provider's own children under age 12 must be included in the total.

Group Child Care in a Provider's Home programs are licensed and monitored by the Lead Agency and must meet licensing requirements per North Dakota Century Code 50-11.1 and North Dakota Administrative Code 75-03-09. These programs receive one announced and one unannounced monitoring visit per year.

Setting: Private residence

Age Range: Infants through 11 years old

Number of Children: Up to 30 children, dependent upon square-footage requirements, staffing ratios and local ordinances. A provider's own children under age 12 must be included in the total.

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

Yes. If yes, describe:

No.

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

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

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

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

- a. License-exempt center-based child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **N/A**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**
- b. License-exempt family child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Self-Declaration Providers**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Self-Declared providers provide care in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Self-declared Providers: Care for 5 or fewer children, of which no more than 3 may be under that age of 24 months, in a home. These providers must meet some minimal standards, including a background check. Shall ensure a current health assessment or a health assessment statement completed by the parent is obtained at the time of initial enrollment of the child, which must indicate any special precautions for diet, medication, or activity. This assessment must be completed annually; Shall ensure a child information form completed by the parent is obtained at the time of initial enrollment of the child and annually thereafter; Shall certify completion of a department-approved basic child care course within ninety days of being approved as a provider; Shall be currently certified in infant and pediatric cardiopulmonary resuscitation and the use of an automated external defibrillator by the American heart association, the American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department; Shall be currently certified in pediatric first aid by a program approved by the department; Shall complete a minimum of three hours of department-approved training annually, including one hour on safe sleep prior to provider providing care to infants and one hour on mandated reporter of suspected child abuse or neglect. Providers are inspected prior to issuing certification and receive one monitoring visit per year. Self-declared providers are eligible to participate in the Child Care Assistance Program and the USDA Food program.**
- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. **In-home Provider**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **In-home providers may provide early childhood services in a private residence for up to five children through the age of eleven, of which no more than three may be under the age of twenty-four months.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger

the health, safety, and development of children. An applicant for an in-home registration document shall be directly responsible for the care, supervision, and guidance of the child or children in the child or children's home and shall comply with the following standards, certifying in the application that the applicant: a. Is at least eighteen years of age. b. Is physically, cognitively, socially, and emotionally healthy and will use mature judgment when making decisions impacting the quality of child care. c. Shall devote adequate time and attention to the children in the applicant's care and provide an environment that is physically and socially adequate for children. d. Shall participate in specialized training related to child care if provided by or approved by the department. e. Shall complete one hour of department-approved training annually on safe sleep prior to in-home provider having unsupervised access to infants and one hour on mandated reporter of suspected child abuse or neglect. An in-home provider shall submit an application for a fingerprint-based criminal history record check at the time of application and within five years from the date of initial approval and at least once every five years thereafter.

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

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

5.2.1 Age classifications

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

- a. Infant. Describe: **0 through 17 months**
- b. Toddler. Describe: **18 through 35 months**
- c. Preschool. Describe: **3 through 5 years**
- d. School-Age. Describe: **at least 5 years but less than 12 years of age**

5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:
 - i. Infant.
Ratio: **1 adult:4 children**
Group size: **10 children**
 - ii. Toddler.
Ratio: **1 adult:5 children**
Group size: **15 children**

iii. **Preschool.**

**Ratio: Center & Group Licenses: 3 years old = 1 adult:7 children, 4 years old = 1 adult:10 children, 5 years old = 1 adult:12 children
Preschool License: 2 years old = 1 adult:6 children, 3 years old = 1 adult:11 children, 4 years old = 1 adult:3 children, 5 years old = 1 adult:6 children**

**Group size: Center and Group in a Facility Licenses: 3 years old = 20 children, 4 years old = 25 children, 5 years old = 30 children
Preschool License: Groups of 10 children that include 2-year-olds, must have 1 director/teacher and at least 1 staff member. Groups of 20 children that include 3-year-olds, must have 1 director/teacher and at least 1 staff member. Groups of 24 children that include 4-6-year-olds, must have 1 director/teacher and at least 1 staff member.**

iv. **School-Age.**

Ratio: Center and Group = 1 adult: 20 children

Group size: Center License = 40 children

Group License = 30 children School Age License = 30 children

v. **Mixed-Age Groups (if applicable).**

Ratio: When there is a mixed-aged group, the number of children in each age category is multiplied by the corresponding ratio number, converted to decimal form, and carried to the nearest hundredth. Age group decimals are calculated as follows: (1) For children less than eighteen months of age, one staff member may care for four children, a ratio of .25 in decimal form; (2) For children eighteen months of age to thirty-six months of age, one staff member may care for five children, a ratio of .20 in decimal form; (3) For children three years of age to four years of age, one staff member may care for seven children, a ratio of .14 in decimal form; (4) For children four years of age to five years of age, one staff member may care for ten children, a ratio of .10 in decimal form; (5) For children five years of age to six years of age, one staff member may care for twelve children, a ratio of .08 in decimal form; and (6) For children six years to twelve years of age, one staff member may care for twenty children, a ratio of .05 in decimal form. To determine the number of staff members responsible for caring for or teaching children necessary at any given time, numbers of staff members for all age categories are added, and any fractional staff member count is then rounded to the next highest whole number whenever the fractional staff member count amounts to thirty-five hundredths or more. If lower than thirty-five hundredths, the fractional amount is dropped. No more than four children under the age of eighteen months per staff member are allowed in any mixed-aged group.

Group size: When there are mixed-age groups in the same room, the operator shall ensure: the maximum group size is consistent with the: (a) Age of the majority of the children; or (b) Highest number of children in the youngest age group; When children age zero to eighteen months are

in the mixed-age group, the maximum group size does not exceed ten children; The mixed-age group does not exceed the acceptable ratio and the maximum number of children per staff member; and If the mixed-age group contains the maximum number of children per staff member, the mixed-age group may only contain additional older children.

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
- i. Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant:
 - iii. Toddler:
 - iv. Preschool:
 - v. School-Age:
 - vi. Mixed-Age Groups:
- c. Licensed CCDF family child care home providers:
- i. Infant (if applicable)

Ratio: Family & Group License: Maximum of 4 children under the age of 24 months, plus 2 school age children, including provider's own children. - OR- Maximum of 7 children of which no more than 3 are under the age of 24 months, plus 2 school age children, including provider's own children. If space and staffing allow, Group Licenses may follow ratio and group size of mixed-age groups.

Group size: Family & Group License: Maximum of 4 children under the age of 24 months, plus 2 school age children, including provider's own children. -OR- Maximum of 7 children of which no more than 3 are under the age of 24 months, plus 2 school age children, including provider's own children. If space and staffing allow, Group Licenses may follow ratio and group size of mixed-age groups.
 - ii. Toddler (if applicable)

Ratio: Family & Group License: Maximum of 4 children under the age of 24 months, plus 2 school age children, including provider's own children. - OR- Maximum of 7 children of which no more than 3 are under the age of 24 months, plus 2 school age children, including provider's own children. If space and staffing allow, Group Licenses may follow ratio and group size of mixed-age groups.

Group size: Family & Group License: Maximum of 4 children under the age of 24 months, plus 2 school age children, including provider's own children. -OR- Maximum of 7 children of which no more than 3 are under the age of 24 months, plus 2 school age children, including provider's own children. If space and staffing allow, Group Licenses may follow ratio and group size of mixed-age groups.
 - iii. Preschool (if applicable)

Ratio: Family and Group License: Maximum of 4 children under the age of 24 months, plus 2 school age children, including provider's own children. - OR- Maximum of 7 children of which no more than 3 are under the age of 24 months plus 2 school age children, including provider's own children. If space and staffing allow, Group Licenses may follow ratio and group size of mixed-age groups.

Group size: Family & Group License: Maximum of 4 children under the age of 24 months, plus 2 school age children, including provider's own children. -OR- Maximum of 7 children of which no more than 3 are under the age of 24 months, plus 2 school age children, including provider's own children. If space and staffing allow, Group Licenses may follow ratio and group size of mixed-age groups.

iv. School-Age (if applicable)

Ratio: Family & Group License: Maximum of 4 children under the age of 24 months, plus 2 school age children, including provider's own children. - OR- Maximum of 7 children of which no more than 3 are under the age of 24 months, plus 2 school age children, including provider's own children. If space and staffing allow, Group Licenses may follow ratio and group size of mixed-age groups.

Group size: Family & Group License: Maximum of 4 children under the age of 24 months, plus 2 school age children, including provider's own children. -OR- Maximum of 7 children of which no more than 3 are under the age of 24 months, plus 2 school age children, including provider's own children. If space and staffing allow, Group Licenses may follow ratio and group size of mixed-age groups.

v. Mixed-Age Groups

Ratio: Group License: When there is a mixed-aged group, the number of children in each age category is multiplied by the corresponding ratio number, converted to decimal form, and carried to the nearest hundredth. Age group decimals are calculated as follows: (1) For children less than eighteen months of age, one staff member may care for four children, a ratio of .25 in decimal form; (2) For children eighteen months of age to thirty-six months of age, one staff member may care for five children, a ratio of .20 in decimal form; (3) For children three years of age to four years of age, one staff member may care for seven children, a ratio of .14 in decimal form; (4) For children four years of age to five years of age, one staff member may care for ten children, a ratio of .10 in decimal form; (5) For children five years of age to six years of age, one staff member may care for twelve children, a ratio of .08 in decimal form; and (6) For children six years to twelve years of age, one staff member may care for twenty children, a ratio of .05 in decimal form. To determine the number of staff members responsible for caring for or teaching children necessary at any given time, numbers of staff members for all age categories are added, and any fractional staff member count is then rounded to the next highest whole number whenever the fractional staff

member count amounts to thirty-five hundredths or more. If lower than thirty-five hundredths, the fractional amount is dropped. No more than four children under the age of eighteen months per staff member are allowed in any mixed-aged group.

Group size: **Group License:** When there are mixed-age groups in the same room, the operator shall ensure: the maximum group size is consistent with the: (a) Age of the majority of the children; or (b) Highest number of children in the youngest age group; When children age zero to eighteen months are in the mixed-age group, the maximum group size does not exceed ten children; The mixed-age group does not exceed the acceptable ratio and the maximum number of children per staff member; and If the mixed-age group contains the maximum number of children per staff member, the mixed-age group may only contain additional older children.

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

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **Self-declared providers have a ratio of 1 adult:5 children with a maximum group size of 5 children, of which no more than 3 may be under 24 months.**

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

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

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

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

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **In-home providers have a ratio of 1 adult:5 children with a maximum group size of 5 children, of which no more than 3 may be under 24 months.**

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

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

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Licensed center-based care CENTER/GROUP/SCHOOL AGE TEACHER/CAREGIVER: North Dakota law states that all staff must complete specific trainings, including pediatric CPR/AED/First Aid, a department-approved basic child care course within ninety days of employment, a safe sleep training course completed annually if working with infants, mandated reporter of child abuse and neglect completed annually in addition to annual training hours.**
- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **CENTER LICENSE: Hold at least one of the following qualifications: OPTION ONE: A bachelor's degree in the field of early childhood education or child development; OPTION TWO: A bachelor's degree with at least six months of experience in a child care center or similar setting and one of the following: (1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department; OPTION THREE: An associate's degree in the field of early childhood education or child development with at least six months of experience in a child care center or similar setting; OPTION FOUR: An associate's degree with at least one year of experience in a child care center or similar setting and one of the following: (1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department; OPTION FIVE: A teaching certificate in elementary education with at least six months of experience in a child care center or similar setting; OPTION SIX: A current certification as a child development associate or successful completion of a department-approved diploma program with emphasis in early childhood or child care, with at least one year of experience in a child care center or similar setting; or OPTION SEVEN: Certification from a Montessori teacher training program with at least one year of experience in a Montessori school, child care center, or similar setting and at least one of the following: (1) Eight semester hours or twelve quarter hours of department-approved child development or early childhood education; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department.**

SCHOOL AGE LICENSE: Hold at least one of the following qualifications: OPTION ONE: A bachelor's degree in the field of early childhood education, child development, or elementary education; OPTION TWO: A bachelor's degree with at least six months of experience in a school-age child care program or similar setting and one of the following: (1) Eight semester hours or twelve quarter hours of department-approved early childhood education, child development, or elementary education; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department; OPTION THREE: An associate degree in the field of early childhood education or child development with at least six months of experience in a school-age child care program or similar setting; OPTION FOUR: An associate's degree with at least one year of experience in a school-age child care program and one of the following: (1) Eight semester hours or twelve quarter hours of department-approved early childhood education, child development, or elementary education; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department; OPTION FIVE: A current certification as a child development associate or similar status with at least one year of experience in a school-age child care program or similar setting; OPTION SIX: Certification from a Montessori teacher training program with one year of experience in a Montessori school, school-age child care program, or similar setting, and at least one of the following: (1) Eight semester hours or twelve quarter hours of department-approved child development, early childhood education, or elementary education; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Family and Group: A provider shall: 1. Be at least eighteen years of age; 2. Certify completion of a department-approved basic child care course within ninety days of licensure; 3. Certify completion of a minimum of nine hours of department-approved training related to child care annually, including one hour on mandated reporter of suspected child abuse or neglect. The same training courses may be counted toward licensing annual requirements only if at least three years has passed since the last completion date of that training course, with the exception of safe sleep and mandated reporter annual training; and 4. Certify completion of one hour of department-approved safe sleep training prior to provider providing care to infants and annually thereafter.**

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

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

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

- a. License-exempt center-based child care. **N/A**
- b. License-exempt home-based child care. **Self-Declaration Providers shall complete a minimum of three hours of department-approved training annually, including one hour on safe sleep prior to provider providing care to infants and one hour on mandated reporter of suspected child abuse or neglect. The same training courses may be counted toward self-declaration annual requirements only if at least three years has passed since the last completion date of that training course, with the exception of safe sleep and mandated reporter of suspected child abuse or neglect annual training.**
- c. License-exempt in-home care (care in the child’s own home). **License-exempt in-home providers shall participate in specialized training related to child care if provided by or approved by the department and must complete one hour of department-approved training annually on safe sleep prior to having unsupervised access to infants and one hour on mandated reporter of suspected child abuse or neglect annual training.**

5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center Ages 0 to 12 years and Preschool Ages 2- 6 years: Verification that the child has received all immunizations appropriate for the child's age, as prescribed by the public health division of the department or have on file a document citing that the child is medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs; and the program shall have written plans to respond to illness and emergencies. Programs must require a supervised temporary isolation area designated for a child who is too ill to remain in the program or who has an infectious or contagious disease, with the following procedures being followed when those signs of symptoms are observed: (a) parents are notified immediately and asked to pick up their child; and (b) first aid is provided, and medical care is sought as necessary. Establish and implement**

practices in accordance with guidance obtained through consultation with local or state department of health authorities implemented regarding the exclusion and return of children with infectious or communicable conditions. The program may obtain this guidance directly or through current published materials regarding exclusion and return to the program. The provider shall ensure that the program bathroom sinks, toilets, tables, chairs, and floors are cleaned daily. The provider shall also ensure pillows and mattresses have clean coverings; sheets and pillowcases are changed as often as necessary for cleanliness and hygiene, at least weekly; if beds, cots, mats, or cribs are used by different children, sheets and pillowcases are laundered before use by other children; cots, mats, and cribs are cleaned as often as necessary for cleanliness and hygiene, at least weekly, and after each use if used by different children; cots, mats, and cribs are single occupancy; each bed, cot, or mat has sufficient blankets available; aisles between beds, cots, mats, cribs, and portable cribs are a minimum space of two feet and are kept free of all obstructions while beds, cots, mats, cribs, and portable cribs are occupied; separate storage is provided for personal blankets or coverings; and mattresses and sheets are properly fitted. The provider shall ensure that the program's building, grounds, and equipment are located, cleaned, and maintained to protect the health and safety of children. The program shall ensure that all toys and equipment are kept clean and in sanitary condition. Books and other toys are not readily cleanable must be sanitized as much as possible without damaging the integrity or educational value of the item. Staff members and children shall wash their hands, according to recommendations by the federal centers for disease control and prevention, before preparing or serving meals, after diapering, after using toilet facilities, and after any other procedure that may involve contact with bodily fluids. Hand soap and sanitary hand-drying equipment, single-use cloth towels or paper towels must be available at each sink.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Ages 0 to 12 years old: Children shall have received all immunizations appropriate for the child's age, as prescribed by the public health division of the department, unless the child is medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs. Group Child Care Ages 0 to 12 years: Verification that the child has received all immunizations appropriate for the child's age, as prescribed by the public health division of the department, or have on file a document citing that the child is medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs; and the group child care must have written plans to respond to illness and emergencies, including burns, serious injury, and ingestion of poison. Staff members and children shall wash their hands, according to recommendations by the federal centers for disease control and prevention, before preparing or serving meals, after diapering, after using toilet facilities, and after any other procedure that may involve contact with bodily fluids. Hand soap and sanitary hand-drying equipment, single-use or individually designated cloth towels, or paper towels must be available at each sink. Pillows and mattresses have clean coverings. Sheets and pillowcases are changed as often as necessary for cleanliness and hygiene, at least weekly. If beds, cots, mats, or cribs are used by different children, sheets and pillowcases are laundered before use by other children. Cots, mats, and cribs are**

cleaned as often as necessary for cleanliness and hygiene, at least weekly, and after each use if used by different children. The provider shall ensure that parents of enrollees are advised of these plans. The group child care must have written plans to respond to illness and emergencies, including burns, serious injury, and ingestion of poison. The provider shall ensure that parents of enrollees are advised of these plans. Require a supervised temporary isolation area designated for a child who is too ill to remain in the group child care or who has an infectious or contagious disease, with the following procedures being followed when those signs or symptoms are observed: (a) parents are notified immediately and asked to pick up their child; and (b) first aid is provided, and medical care is sought, as necessary. Notify parents, legal custodians, or guardians of a child's exposure to a presumed or confirmed reportable infectious disease.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration Ages 0 to 12 years: Shall verify that the child has received all immunizations appropriate for the child's age, as prescribed by the public health division of the department or have on file a document stating that the child is medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs. Notify parents, legal custodians, or guardians of a child's exposure to a presumed or confirmed reportable infectious disease. The provider shall operate according to the recommendations by the federal centers for disease control and prevention, including washing hands, before preparing or serving meals, after diapering, after using toilet facilities, and after any other procedure that may involve contact with bodily fluids. Hand soap and single-use or individually designated cloth towels or paper towels must be available at each sink. Clean towels must be provided at least daily.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When care is provided in a child's home, the provider shall provide for a safe and sanitary environment while children are in care.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **School-Age Ages 5 to 12 years: Shall verify that the child has received all immunizations appropriate for the child's age, as prescribed by the public health division of the department or have on file a document stating that the child is medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs. Staff members and children shall wash their hands, according to recommendations by the federal centers for disease control and prevention, before preparing or serving meals, after using toilet facilities, and after any other procedure that may involve contact with bodily fluids. Hand soap and paper towels, sanitary hand-drying equipment, or single-use or individually designated cloth towels must be available at each sink. Require a supervised, temporary isolation area be designated for a child who is too ill to remain in the school-age child care program, or who has an infectious or contagious disease, with the following procedures being followed when those**

signs or symptoms are observed: (a) parents are notified immediately and asked to pick up their child; and (b) first aid is provided, and medical care sought, as necessary. Establish and implement practices in accordance with guidance obtained through consultation with local health unit authorities or authorities from the public health division of the department regarding the exclusion and return of children with infectious or communicable conditions. The operator may obtain this guidance directly or through current published material regarding exclusion and return to the school-age child care program. Notify parents, legal custodians, or guardians of a child's exposure to a presumed or confirmed reportable infectious disease.

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center Ages 0 to 12 years and Preschool 2- 6 years: Verification that the child has received all immunizations appropriate for the child's age, as prescribed by the public health division of the department or have on file a document stating that the child is medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs. Any child admitted to an early childhood facility and not adhering to the recommended schedule shall provide proof of immunization or a certificate of immunization within thirty calendar days of enrollment or be excluded from the early childhood facility.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group Ages 0 to 12 years: Children shall have received all immunizations appropriate for the child's age, as prescribed by the public health division of the department, unless the child is medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs. Any child admitted to an early childhood facility and not adhering to the recommended schedule shall provide proof of immunization or a certificate of immunization within thirty calendar days of enrollment or be excluded from the early childhood facility.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration 0 to 12 years old: Shall verify that the child has received all immunizations appropriate for the child's age, as prescribed by the public health division of the department or have on file a document stating that the child is medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs. Any child admitted to an early childhood facility and not adhering to the recommended schedule shall provide proof of immunization or a certificate of immunization within thirty calendar days of enrollment or be excluded from the early childhood facility.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead**

Agency does not have a standard for immunization requirements when care is provided in a child's home.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: Shall verify that the child has received all immunizations appropriate for the child's age, as prescribed by the public health division of the department or have on file a document stating that the child is medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs. Any child admitted to an early childhood facility and not adhering to the recommended schedule shall provide proof of immunization or a certificate of immunization within thirty calendar days of enrollment or be excluded from the early childhood facility.**

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **Ages 0-12 years: Certify annual completion of a minimum of thirteen hours of department-approved training related to child care, including one hour on safe sleep prior to the director providing care to infants. The supervisor shall certify completion of one hour of department-approved safe sleep training before providing care to infants. Completion of one hour of department-approved safe sleep prior to the staff member providing care to infants. Sleeping: (1) The operator shall ensure that infants are placed on their back initially when sleeping to lower the risk of sudden infant death syndrome, unless the infant's parent has provided a note from the infant's medical provider specifying otherwise. The infant's face must remain uncovered when sleeping. (2) The operator shall ensure that infants sleep in a crib with a firm mattress or in a portable crib with the manufacturer's pad that meets consumer product safety commission standards. (3) The operator shall ensure that if an infant falls asleep while not in a crib, the infant must be moved immediately to a crib or portable crib, unless the infant's parent has provided a note from the infant's medical provider specifying otherwise. (4) Water beds, adult beds, sofas, pillows, soft mattresses, and other soft surfaces are prohibited as infant sleeping surfaces. (5) The operator shall ensure that all items are removed from and that no toys or objects are hung over or attached to the crib or portable crib when an infant is sleeping or preparing to sleep. With written parental permission, the provider may place one individual infant blanket or sleep sack, a pacifier, and a security item that does not pose a risk of suffocation to the infant in the crib or portable crib while the infant is sleeping or preparing to sleep. (6) The operator shall ensure that a staff member responsible for caring for or teaching children checks on sleeping infants regularly and that a monitor is in the room with the infants unless a staff member is in the room with the infants while the infants are sleeping.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family**

and Group Ages 0 to 12 years: A Provider shall certify completion of one hour of department-approved safe sleep training prior to provider providing care to infants and annually thereafter. Sleeping: (1) The provider shall ensure that infants are placed on their back initially when sleeping to lower the risk of sudden infant death syndrome, unless the infant's parent has provided a note from the infant's medical provider specifying otherwise. The infant's face must remain uncovered when sleeping. (2) The provider shall ensure that infants sleep in a crib with a firm mattress or in a portable crib with the manufacturer's pad that meets consumer product safety commission standards. (3) The provider shall ensure that if an infant falls asleep while not in a crib or portable crib, the infant must be moved immediately to a crib or portable crib, unless the infant's parent has provided a note from the infant's medical provider specifying otherwise. (4) Water beds, adult beds, sofas, pillows, soft mattresses, and other soft surfaces are prohibited as infant sleeping surfaces. (5) The provider shall ensure that all items are removed from and that no toys or objects are hung over or attached to the crib or portable crib when an infant is sleeping or preparing to sleep. With written parental permission, the provider may place one individual infant blanket or sleep sack, a pacifier, and a security item that does not pose a risk of suffocation to the infant in the crib or portable crib while the infant is sleeping or preparing to sleep. (6) A staff member shall check on sleeping infants regularly and have a monitor in the room with the sleeping infant unless a staff member is in the room with the infants while the infants are sleeping.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0 to 12 years: Shall complete a minimum of three hours of department-approved training annually, including one hour on safe sleep prior to provider providing care to infants. Shall ensure that the emergency designee completes required department approved training annually, including one hour on safe sleep prior to emergency designee providing care to infants. Sleeping: (a) The provider shall ensure that infants are placed on their back initially when sleeping to lower the risk of sudden infant death syndrome, unless the infant's parent has provided a note from the infant's medical provider specifying otherwise. The infant's face must remain uncovered when sleeping. (b) The provider shall ensure that infants sleep in a crib with a firm mattress or in a portable crib with the manufacturer's pad that meets consumer product safety commission standards. (c) The provider shall ensure that if an infant falls asleep while not in a crib or portable crib, the infant must be moved immediately to a crib or portable crib, unless the infant's parent has provided a note from the infant's medical provider specifying otherwise. (d) Water beds, adult beds, sofas, pillows, soft mattresses, and other soft surfaces are prohibited as infant sleeping surfaces. (e) The provider shall ensure that all items are removed from and that no toys or objects are hung over or attached to the crib or portable crib when an infant is sleeping or preparing to sleep. With written parental permission, the provider may place one individual infant blanket or sleep sack, a pacifier, and a**

security item that does not pose a risk of suffocation to the infant in the crib or portable crib while the infant is sleeping or preparing to sleep. (f) The provider shall ensure that mattresses and sheets are properly fitted. The provider shall ensure that sheets and mattress pads are changed whenever they become soiled or wet, when cribs are used by different infants, or at least weekly. (g) The provider shall check on sleeping infants regularly and have a monitor in the room with sleeping infants unless the provider or an emergency designee is in the room with the infants while the infants are sleeping.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Ages 0 to 12 years: Shall complete one hour of department-approved training annually on safe sleep prior to in-home provider having unsupervised access to infants and one hour on mandated reporter of suspected child abuse or neglect. Shall provide proper care, supervision, and protection for children in the applicant's care. Supervision means the provider being within sight or hearing range of an infant, toddler, or preschooler at all times so the provider is capable of intervening to protect the health and safety of the child. For the school-age child, it means a provider being available for assistance and care so that the child's health and safety are protected.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center Ages 0 to 12 years and Preschool ages 2 to 6 years: (a) Medication prescribed by a medical provider must be accompanied by the medical provider's written instructions as to dosage and storage, and labeled with the child's name and date; (b) Medication must be stored in an area inaccessible to children, and medication stored in a refrigerator must be stored collectively in a spillproof container; (c) The operator shall keep a written record of the administration of medication, including over-the-counter medication, for each child. Records must include the date and time of each administration, the dosage, the name of the staff member administering the medication, and the name of the child; and (d) The operator shall include completed medication records in the child's record.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group ages 0 to 12 years: (a) Medication prescribed by a medical provider must be accompanied by the medical provider's written instructions as to dosage and storage and labeled with the child's name and date; (b) The provider shall store medications in an area inaccessible to children; (c) Medications stored in a refrigerator must be stored collectively in a spillproof container; and (d) The provider shall keep a written record of the administration of medication, including over-the-counter medication, for each child. Records must include the date and time of each administration, the dosage, the name of the staff member**

administering the medication, and the name of the child. Completed medication records must be included in the child's record.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0 to 12 years: (a) Medication prescribed by a medical provider must be accompanied by the medical provider's written instructions as to dosage and storage and labeled with the child's name and date; (b) The provider shall store medications in an area inaccessible to children; (c) Medications stored in a refrigerator must be stored collectively in a spill-proof container; and (d) The provider shall keep a written record of the administration of medication, including over-the-counter medication, for each child. Records must include the date and time of each administration, the dosage, the name of the staff member administering the medication, and the name of the child. Completed medication records must be included in the child's record.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When a child with special needs is being cared for, the in-home provider shall consult with the child's parents, and, with the parent's permission, the child's source of professional health care, or, when appropriate, other health and professional consultants to gain an understanding of the child's individual needs. The in-home provider shall receive a written health care plan from the child's medical provider or parent with information related to the child's special needs, such as a description, definition of the diagnosis, and general information for emergency and required care such as usual medications and procedures.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: (a) Medication prescribed by a medical provider must be accompanied by the medical provider's written instructions as to its dosage and storage and labeled with the child's name and date; and (b) The program shall keep a written record of the administration of medication, including over-the-counter medication, for each child. Records must include the date and time of each administration, the dosage, the name of the staff member administering the medication, and the name of the child. The program shall include completed medication records in the child's record.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years and Preschool ages 2-6 years: Require written permission to dispense medication and proper instructions for the administration of medication obtained from the parent of a child in the child care center who requires medication.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group ages 0 to 12 years: If children in care require medication, the provider shall secure written permission and follow proper instructions as to the**

administration of medication.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0 to 12 years: Shall secure written permission and follow proper instructions as to the administration of medication.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When a child with special needs is being cared for, the in-home provider shall consult with the child's parents, and, with the parent's permission, the child's source of professional health care, or, when appropriate, other health and professional consultants to gain an understanding of the child's individual needs. The in-home provider shall receive a written health care plan from the child's medical provider or parent with information related to the child's special needs, such as a description, definition of the diagnosis, and general information for emergency and required care such as usual medications and procedures.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: Require written permission to dispense medication and require proper instructions for the administration of medication be obtained from the parent of a child in the school-age child care program who requires medication.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years and Preschool ages 2-6 years: A provider shall make appropriate accommodations, as required by the Americans with Disabilities Act, to meet the needs of children with special needs. The provider shall receive documentation of the child's special needs from the parent upon the child's enrollment. When a child with special needs is admitted, the director or supervisor shall consult with the child's parents, and, with the parent's permission, the child's source of professional health care, or, when appropriate, other health and professional consultants to gain an understanding of the child's individual needs. The operator shall receive a written health care plan from the child's medical provider or parent with information related to the child's special needs, such as a description, definition of the diagnosis, and general information for emergency and required care such as usual medications and procedures. A current health assessment or a health assessment statement completed by the parent, obtained at the time of initial enrollment of the child which must indicate any special precautions for diet, medication, or activity. This assessment must be completed annually. The operator shall ensure staff members responsible for caring for or teaching**

children receive proper instructions as to the nature of the child's special needs and potential for growth and development. The Lead Agency is in the process of developing standards to address the prevention of emergencies due to food and allergic reaction for children not identified as special needs; this work will be completed after October 1, 2024.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group ages 0 to 12 years: A provider shall make appropriate accommodations, as required by the Americans with Disabilities Act, to meet the needs of children with special needs. The provider shall receive documentation of the child's special needs by the parent upon the child's enrollment. When children with special needs are being cared for, the provider shall consult with the child's parents, and with the parent's permission, the child's source of professional health care or, when appropriate, other health and professional consultants to gain an understanding of the child's individual needs. The provider shall receive a written health care plan from the child's medical provider or parent with information related to the child's special needs, such as a description of the special needs, definition of the diagnosis, and general information for emergency and required care such as usual medications and procedures. The provider shall ensure staff members responsible for caring for or teaching children receive proper instructions as to the nature of the child's special needs and potential for growth and development. The Lead Agency is in the process of developing standards to address the prevention of emergencies due to food and allergic reaction for children not identified as special needs; this work will be completed after October 1, 2024.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0 to 12 years: A provider shall make appropriate provisions, as required by the Americans with Disabilities Act, to meet the needs of children with special needs. The provider shall receive documentation of the child's special needs by the parent upon the child's enrollment. When a child with special needs is admitted, the provider shall consult with the child's parents, and with the parent's permission, the child's source of professional health care or, when appropriate, other health and professional consultants, to gain an understanding of the child's individual needs. The provider shall receive a written health care plan from the child's medical provider or parent with information related to the child's special needs, such as a description, definition of the diagnosis, and general information for emergency and required care such as usual medications and procedures. The provider shall ensure that emergency designees responsible for caring for or teaching children receive proper instructions as to the nature of the child's disability and potential for growth and development. The Lead Agency is in the process of developing standards to address the prevention of emergencies due to food and allergic reaction for children not identified as special needs; this work will be completed after October 1, 2024.**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **In-home provider ages 0 to 12 years: shall make appropriate accommodations, as required by the Americans with Disabilities Act, to meet the needs of children with special needs. The in-home provider must receive documentation of the child's special needs by the parent upon the child's enrollment. When a child with special needs is being cared for, the in-home provider shall consult with the child's parents, and, with the parent's permission, the child's source of professional health care, or, when appropriate, other health and professional consultants to gain an understanding of the child's individual needs. The in-home provider shall receive a written health care plan from the child's medical provider or parent with information related to the child's special needs, such as a description, definition of the diagnosis, and general information for emergency and required care such as usual medications and procedures. In-home providers shall receive proper instructions as to the nature of the child's special needs and potential for growth and development. The Lead Agency is in the process of developing standards to address the prevention of emergencies due to food and allergic reaction for children not identified as special needs; this work will be completed after October 1, 2024.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: The operator shall consider information provided by the children's parents as to the children's eating habits, food preferences, or special needs in creating the feeding schedules and in tailoring menus. An operator shall make appropriate accommodations, as required by the Americans with Disabilities Act, to meet the needs of a child with special needs. The operator shall receive documentation of the child's special needs from the parent upon the child's enrollment. When a child with special needs is admitted, the director or supervisor shall consult with the child's parents, and with the parent's permission, the child's source of professional health care, or, when appropriate, other health and professional consultants to gain an understanding of the child's individual needs. The operator shall receive a written health care plan from the child's medical provider or parent with information related to the child's special needs, such as a description of the special needs, definition of the diagnosis, and general information for emergency and required care such as usual medication and procedures. The operator shall ensure staff members responsible for caring for or teaching children receive proper instructions as to the nature of the child's special needs and potential for growth and development. The Lead Agency is in the process of developing standards to address the prevention of emergencies due to food and allergic reaction for children not identified as special needs; this work will be completed after October 1, 2024.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **After the completion of Cycle 2 monitoring in April 2024, the Lead Agency received a preliminary notice of non-compliance for this requirement on July 3, 2024. The notice stated: ☐The**

Monitoring Team did not find evidence that the Lead Agency has requirements for the response to emergencies due to food and allergic reactions for all six CCDF-eligible provider types. The Lead Agency will need additional time to meet the requirement to ensure policies include the response to emergencies due to food and allergic reactions.

Current policies: Center ages 0 to 12 years and Preschool ages 2-6 years: Establish emergency response procedures; Identify a source of emergency health services readily available to the child care center, including: (a) A prearranged plan for emergency medical care in which parents of enrollees are advised of the arrangement; and (b) Provisions for emergency transportation, specifically that when a child is to be brought to another place for emergency care, an adult staff member responsible for caring for or teaching children shall remain with the child until medical personnel assume responsibility for the child's care and until the parent is notified. Require information be provided to parents, as needed, concerning child health and social services available in the community; and require that the child care center inform parents in writing of any first aid administered to their child within twenty-four hours of the incident, immediately notify parents of any injury which requires emergency care beyond first aid, and require each injury report to be made a part of the child's record.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **After the completion of Cycle 2 monitoring in April 2024, the Lead Agency received a preliminary notice of non-compliance for this requirement on July 3, 2024. The notice stated: The Monitoring Team did not find evidence that the Lead Agency has requirements for the response to emergencies due to food and allergic reactions for all six CCDF-eligible provider types. The Lead Agency will need additional time to meet the requirement to ensure policies include the response to emergencies due to food and allergic reactions.**

Current policies: Family ages 0 to 12 years: The provider shall have a statement on file, signed by the child's parents, authorizing emergency medical care for each child. The provider shall have plans to response to illness and emergencies, including evacuation in case of fire, serious injury, and ingestion of poison. Group Ages 0-12 years: The group child care must have written plans to respond to illness and emergencies, including burns, serious injury, and ingestion of poison. The provider shall ensure that parents of enrollees are advised of these plans. Plans must: Establish emergency response procedures; Provide accessible posting of emergency response procedures and require training for all staff members concerning those emergency procedures; Provide a working telephone line immediately accessible to staff members with a list of emergency telephone numbers conspicuously posted; Require a plan for responding to minor illnesses and minor accidents when children are in the care of the group child care; Parents are notified immediately and asked to pick up their child; First aid is provided, and medical care is sought, as necessary; Identify a source of emergency health services available to the group child care, including: (a) A prearranged plan for emergency medical care in which the parent of each enrolled child is advised of the arrangement; and (b) Provisions for emergency transportation, specifically

that when a child is to be brought to another place for emergency care, an adult staff member responsible for caring for or teaching children shall remain with the child until medical personnel assume responsibility for the child's care and until the parent or emergency contact is notified.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **After the completion of Cycle 2 monitoring in April 2024, the Lead Agency received a preliminary notice of non-compliance for this requirement on July 3, 2024. The notice stated: "The Monitoring Team did not find evidence that the Lead Agency has requirements for the response to emergencies due to food and allergic reactions for all six CCDF-eligible provider types." The Lead Agency will need additional time to meet the requirement to ensure policies include the response to emergencies due to food and allergic reactions.**

Current policies: Self-Declaration ages 0 to 12 years: Shall report to the department within twenty-four hours: (a) A death or serious accident or illness requiring hospitalization of a child while in the care of the self-declaration provider or attributable to care received by the self-declaration provider; and (b) An injury to any child which occurs while the child is in the care of the self-declaration provider, and which requires medical treatment.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **After the completion of Cycle 2 monitoring in April 2024, the Lead Agency received a preliminary notice of non-compliance for this requirement on July 3, 2024. The notice stated: "The Monitoring Team did not find evidence that the Lead Agency has requirements for the response to emergencies due to food and allergic reactions for all six CCDF-eligible provider types." The Lead Agency will need additional time to meet the requirement to write policies which include the response to emergencies due to food and allergic reactions.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **After the completion of Cycle 2 monitoring in April 2024, the Lead Agency received a preliminary notice of non-compliance for this requirement on July 3, 2024. The notice stated: "The Monitoring Team did not find evidence that the Lead Agency has requirements for the response to emergencies due to food and allergic reactions for all six CCDF-eligible provider types." The Lead Agency will need additional time to meet the requirement to ensure policies include the response to emergencies due to food and allergic reactions.**

Current policies: Ages 5 to 12 years: Parents are notified immediately and asked to pick up their child; First aid is provided, and medical care sought, as necessary; Notify parents, legal custodians, or guardians of a child's exposure to a presumed or confirmed reportable infectious disease; Identify a source of emergency health services readily available to the school-age child care program, including: (a) A

prearranged plan for emergency medical care in which parents of enrolled children are advised of the arrangement; and (b) Provisions for emergency transportation, specifically when a child is to be brought to another place for emergency care, an adult staff member responsible for caring for or teaching children shall remain with the child until medical personnel assume responsibility for the child's care and until the parent is notified; and Require information be provided to parents, as needed, concerning child health and social services available in the community.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years and Preschool ages 2- 6 years: The child care shall ensure that the child care building, grounds, and equipment are located, cleaned, and maintained to protect the health and safety of children. Routine maintenance and cleaning procedures must be established to protect the health of the children and the staff members. The child care shall ensure that the child care ground areas are free from accumulations of refuse, standing water, unprotected wells, debris, flammable material, and other health and safety hazards.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family ages 0 to 12 years: The family child care must be clean and maintained to protect the health and safety of children. The family child care and outdoor play area must be free of clutter, accumulation of refuse, standing water, unprotected wells, debris, and other health and safety hazards. Garbage must be regularly removed. Group ages 0 to 12 years: The provider shall ensure that the group child care building, grounds, and equipment are located, cleaned, and maintained to protect the health and safety of children. Routine maintenance and cleaning procedures must be established to protect the health of the children and the staff members. The provider shall ensure that the group child care ground areas are free from accumulations of refuse, standing water, unprotected wells, debris, flammable material, and other health and safety hazards.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0 to 12 years: The provider shall ensure that the residence, grounds, and equipment are located, cleaned, and maintained to protect the health and safety of children. The provider shall establish routine cleaning procedures to protect the health of the children.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Ages 0 to 12 years: Shall provide for a safe and sanitary environment while children are in care.**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: The operator shall ensure that the school-age child care program's building, grounds, and equipment are located, cleaned, and maintained to protect the health and safety of children. The operator shall establish routine maintenance and cleaning procedures to protect the health of the children and the staff members. The operator shall ensure that the school-age child care program ground areas are free from accumulations of refuse, standing water, unprotected wells, debris, flammable material, and other health and safety hazards.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years and Preschool ages 2-6 years: An operator shall have policies that ensure the health and safety of children in care while participating in aquatic activities, including types of aquatic activities the preschool may participate in, staff-to-child ratios appropriate to the ages and swimming ability of children participating in aquatic activities, and additional safety precautions to be taken. The operator may not permit any child to participate in an aquatic activity without written parental permission, which includes parent disclosure of the child's swimming ability.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group ages 0 to 12 years: The child care shall have policies that ensure the health and safety of children in care while participating in aquatic activities, including types of aquatic activities the child care may participate in, staff-to-child ratios appropriate to the ages and swimming ability of children participating in aquatic activities, and additional safety precautions to be taken. The provider may not permit any child to participate in an aquatic activity without written parental permission, which includes parent disclosure of the child's swimming ability.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0 to 12 years: The provider shall have policies that ensure the health and safety of children in care while participating in aquatic activities, including types of aquatic activities the self- declaration program may participate in, staff-to-child ratios appropriate to the ages and swimming ability of the children participating in aquatic activities, and additional safety precautions to be taken. The provider may not permit any child to participate in an aquatic activity without written parental permission, which includes parent disclosure of the child's swimming ability.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When care is provided in a child's home, the Lead Agency does not have a regulation for this standard.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **Ages 5 to 12 years: The operator shall have policies which ensure the health and safety of children in care while participating in aquatic activities, including types of aquatic activities the program may participate in, staff-to-child ratios appropriate to the ages and swimming ability of children participating in aquatic activities, and additional safety precautions to be taken. The operator may not permit any child to participate in an aquatic activity without written parental permission, which includes parent disclosure of the child's swimming ability.**

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years and Preschool ages 2-6 years: The program shall ensure that exterior play areas in close proximity to busy streets and other unsafe areas are contained or fenced or have natural barriers to restrict children from those unsafe areas.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group ages 0 to 12 years: The provider shall ensure that exterior play areas in close proximity to busy streets and other unsafe areas are contained or fenced or have natural barriers to restrict children from those unsafe areas.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0-12 years: Shall provide proper care and protection for children in the provider's care.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Ages 0 to 12 years: Shall provide for a safe and sanitary environment while children are in care.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5-12 years: The operator shall ensure that exterior play areas in close proximity to busy streets and other unsafe areas are contained or fenced or have natural barriers to restrict children from those unsafe areas. Outdoor play areas must be inspected daily for hazards and necessary maintenance.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years: Discipline-Punishment Prohibited: A staff member or any other adult in or at the child care may not kick, punch, spank, shake, pinch, bite, roughly handle,**

- strike, mechanically restrain, or physically maltreat any infant or child in their care. The operator shall ensure that infants are not shaken or jostled. Preschool 2-6 years old: A staff member, or household member, or any other adult in or at the preschool may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family ages 0 to 12 years: A staff member, household member, or any other adult in the family child care may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child. The provider shall ensure that infants are not shaken or jostled. Group Ages 0 to 12 years old: A staff member, household member, or any other adult in or at the group child care may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child. The provider shall ensure that infants are not shaken or jostled.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration Ages 0 to 12 years: A child may not be kicked, punched, spanked, shaken, pinched, bitten, roughly handled, struck, mechanically restrained, or physically maltreated by the provider, emergency designee, household member, or any other adult in the residence. The provider shall ensure that infants are not shaken or jostled.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Ages 0 to 12 years: An in-home provider may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: A staff member, household member, or any other adult at the school-age child care program may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Center Ages 0 to 12 years: Disregard of any of the following disciplinary rules or any disciplinary measure resulting in physical or emotional injury, or neglect, or abuse, to any child is grounds for license denial or revocation: The child care center must have a written policy regarding the discipline of children. The operator shall provide the policy to, and discuss the policy with, the staff members responsible for caring for or teaching children before the child care center begins operation or before staff members begin working with children. Discipline must be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praising appropriate behavior,**

or gentle physical restraint, such as holding. A child may not be subjected to physical harm, fear, or humiliation. Authority to discipline may not be delegated to children nor may discipline be administered by children. Separation, when used as discipline, must be appropriate to the child's development and circumstances. The child must be in a safe, lighted, well-ventilated room within sight or hearing range of an adult staff member responsible for caring for or teaching children. A staff member may not isolate a child in a locked room or closet. A child may not be punished for lapses in toilet training. A staff member may not use verbal abuse or make derogatory remarks about a child, or a child's family, race, or religion when addressing the child or in the presence of a child. A staff member may not use profane, threatening, unduly loud, or abusive language in the presence of a child. A staff member may not force-feed a child or coerce a child to eat, unless medically prescribed and administered under a medical provider's care. A staff member may not use deprivation of meals or snacks as a form of discipline or punishment. A staff member or any other adult in or at the child care center may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child. A staff member may not force a child to ingest substances that would cause pain or discomfort, for example, placing soap in a child's mouth to deter the child from biting other children. A staff member may not withhold active play from a child as a form of discipline or punishment, beyond a brief period of separation.

Preschool Ages 2 -6 years: Disregard of any of the following disciplinary rules or any disciplinary measure resulting in physical or emotional injury, neglect, or abuse to any child is grounds for license denial or revocation:

1. The preschool must have a written policy regarding the discipline of children. The operator shall provide the policy to, and discuss the policy with, staff members responsible for caring for or teaching children before the preschool begins operation or before staff members begin working with children.
2. Discipline must be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praising appropriate behavior, or gentle physical restraint, such as holding. A child may not be subjected to physical harm, fear, or humiliation.
3. Authority to discipline may not be delegated to children nor may discipline be administered by children.
4. Separation, when used as discipline, must be appropriate to the child's development and circumstances. The child must be in a safe, lighted, well-ventilated room within sight or hearing range of a staff member responsible for caring for or teaching children. A staff member may not isolate a child in a locked room or closet.
5. A child may not be punished for lapses in toilet training.
6. A staff member may not use verbal abuse or make derogatory remarks about a child, or a child's family, race, or religion when addressing the child or in the presence of other children.
7. A staff member may not use profane, threatening, unduly loud, or abusive language in the presence of a child.
8. A staff member may not force-feed a child or coerce a child to eat unless medically prescribed and administered under a medical provider's care.
9. A staff member may not use deprivation of meals or snacks as a form of discipline or punishment.
10. A staff member, or household member, or any other adult in or at the preschool may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child.
11. A staff member may not force a child to ingest substances that would cause pain or discomfort, for

example, placing soap in the mouth of a child to deter the child from biting other children. 12. A staff member may not withhold active play as a form of discipline or punishment, beyond a brief period of separation.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Ages 0 to 12 years: Disregard of any of the following disciplinary rules or any disciplinary measure resulting in physical or emotional injury, or neglect or abuse, to any child is grounds for denial or revocation of a provider's license.** 1. Discipline must be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praising appropriate behavior, or gentle physical restraint, such as holding. A child may not be subjected to physical harm, fear, or humiliation. 2. Authority to discipline may not be delegated to or be administered by children. 3. Separation, when used as discipline, must be appropriate to the child's development and circumstances. The child must be in a safe, lighted, well-ventilated room within sight or hearing range of a staff member responsible for caring for or teaching children. A child may not be isolated in a locked room or closet. 4. A child may not be punished for lapses in toilet training. 5. A staff member may not use verbal abuse or make derogatory remarks about the child, the child's family, race, or religion when addressing a child or when in the presence of a child. A staff member may not use profane, threatening, unduly loud, or abusive language in the presence of a child. 6. A staff member may not force-feed a child or coerce a child to eat, unless medically prescribed and administered under a medical provider's care. 7. A staff member may not use deprivation of snacks or meals as a form of discipline or punishment. 8. A staff member, household member, or any other adult in the family child care may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child. 9. A staff member may not force a child to ingest substances that would cause pain or discomfort, for example, placing soap in the mouth of a child to deter the child from biting other children. 10. A staff member may not withhold active play from a child as a form of discipline or punishment, beyond a brief period of separation. **Group Ages 0 to 12 years: Disregard of any of the following disciplinary rules or any disciplinary measure resulting in physical or emotional injury, neglect, or abuse to any child is grounds for denial or revocation.** 1. The group child care must have a written policy regarding the discipline of children. The provider shall provide the policy to, and discuss the policy with, staff members before the group child care begins operation or before staff members begin working with children. 2. Discipline must be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praising appropriate behavior, or gentle physical restraint, such as holding. A child may not be subjected to physical harm, fear, or humiliation. 3. Authority to discipline may not be delegated to children nor may discipline be administered by children. 4. Separation, when used as discipline, must be appropriate to the child's development and circumstances. The child must be in a safe, lighted, well-ventilated room within sight or hearing range of a staff member responsible for caring for or teaching children. A staff member may not isolate a child in a locked room or closet. 5. A child may not be punished for lapses in toilet training. 6. A staff member may not use verbal abuse or make derogatory remarks

about the child, the child's family, race, or religion when addressing a child or in the presence of a child. 7. A staff member may not use profane, threatening, unduly loud, or abusive language in the presence of a child. 8. A staff member may not force-feed a child or coerce a child to eat unless medically prescribed and administered under a medical provider's care. 9. A staff member may not use deprivation of meals or snacks as a form of discipline or punishment. 10. A staff member, household member, or any other adult in or at the group child care may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child. 11. A staff member may not force a child to ingest substances that would cause pain or discomfort, for example, placing soap in the mouth of a child to deter the child from biting other children. 12. A staff member may not withhold active play from a child as a form of discipline or punishment, beyond a brief period of separation.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self Declaration Ages 0 to 12 years: The provider shall ensure that discipline will be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praising appropriate behavior, or gentle physical restraint such as holding. A child may not be subjected to physical harm or humiliation. Disregard of any of the following disciplinary rules or any disciplinary measure resulting in physical or emotional injury or neglect or abuse to any child is grounds for denial or revocation of a self-declaration document. (1) A child may not be kicked, punched, spanked, shaken, pinched, bitten, roughly handled, struck, mechanically restrained, or physically maltreated by the provider, emergency designee, household member, or any other adult in the residence. (2) Authority to discipline may not be delegated to or be administered by children. (3) Separation, when used as discipline, must be appropriate to the child's development and circumstances, and the child must be in a safe, lighted, well-ventilated room within sight or hearing range of an adult. A child may not be isolated in a locked room or closet. (4) A child may not be punished for lapses in toilet training. (5) A provider may not use verbal abuse or make derogatory remarks about the child, or the child's family, race, or religion when addressing a child or in the presence of a child. (6) A provider may not use profane, threatening, unduly loud, or abusive language in the presence of a child. (7) A provider may not force-feed a child or coerce a child to eat unless medically prescribed and administered under a medical provider's care. (8) A provider may not use deprivation of snacks or meals as a form of discipline or punishment. (9) A provider may not force a child to ingest substances that would cause pain or discomfort, for example, placing soap in a child's mouth to deter the child from biting other children. (10) A provider may not withhold active play from a child as a form of discipline or punishment, beyond a brief period of separation.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Ages 0 to 12 years: Shall ensure that discipline is constructive or educational in nature and may**

include diversion, separation from the problem situation, talking with the child about the situation, praising appropriate behavior, or gentle physical restraint, such as holding. A child may not be subjected to physical harm, fear, or humiliation. Disregard of any of the following disciplinary rules or any disciplinary measure resulting in physical or emotional injury, or neglect or abuse, to any child is grounds for denial or revocation of an in-home registration. (1) Authority to discipline may not be delegated to children nor may discipline be administered by children. (2) Separation, when used as discipline, must be appropriate to the child's development and circumstances. The child must be in a safe, lighted, well-ventilated room within sight or hearing range of the in-home provider. An in-home provider may not isolate a child in a locked room or closet. (3) A child may not be punished for lapses in toilet training. (4) An in-home provider may not use verbal abuse or make derogatory remarks about a child, or a child's family, race, or religion when addressing the child or in the presence of a child. (5) An in-home provider may not use profane, threatening, unduly loud, or abusive language in the presence of a child. (6) An in-home provider may not force-feed a child or coerce a child to eat, unless medically prescribed and administered under a medical provider's care. (7) An in-home provider may not use deprivation of meals or snacks as a form of discipline or punishment. (8) An in-home provider may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child. (9) An in-home provider may not force a child to ingest substances that would cause pain or discomfort, for example, placing soap in a child's mouth to deter the child from biting other children. (10) An in-home provider may not withhold active play from a child as a form of discipline or punishment, beyond a brief period of separation.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: Disregard of any of the following disciplinary rules or disciplinary measure resulting in physical or emotional injury, neglect, or abuse to any child is grounds for license denial or revocation.** 1. The school-age child care program must have a written policy regarding the discipline of children. The operator shall provide the policy to, and discuss the policy with, the staff members before the school-age child care program begins operation or before staff members begin working with children. 2. Discipline must be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praising appropriate behavior, or gentle physical restraint, such as holding. A child may not be subjected to physical harm, fear, or humiliation. 3. Authority to discipline may not be delegated to children nor may discipline be administered by children. 4. Separation, when used as discipline, must be appropriate to the child's development and circumstances. The child must be in a safe, lighted, well-ventilated room within sight or hearing range of a staff member responsible for caring for or teaching children. A staff member may not isolate a child in a locked room or closet. 5. A child may not be punished for lapses in toilet training. 6. A staff member may not use verbal abuse or make derogatory remarks about a child, or a child's family, race, or religion when addressing a child or in the presence of a child. 7. A staff member may not use profane, threatening, unduly loud, or abusive language in the presence of a child. 8. A staff member may not

force-feed a child or coerce a child to eat, unless medically prescribed and administered under a medical provider's care. 9. A staff member may not use deprivation of meals or snacks as a form of discipline or punishment. 10. A staff member, household member, or any other adult at the school-age child care program may not kick, punch, spank, shake, pinch, bite, roughly handle, strike, mechanically restrain, or physically maltreat a child. 11. A staff member may not force a child to ingest substances that would cause pain or discomfort, for example, placing soap in a child's mouth to deter the child from biting other children. 12. A staff member may not withhold active play from children as a means of discipline or punishment, beyond a brief period of separation.

5.3.7 Emergency preparedness and response planning standard

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

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions
- xi. If any of the above are not checked, describe:

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible

providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years and Preschool ages 2-6 years: The program shall ensure that potential hazards, such as noncovered electrical outlets, guns, household cleaning chemicals, uninsulated wires, medicines and poisonous plants are not accessible to children. The program shall keep guns and ammunition in locked storage, each separate from the other, or shall use trigger locks. The program shall ensure other weapons and dangerous sporting equipment, such as bow and arrows are not accessible to children.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group ages 0 to 12 years: The provider shall ensure that potential hazards, such as guns, household cleaning chemicals, uninsulated wires, medicines, noncovered electrical outlets, and poisonous plants are not accessible to children. The provider shall keep guns and ammunition in locked storage, each separate from the other, or shall use trigger locks. The provider shall ensure other weapons and dangerous sporting equipment, such as bows and arrows, are not accessible to children.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0 to 12 years: Potential hazards, such as guns, household cleaning chemicals, uninsulated wires, medicines, noncovered electrical outlets, poisonous plants, and open stairways must not be accessible to children. Guns and ammunition must be kept in separate locked storage, or trigger locks must be used. Other weapons and dangerous sporting equipment, such as bows and arrows, must not be accessible to children.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When care is provided in a child's home, the Lead Agency does not have a regulation for this standard.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: The operator shall ensure that potential hazards, such as guns, household cleaning chemicals, uninsulated wires, medicines, poisonous plants, and open stairways are not accessible to children. The operator shall keep guns and ammunition in locked storage, each separate from the other, or shall use trigger locks. The operator shall ensure other weapons and dangerous sporting equipment, such as bows and arrows, are not accessible to children.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years and Preschool ages 2-6 years: The operator shall ensure that the garbage stored outside is kept away from areas used by children and is kept in containers**

with lids. Open burning is not permitted. The operator shall keep indoor garbage in covered containers. The provider may allow paper waste to be kept in open waste containers. The operator shall ensure that potential hazards, such as noncovered electrical outlets, guns, household cleaning chemicals, uninsulated wires, medicines, and poisonous plants are not accessible to children. The operator shall ensure that soiled linens are placed in closed containers or hampers during storage and transportation. The provider shall ensure that soiled or wet diapers are stored in a sanitary, covered container, separate from other garbage and waste until removed from the child care center.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group ages 0 to 12 years: The provider shall ensure that the garbage stored outside is kept away from areas used by children and is kept in containers with lids. Open burning is not permitted. The operator shall keep indoor garbage in covered containers. The provider may allow paper waste to be kept in open waste containers. The provider shall ensure that potential hazards, such as noncovered electrical outlets, guns, household cleaning chemicals, uninsulated wires, medicines, and poisonous plants are not accessible to children. The operator shall ensure that soiled linens are placed in closed containers or hampers during storage and transportation. The provider shall ensure that soiled or wet diapers are stored in a sanitary, covered container, separate from other garbage and waste until removed from the program.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0 to 12 years: The provider shall ensure that soiled or wet diapers are stored in a sanitary, covered container separate from other garbage and waste until removed from the child care.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When care is provided in a child's home, the Lead Agency does not have a regulation for this standard.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **After the completion of Cycle 2 monitoring in April 2024, the Lead Agency received a preliminary notice of non-compliance for this requirement on July 3, 2024. The notice stated: ☒The Monitoring Team did not find evidence that the Lead Agency has requirements in place for Licensed School-Age Programs for the appropriate disposal of biocontaminants.☒ The Lead Agency will need additional time to meet the requirement to ensure policies include standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants.**

Current policies: The operator shall ensure that garbage stored outside is kept away from areas used by children and is kept in containers with lids. Open burning is not permitted. The operator shall keep indoor garbage in covered containers.

The operator may allow paper waste to be kept in open waste containers.

5.3.9 Precautions in transporting children health and safety standard

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

- i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years: The operator shall establish a written policy governing the transportation of children to and from the child care center, if the child care center provides transportation. This policy must specify who is to provide transportation and how parental permission is to be obtained for activities which occur outside the child care center. If the child care center provides transportation, the operator shall inform the parents of any insurance coverage on the vehicles. Any vehicle used for transporting children must be in safe operating condition and in compliance with state and local laws. When transportation is provided by a child care center, children must be protected by adequate staff member supervision, safety precautions, and liability insurance. Staffing requirements must be maintained to assure the safety of children while being transported. A child may not be left unattended in a vehicle. Children must be instructed in safe transportation conduct as appropriate to their age and stage of development. The driver must be eighteen years of age or older and shall comply with all relevant federal, state, and local laws, including child restraint system laws. Preschool ages 2 to 6 years: Prior to licensing, the operator shall establish a written policy governing the transportation of children to and from the preschool if the preschool provides transportation. This policy must specify who is to provide transportation and how parental permission is to be obtained for activities which occur outside the preschool. If the preschool provides transportation, the operator shall inform the parents of any insurance coverage on the vehicles. Any vehicle used for transporting children must be in safe operating condition and in compliance with state and local laws. When transportation is provided by a preschool, children must be protected by adequate staff member supervision, safety precautions, and liability insurance. Staffing requirements must be maintained to assure the safety of children while being transported. A child may not be left unattended in a vehicle. Children must be instructed in safe transportation conduct as appropriate to their age and stage of development. The driver must be eighteen years of age or older and must comply with all relevant federal, state, and local laws, including child restraint system laws.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family ages 0 to 12 years: Prior to licensure, the provider shall establish a written policy governing the transportation of children to and from the family child care if the family child care provides transportation. This policy must specify who is to provide transportation and how parental permission is to be obtained for activities which occur outside the family child care. If the family child care provides transportation, the provider shall inform the parents of any insurance coverage on the vehicles. Any vehicle used for transporting children must be in safe operating condition and in compliance with state and local laws. When transportation is provided by a family child care, children must be protected by**

adequate staff supervision, safety precautions, and liability insurance. Staffing requirements must be maintained to assure the safety of children while being transported. A child may not be left unattended in a vehicle. Children must be instructed in safe transportation conduct appropriate to their age and stage of development. Group ages 0 to 12 years: Prior to licensure, the provider shall establish a written policy governing the transportation of children to and from the group child care, if the group child care provides transportation. This policy must specify who is to provide transportation and how parental permission is to be obtained for activities which occur outside the group child care. If the group child care provides transportation, the provider shall inform the parents of any insurance coverage on the vehicles. Any vehicle used for transporting children must be in safe operating condition and in compliance with state and local laws. When transportation is provided by a group child care, children must be protected by adequate staff supervision, safety precautions, and liability insurance. Staffing requirements must be maintained to assure the safety of children while being transported. A child may not be left unattended in a vehicle. Children must be instructed in safe transportation conduct as appropriate to their age and stage of development. The driver must be eighteen years of age or older and must comply with all relevant federal, state, and local laws, including child restraint system laws.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0-12 years: When transportation is provided by a provider, children must be protected by adequate supervision, safety precautions, and liability insurance. Drivers must be eighteen years of age or older and must comply with all relevant federal, state, and local laws, including child restraint laws. A child must not be left unattended in a vehicle.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When care is provided in a child's home, the Lead Agency does not have a regulation for this standard.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: The operator shall establish a written policy governing the transportation of children to and from the school-age child care program if the school-age child care program provides transportation. This policy must specify who is to provide transportation and how parental permission is to be obtained for activities which occur outside the school-age child care program. If the school-age child care program provides transportation, the operator shall inform the parents of any insurance coverage on the vehicles. Any vehicle used for transporting children must be in safe operating condition and in compliance with state and local laws. When transportation is provided by a school-age child care program, children must be protected by adequate staff member supervision, safety precautions, and liability insurance. Staffing requirements must be maintained to assure the safety of the**

children while being transported. A child may not be left unattended in a vehicle. Children must be instructed in safe transportation conduct as appropriate to their age and stage of development. The driver must be at least eighteen years of age and shall comply with all relevant federal, state, and local laws, including child restraint system laws.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years and Preschool ages 2-6 years: All Staff members shall be currently certified within ninety days of employment and prior to staff member having unsupervised access to children under care, in pediatric first aid by a program approved by the department.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group ages 0-12 years: Be currently certified within ninety days of employment and prior to staff member having unsupervised access to children in care, in pediatric first aid by a program approved by the department.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0 to 12 years: The provider shall be currently certified in pediatric first aid by a program approved by the department.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **When care is provided in a child's home, the Lead Agency does not have a regulation for this standard.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: All staff members shall be currently certified within ninety days of employment and prior to staff member having unsupervised access to children under care, in pediatric first aid by a program approved by the department.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center ages 0 to 12 years and Preschool ages 2-6 years: Shall be currently certified within ninety days of employment and prior to staff member having unsupervised access to children under care, in infant and pediatric cardiopulmonary resuscitation and the use of an automated external defibrillator by the American heart association, American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department.**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group ages 0-12 years: Each staff member who provides care shall be currently certified within ninety days of employment and prior to staff member having unsupervised access to children under care, in infant and pediatric cardiopulmonary 6 resuscitation and the use of an automated external defibrillator by the American heart association, American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0-12 years: The provider shall be currently certified in infant and pediatric cardiopulmonary resuscitation and the use of an automated external defibrillator by the American heart association, the American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department. The provider shall ensure the emergency designee is currently certified in infant and pediatric cardiopulmonary resuscitation and the use of an automated external defibrillator by the American heart association, American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency currently does not have a standard for this requirement and will need additional time to come into compliance.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: All staff members shall be currently certified within ninety days of employment and prior to staff member having unsupervised access to children under care, in infant and pediatric cardiopulmonary resuscitation and the use of an automated external defibrillator by the American heart association, American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center Ages 0 to age 12 and Preschool ages 2-6 years: Certify annual completion of the required minimum number of hours of department-approved training related to child care, including one hour on safe sleep prior to caring for infants and one hour on mandated reporter of suspected child abuse or neglect. By completing the required North Dakota Mandated Reporter the provider will learn about the North**

Dakota child abuse and neglect law, specifically: Who is a mandated reporter of suspected child abuse and neglect; What needs to be reported; How to recognize the signs of child abuse and neglect; Definitions and examples of child maltreatment, child safety and dangers (present and impending); How, where, and when to report; What happens after a report is filed; and, Actions for assisting children and families when the identified concerns fall outside the child abuse and neglect law.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group 0 to 12 years: Providers and Staff certify completion of the required minimum number of hours of department-approved training related to child care annually, including one hour on mandated reporter of suspected child abuse or neglect. By completing the required North Dakota Mandated Reporter the provider will learn about the North Dakota child abuse and neglect law, specifically: Who is a mandated reporter of suspected child abuse and neglect; What needs to be reported; How to recognize the signs of child abuse and neglect; Definitions and examples of child maltreatment, child safety and dangers (present and impending); How, where, and when to report; What happens after a report is filed; and, Actions for assisting children and families when the identified concerns fall outside the child abuse and neglect law.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0 to 12 years: Shall complete a minimum of three hours of department-approved training annually, including one hour on safe sleep prior to provider providing care to infants and one hour on mandated reporter of suspected child abuse or neglect. By completing the required North Dakota Mandated Reporter the provider will learn about the North Dakota child abuse and neglect law, specifically: Who is a mandated reporter of suspected child abuse and neglect; What needs to be reported; How to recognize the signs of child abuse and neglect; Definitions and examples of child maltreatment, child safety and dangers (present and impending); How, where, and when to report; What happens after a report is filed; and, Actions for assisting children and families when the identified concerns fall outside the child abuse and neglect law.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Ages 0 to 12 years: Shall complete one hour of department-approved training annually on safe sleep prior to in-home provider having unsupervised access to infants and one hour on mandated reporter of suspected child abuse or neglect. By completing the required North Dakota Mandated Reporter the provider will learn about the North Dakota child abuse and neglect law, specifically: Who is a mandated reporter of suspected child abuse and neglect; What needs to be reported; How to recognize the signs of child abuse and neglect; Definitions and examples of child maltreatment, child safety and dangers (present and impending); How, where, and when to report; What happens after a report is filed; and, Actions for assisting children and families when the identified concerns fall outside the child**

abuse and neglect law.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years: Certify annual completion of the required minimum number of hours of department-approved training related to child care, including one hour on mandated reporter of suspected child abuse or neglect. By completing the required North Dakota Mandated Reporter the provider will learn about the North Dakota child abuse and neglect law, specifically: Who is a mandated reporter of suspected child abuse and neglect; What needs to be reported; How to recognize the signs of child abuse and neglect; Definitions and examples of child maltreatment, child safety and dangers (present and impending); How, where, and when to report; What happens after a report is filed; and, Actions for assisting children and families when the identified concerns fall outside the child abuse and neglect law.**
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center Ages 0 to 12 years: The operator is responsible for compliance with the requirements set forth in this chapter and North Dakota Century Code chapter 50-11.1. The provider must have policies that include the process for a parent or staff member to report a complaint, a suspected licensing violation, and suspected child abuse or neglect. The provider must report immediately, as a mandatory reporter, suspected child abuse or neglect as required by North Dakota Century Code section 50-25.1-03. Preschool Ages 2-6 years: Policies shall include the process for a parent or staff member to report a complaint, a suspected licensing violation, and suspected child abuse or neglect. The provider must report immediately, as a mandatory reporter, any suspected child abuse or neglect as required by North Dakota Century Code section 50-25.1-03.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Group ages 0 to 12 years: The provider, as a mandatory reporter, shall report any suspected child abuse or neglect as required by North Dakota Century Code section 50-25.1-03. The provider of a group child care is responsible for compliance with requirements set forth in the standards and North Dakota Century Code chapter 50-11.1. The provider must have policies must include the process for a parent or staff member to report a complaint, a suspected licensing violation, and suspected child abuse or neglect. Provider must report, as a mandatory reporter, any suspected child abuse or neglect as required by North Dakota Century Code section 50-25.1-03.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Self-Declaration ages 0-12 years: Shall report immediately, as a mandated reporter, suspected child abuse or neglect as required by North Dakota Century Code section 50-25.1-03.**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Shall report immediately, as a mandated reporter, suspected child abuse or neglect as required by North Dakota Century Code section 50-25.1-03.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ages 5 to 12 years old: The operator of a school-age child care program is responsible for compliance with the requirements set forth in this chapter and North Dakota Century Code chapter 50-11.1. The provider must have policies that include the process for a parent or staff member to report a complaint, a suspected licensing violation, and suspected child abuse or neglect. The provider shall report immediately, as a mandated reporter, any suspected child abuse or neglect as required by North Dakota Century Code chapter 50-25.1.**
- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

5.3.12 Additional optional standards

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

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **When a provider is responsible for providing food to children, the food supplied must meet UDSA standards and must be properly prepared, sufficient in amount and varied. Food must be served at the appropriate hours. Children in care for more than 3 hours shall receive either a snack or meal, whichever is appropriate. Food that is prepared, and served or stored at the program must be treated in a safe and sanitary manner with safe and sanitary equipment. Specific training is not required.**
- ii. Access to physical activity. Describe: **Each operator shall provide adequate indoor and outdoor space for the daily activities of all children within the licensed capacity of the child care. Operators who provide 75 square feet of separate indoor recreation space per child for the largest class or group are exempt from outdoor space requirement.**

- iii. Caring for children with special needs. Describe: **An operator shall make appropriate accommodations, as required by the Americans with Disabilities Act, to meet the need of children with special needs. The child care center shall receive documentation of the child 's special needs from the parent upon the child's enrollment. Specific training is not required.**
- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: **N/A**

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

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

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

5.4.1 Health and safety pre-service/orientation training requirements

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

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

allergic reactions			
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[]	[]	[]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[x]	[]	[]
g. Emergency preparedness and response planning and procedures	[]	[]	[]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[]	[]	[]
i. Appropriate Precautions in transporting children, if applicable	[]	[]	[]
j. Pediatric first aid and pediatric CPR (age-appropriate)	[]	[]	[x]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[]	[]	[]

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **License-exempt in-home providers currently do not have standards in all areas listed above and are not required to take preservice or orientation training aside from annual safe sleep training and annual child abuse and neglect recognition and reporting training.**

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

No

Yes. If yes, describe: **In-home providers are only required to complete safe sleep and mandated reporter of suspected child abused or neglect training.**

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

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

a. Licensed CCDF center-based providers

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

Yes.

No. If no, describe:

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

Annually.

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

Other. If other, describe:

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

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

No. If no, describe: **The Lead Agency monitors the full complement of health and safety requirements.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **ND Department of Health and Human Services Early Childhood Section Licensing Unit**

b. Licensed CCDF family child care providers

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

Yes.

No. If no, describe:

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

Annually.

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

Other. If other, describe:

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

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

No. If no, describe: **The Lead Agency monitors the full complement of health and safety requirements.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **ND Department of Health and Human Services Early Childhood Section Licensing Unit**

c. Licensed in-home CCDF child care providers

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

No.

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

Yes.

No. If no, describe:

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

Annually.

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

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

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

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

No.

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

5.5.2 Inspections for license-exempt providers

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

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
 - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
 - Annually.
 - More than once a year. If more than once a year, describe:
[x] Other. If other, describe: N/A
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - [x] No.**
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **N/A**
- b. License-exempt CCDF family child care providers
 - i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
 - Annually.
 - [x] More than once a year. If more than once a year, describe: Self-Declaration Providers receive an announced and unannounced visit annually.**
 - Other. If other, describe:
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - [x] No.**
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **ND Department of Health and Human Services Early Childhood Section Licensing Unit**

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

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

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child’s own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **Registered in-home providers do not receive monitoring visits.**

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers:
Registered in-home providers do not receive routine inspections.

5.5.4 Posting monitoring and inspection reports

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

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

- a. Does the Lead Agency post:
 - i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
 - iv. Other. Describe: **The Lead Agency currently does not monitor license-exempt in-home providers; therefore inspection reports do not exist, and are not posted, for this provider type.**
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. Date of inspection.
 - ii. Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **Non-compliances (violations) are noted on the monitoring and inspection reports, which are posted within each provider's record in the Lead Agency's provider search tool. Violations that result in a fatality or serious injury are documented on a Correction Order. Correction Orders are also posted within each provider's record in the Lead Agency's provider search tool and include the non-compliance and method of correction required and completed by the provider.**
 - iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **Correction Orders are posted and include the non-compliance and**

method of correction required and completed by the provider.

- iv. A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain: **N/A**
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted:
<https://stage.worklivesystems.com/parent/40>
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Monitoring reports are created within the child care licensing system. An export file is system-generated weekly and placed on the Work Life Systems FTP. Work Life Systems uploads the monitoring and inspection links to every program's record for consumers to be able to access.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
 Yes.
 No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
 Yes.
 No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
 Yes.
 No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

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

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **Early Childhood Licensing Specialist qualifications include a degree in Child Development, Early Childhood Education, Social Work, or a related degree. Upon hire, Specialists complete the 15 hours of Getting Started Training, this training focuses on all age groups infant through age eleven. Licensing Specialists are orientated by an Early Childhood Licensing Supervisor or the Licensing Administrator. Orientation and training include an in-depth training of laws and rules for every license type and licensed exempt provider. Licensing Specialists are placed with a mentor, a fellow Licensing Specialist to observe the mentor during licensing visits. The mentor also attends the Licensing Specialist's first visits in each license type and corrective action to ensure the new**

Specialist has the required knowledge to inspect child care programs. A Licensing Supervisor will conduct a Quality Assurance visit with the Licensing Specialist during the first 6 months of employment. Licensing staff attend annual training which include training on health and safety requirements.

5.5.6 Ratio of licensing inspectors

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

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **Licensing Specialists have an average caseload of 45 child care providers. Caseloads are dependent on the geographical area of North Dakota that a Specialist is located and the amount of time it takes to travel to programs. Specialists who are in urban areas where the programs are within a short distance will be assigned more cases than a Specialist in a rural area where it could take 1-2 hours of travel time one way to visit a program.**

5.6 Ongoing Health and Safety Training

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

5.6.1 Required ongoing training of health and safety standards

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

- a. **Licensed child care centers: Centers: Directors, teachers, and staff shall complete training related to child care, including one hour on safe sleep prior to caring for infants and annually thereafter, and one hour annually on mandated reporter of suspected child abuse or neglect. All staff shall be currently certified within ninety days of employment and prior to staff member having unsupervised access to children under care, in infant and pediatric cardiopulmonary resuscitation and the use of an automated external defibrillator by the American heart association, American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department. All staff members shall be currently certified within ninety days of employment and prior to staff member having unsupervised access to children under care, in pediatric first aid by a program approved by the department. Staff are required to maintain current pediatric first aid certification.**

Preschool and School-Age: Directors and staff shall complete one hour of department-approved mandated reporter of suspected child abuse or neglect training annually. All staff members shall be currently certified within ninety days of employment and prior to

staff member having unsupervised access to children under care, in pediatric cardiopulmonary resuscitation and the use of an automated external defibrillator by the American heart association, American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department. All staff members shall be currently certified within ninety days of employment and prior to staff member having unsupervised access to children under care, in pediatric first aid by a program approved by the department. Staff are required to maintain current pediatric CPR/AED certification.

- b. License-exempt child care centers: **N/A**
- c. Licensed family child care homes: **Family and Group: The provider and staff members shall certify annual completion of one hour of department-approved mandated reporter of suspected child abuse or neglect training. They must also certify completion of one hour of department-approved safe sleep training prior to staff member providing care to infants and annually thereafter. The provider and staff members shall be currently certified within ninety days of employment and prior to staff member having unsupervised access to children under care, in infant and pediatric cardiopulmonary resuscitation and the use of an automated external defibrillator by the American heart association, American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department. The provider and staff members shall be currently certified within ninety days of employment and prior to staff member having unsupervised access to children under care, in pediatric first aid by a program approved by the department. Provider and staff are required to maintain current pediatric first aid certification.**
- d. License-exempt family child care homes: **Self-Declaration: Shall be currently certified in infant and pediatric cardiopulmonary resuscitation and the use of an automated external defibrillator by the American heart association, the American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department. They shall be currently certified in pediatric first aid by a program approved by the department. Self-declaration provider shall complete a minimum of three hours of department-approved training annually, including one hour on safe sleep prior to provider providing care to infants and one hour on mandated reporter of suspected child abuse or neglect. The same training courses may be counted toward self-declaration annual requirements only if at least three years has passed since the last completion date of that training course, with the exception of safe sleep and mandated reporter annual training. Self-declaration providers shall ensure that the emergency designee completes required department approved training annually, including one hour on safe sleep prior to emergency designee providing care to infants and one hour on mandated reporter of suspected child abuse or neglect. The emergency designee shall be currently certified in infant and pediatric cardiopulmonary resuscitation and the use of an automated external defibrillator by the American heart association, American red cross, or other similar cardiopulmonary resuscitation and automated external defibrillator training programs that are approved by the department. The emergency designee shall also be currently certified in pediatric first aid by a program approved by the department.**
- e. Regulated or registered in-home child care: **The provider shall complete one hour of department-approved training annually on safe sleep prior to in-home provider having unsupervised access to infants and one hour on mandated reporter of suspected child**

abuse or neglect. Registered in-home providers are not required to maintain a pediatric CPR/AED or pediatric first aid certification.

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

5.7 Comprehensive Background Checks

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

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

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

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

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
 - Knowingly made materially false statements in connection with the background check.
 - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
 - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- Yes.
- No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- Yes.
- No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe: **Information regarding the case is reviewed by the Criminal Background Check Unit Program Administrator. Additional information is requested as needed to determine compliance and successful completion with any required services. Consideration is given to time since incident, type of abuse/neglect, and if subject is a perspective staff member or licensed provider. In the event the subject failed to disclose the incident(s), their background check is automatically denied processing for failure to disclose.**
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe: **Information regarding the case is reviewed by the Criminal Background Check Unit Program Administrator.**

Additional information is requested as needed to determine compliance and successful completion with any required services. Consideration is given to time since incident, type of abuse/neglect, and if subject is a perspective staff member or licensed provider. In the event the subject failed to disclose the incident(s), their background check may be closed incomplete and/or denied for failure to disclose.

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No. Describe:

- iv. Get completed in a timely manner.

Yes.

No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency’s efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

Yes.

No. If no, describe:

- b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe:

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe:

- d. In-state child abuse and neglect registry.

Yes.

No. If no, describe:

- e. Name-based national Sex Offender Registry (NCIC NSOR).

Yes.

- No. If no, describe:
- f. Interstate criminal background check, as applicable.
 Yes.
 No. If no, describe:
- g. Interstate Sex Offender Registry check, as applicable.
 Yes.
 No. If no, describe:
- h. Interstate child abuse and neglect registry check, as applicable.
 Yes.
 No. If no, describe:
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?
 Yes.
 No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?
 Yes.
 No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.
- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?
 Yes.
 No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?
 Yes.
 No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **The Bureau of Criminal Investigation (BCI) is the state’s central repository for criminal history information. BCI processes interstate criminal history checks. It takes approximately 7-10 business days to process and complete a criminal history record check. Requestors have the option to request an expedited response and must then include a pre-paid self-addressed overnight/priority mail type envelope and payment only in the form of a certified cashier’s check or money order. The Sex Offender Registry is a public facing website. There are no fees or forms associated with the registry. Fields utilized include first and last name. The registry also allows for a secondary residential search using city, county, zip code. The Lead Agency processes the Interstate Child Abuse and Neglect (CAN) registry checks. It takes approximately 3-5 business days to process and complete the CAN registry checks.**
- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?
 - Yes. If yes, describe the current policy.
 - No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **<https://www.hhs.nd.gov/providers/criminal-background-checks/out-state-registry-checks>**

Check to certify that the required elements are included on the Lead Agency’s consumer and provider education website for each interstate background check component.
- b. Interstate criminal background check:
 - i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. Is the State a National Fingerprint File (NFF) State?
 - x. Is the State a National Crime Prevention and Privacy Compact State?

- xi. If not all boxes above are checked, describe:
- c. Interstate sex offender registry (SOR) check:
 - i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. If not all boxes above are checked, describe:
- d. Interstate child abuse and neglect (CAN) registry check:
 - i. Agency name
 - ii. Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. Address
 - iv. Phone number
 - v. Email
 - vi. Website
 - vii. Instructions
 - viii. Forms
 - ix. Fees
 - x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?
Relative providers are exempt from health and safety standard, some training, monitoring and a portion of background checks.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
- i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe:
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Lead Agency, through the North Dakota Child Care Initiative, is planning to offer Career Pathway Advancement and Career Pathway Maintenance stipends for early childhood providers working in direct care positions. Payments will go directly to the providers. The Lead Agency has implemented the Child Care Assistance Program (CCAP) Child Care Workforce Benefit pilot. This initiative, aims to support child care staff by offering free child care tuition at the state maximum rate with waived CCAP copays for eligible employees working 25 or more hours per week. This benefit is available for employees' children aged birth to twelve, enrolled in licensed or self-declaration child care facilities. It is designed to alleviate financial burdens and improve the recruitment and retention of child care staff by providing significant tuition assistance, thereby sustaining child care operations.**
- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **The Lead Agency plans to publish information to connect providers to health insurance and encourage utilization of the Marketplace to find health insurance plans that meet their needs. Contracted vendor partners will also be asked to share on their social channels. This initiative will launch after October 1, 2024.**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Lead Agency's contracted child care resource and referral vendor has been charged with creating a shared services alliance with funding from the North Dakota Child Care Initiative. The vendor is exploring how it might be possible to offer an employee assistance program for CCDF eligible providers.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **In the Preschool**

Development Birth-to-Five grant, the Lead Agency has outlined a licensing toolkit to be modeled after Nebraska Early Childhood Collaborative. The toolkit will include the creation of licensing orientation trainings to ensure that individuals enter the field with a solid understanding of the rules that govern their work. The Lead Agency's contracted child care resource and referral vendor provides technical assistance for individuals considering the opening of a child care business.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The Lead Agency's contracted child care resource and referral vendor provides technical assistance and coaching for individuals thinking about or opening a child care business as well as existing early childhood services providers. The child care resource and referral staff work one-on-one with new and existing providers to build relationships and coach to best practices. Templates are provided for, but not limited to: contracts, policies, and business practices. The resource and referral agency offers an intensive business training in which providers learn legal requirements and best practices to write contracts and policies, build relationships, market their business, and plan for a strong financial future. The trainings also cover licensing rules, legal requirements and best practices for starting a child care business and running a child care center. The Lead Agency is developing a licensing toolkit and training that will support administrative practices and provide resources to newly licensed programs. The Lead Agency is also providing training incentives for the completion of each of the nine Aim4Excellence™ National Director Credential Trainings which focuses on leadership development and administrative and business practices.**
- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
- i. Fiscal management.
 - ii. Budgeting.
 - iii. Recordkeeping.
 - iv. Hiring, developing, and retaining qualified staff.
 - v. Risk management.
 - vi. Community relationships.
 - vii. Marketing and public relations.
 - viii. Parent-provider communications.
 - ix. Use of technology in business administration.
 - x. Compliance with employment and labor laws.
 - xi. Other. Describe any other efforts to strengthen providers' administrative business: **Insurance, Strategic Planning**

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **Data is collected to assess the ongoing need to offer content in non-English languages. The Lead Agency’s Workforce Registry data tracks primary language of which 98% of the child care providers primary language is English. Of the non-English speaking or English is not the primary language, not more than 2% report speaking the same language. Spanish is the second largest primary language reported by the Workforce Registry at .8% and Somali is the third at .09%. The lead agency is working with the Registry data system provider to have the Workforce Registry translatable into both Spanish and Somali. The Lead Agency is also vetting training organizations which offer training in languages other than English.**
- b. Providers and staff who have disabilities: **The Lead Agency’s contracted vendors provide technical assistance to help support child care providers in setting up their business, establishing policies and practices, as well as procedures. Providers and staff also have available to them the use of Relay North Dakota for communication over the phone. The North Dakota School for the Deaf or North Dakota School for the Blind may be contacted for resource support.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?
[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: The Career Pathways were updated to align to the National Association for the Education of Young Children (NAEYC) Power to the Profession. The North Dakota Early Childhood Higher Education Consortium has also aligned NAEYC Power to the Profession. Career Pathways were aligned to three professional development preparatory options: informal, formal, and alternative. Training options in the informal paraprofessional category was expanded allowing both level 1 and level 2 training to apply toward Career Pathways placement. The Lead Agency’s Professional Development Administrator presented the professional development framework to the Early Childhood Council.

No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: **The Lead Agency gathered a Professional Development Work Group (PDWG) comprised of early childhood stakeholders from all parts of the mixed delivery early childhood system (special education, head start, higher education, four-year old programs, quality rating and improvement system (QRIS) programs, and licensed programs, along with trainers) to review the North Dakota Core Competencies for Early Childhood Educators and Practitioners. The work group will review the current competencies and compare them to national standards and bring forth recommendations to the State.**

No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The Lead Agency uses the North Dakota Core Competencies for Early Care and Education Practitioners as a foundation for noncredit training development and approval. The North Dakota Core Competencies for Early Care and Education Practitioners define what practitioners need to know and be able to do to provide quality education and care. A current version can be found <https://www.ndgrowingfutures.org/career-development>.**

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Lead Agency's Early Childhood Workforce Registry calculates career pathways, recognizing professional development of early childhood providers. The Workforce Registry has aligned the career pathways to National Association for the Education of Young Children's (NAEYC) Power to the Profession. The Career Pathways identify ten levels of preparation beginning with Category A which is achieved with completion of the required 15-hour health and safety training. Progression on the Career Pathways is based on completion of 120 hours of informal Core Competency training, aligning to the national Child Development Associate (CDA) Credential education requirements. (Categories B-D), verification of current early childhood credentials and certificates (Categories E-F), and formal coursework (Categories G-J). Career Pathway placement is awarded to current members of the Workforce Registry and calculates each time the individual renews their membership or submits additional qualifications.**

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Lead Agency met regularly with the Early Childhood Council (ECC) to discuss CCDF-related strategies**

and initiatives, including the professional development framework and workforce grants and incentives. The ECC's priorities include identifying ways to assist with the recruitment and retention of individuals interested in working as providers of early childhood education, care, and services, including training and continuing education or professional development opportunities. The ECC meetings provide opportunities for public input and interagency collaboration with representation from other state departments, as well as other private and public sector agencies involved either directly or peripherally with early childhood services. The ECC meetings are published in advance and are open to the public.

- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **An agreement was finalized to articulate a current Child Development Associate (CDA) Credential to specific North Dakota higher education degree programs for nine (9) degree specific credits. The agreement allows a student with a CDA to be credited with three degree-required courses including 210 Introduction to Early Childhood, 237 Special Needs in ECE, and 320 Infants and Toddlers. These courses have common course numbers across the higher education system and so can be easily transferred between institutions.**
 - v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Lead Agency's Workforce Registry is the primary source of workforce information for the field of Early Childhood. Child care operators and employees must complete a minimum number of approved training hours each licensing year. The number of training hours needed depends on provider type and the number of hours worked. The Workforce Registry approves all training accepted for licensing, promotes approved training on an online statewide calendar, tracks training attendance at all approved events, and provides reports of training completion to individuals, employers, and licensers to verify annual training compliance. The Workforce Registry maintains permanent records of training completion (since 2012). Licensing Specialists can access that information via a private login for DHHS in the Registry system. The Workforce Registry also tracks workforce data including demographics, Registry participation by region, education, and other career qualifications (verified), training hours and content, and Career Pathways placement. This data is updated and posted quarterly.**
 - vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **The Lead Agency through the North Dakota State Child Care Initiative offers training incentives for early childhood providers seeking to earn their Child Development Associate (CDA) Certificate or a Center Director's Credential. The Lead Agency with Preschool Development Funds seeks to implement Pyramid Model to fidelity and offers training incentives for pyramid model related trainings. The Lead Agency's contracted resource and referral vendor offers CDA scholarships to cover the cost of the CDA application for both the initial CDA or CDA Renewal.**
- b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe: **The Lead Agency's Workforce Registry verifies continuing education, training, and credit bearing coursework as part of member profiles and uses this information toward determination of Career Pathways placement. Formal credits are included on an individual's training record and displayed on the Health and Human Services (HHS) Licensing Report that is available online to licensers to verify annual training compliance. The Lead Agency promotes the higher education early childhood degree programs available across the state with a direct link to the North Dakota University System (NDUS) from the Workforce Registry webpage. Training and credit-based education is offered online, by correspondence, and in face-to-face environments.**
- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **The Workforce Registry approves training sponsors and trainers that offer content, methods, and assessments of training specifically designed to support the early childhood workforce toward greater efficacy and professionalism in their work with young children. They are required to know and reference North Dakota Department of Health and Human Services (HHS) licensing rules and ensure that training content in no way conflicts with the regulations in place for licensed and regulated child care in the state. They must also know and reference the North Dakota Core Competencies for Early Education and Care Practitioners. Level 1 trainers are typically occasional trainers who have professional expertise in a field unrelated to early care and education (e.g. tax preparers, first responders, health care, etc.). They may also be one-time conference keynotes or presenters. Trainers for Level 1 Basic Licensing training must be currently employed in a professional capacity in the field related to the training content. For Level 2 Professional Training, the trainer must be pre-approved as an Early Childhood Instructor or Content Specialist. Early Childhood Instructors must have direct care experience with children ages birth to eight. Content Specialist are not required to have experience in an early childhood setting, but they must have professional experience in their field. Content Specialists are approved to train in their area of specialization only.**
- iii. Other. Describe:
 No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **The North Dakota Core Competencies for Early Care and Education Practitioners provide guidance on how they may be used regardless of your role in the early childhood system: provider, practitioner, teacher, director, program administrator,**

trainer or training organization, higher education, or a state and local agency. The core competencies are divided into eight content areas. Each of the eight areas contains five levels that range from the skills and knowledge of a beginning practitioner to the more advanced skills and knowledge possessed by a professional with a master's degree. The Lead Agency's Workforce Registry requires alignment of core competencies to the training. The Workforce Registry can track hours delivered by competency area.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Career Pathways are recognized as the early childhood education framework to support providers working in any early care and education settings. The Career Pathways are designed to assist with the planning and preparation for career growth, which improves the quality and retention of caregivers, teachers and directors. The courses offered cover a wide array of topic areas, known as core competencies. The variety of competencies and content provides opportunities for a beginning practitioner to the more advanced skills and knowledge possessed by a professional with a master's degree. On a quarterly basis, the Lead Agency's Workforce Registry tracks Career Pathway placement which allows the Early Childhood Section to track trends and patterns.**
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Lead Agency met regularly with the Early Childhood Council (ECC) and the Early Childhood Services Advisory Board to discuss CCDF-related strategies and initiatives, including the professional development framework and workforce grants and incentives. The ECC's priorities include identifying ways to assist with the recruitment and retention of individuals interested in working as providers of early childhood education, care, and services, including training and continuing education or professional development opportunities. The Lead Agency was awarded a Preschool Development Birth-to-Five renewal grant which focuses on establishing a comprehensive early childhood system to work alongside North Dakota's Child Care Initiative to support working families and address workforce challenges, focused on affordability, availability, and quality child care services.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The Lead Agency's Professional Development Administrator is included in Higher Education's Early Childhood's Consortium meetings, allowing for alignment between the delivery of informal training and the goals of higher education's teacher preparation. In turn, Higher Education has a seat on the Early Childhood Council (ECC).**
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits

through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Lead Agency’s Workforce Registry collects self-reported wage data, however, it is not a requirement of participation in the Registry. The Workforce Registry can sort wage data by geography, role, child care setting, and ethnicity.**

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The Lead Agency through the North Dakota Child Care Initiative offers a Workforce Benefit Program for child care employees who are working a minimum of 25 hours a week. The Child Care Assistance Program (CCAP) Child Care Workforce Benefit aims to alleviate financial burdens for child care programs and their staff with young children. This program will pay up to the full-time state max rate for the children of employees who qualify, regardless of their household income. Providers also have the option to use the CCAP Infant/Toddler Bonus and Quality Tiered Bonus to support compensation strategies.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **Center, Preschool, or School-Age License: If working 30 or more hours per week, certify 13 hours of annual training. If working fewer than 30 hours and more than 20 hours per week, certify 11 hours of annual training. If working fewer than 20 hours and at least 10 hours per week, certify nine hours of annual training. If working fewer than 10 hours per week, certify seven hours of annual training. All staff working with infants are required to annually take one hour of safe sleep training prior to providing care to infants. All staff are required to take one hour on mandated reporter of suspected child abuse or neglect annually.**
- b. License-exempt child care centers: **N/A**
- c. Licensed family child care homes: **Family licensed providers certify annual completion of a minimum of nine hours of department-approved training related to child care, including one hour on safe sleep prior to providing care to infants and one hour on mandated reporter of suspected child abuse or neglect.**

Group Licensed providers are required to take 10 hours of annual training if a supervisor or director. Staff working 30 or more hours per week, certify eight hours of annual training. Staff working fewer than 30 hours and more than 20 hours per week, certify six hours of annual training. If working fewer than 20 hours and at least 10 hours per week, certify four hours of annual training. If working fewer than 10 hours per week, certify two hours of annual training. All staff working with infants are required to take one hour of safe sleep training prior to providing care to infants and annually. All staff, including the

director, are required to take one hour on mandated reporter of suspected child abuse or neglect annually.

- d. License-exempt family child care homes: **Self-Declaration: Provider is required to take three hours of annual training including one hour on safe sleep prior to caring for infants and one hour on mandated reporter of suspected child abuse or neglect. The emergency designee is required to take one hour on safe sleep prior to caring for infants and one hour on mandated reporter of suspected child abuse or neglect.**
- e. Regulated or registered in-home child care: **Shall participate in specialized training related to child receiving care if provided by and/or approved by the department. Shall complete one hour of department-approved training annually on safe sleep prior to in-home provider having unsupervised access to infants and one hour on mandated reporter of suspected child abuse or neglect.**
- f. Non-regulated or registered in-home child care: **N/A**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **All Early Childhood Workforce Registry approved training is promoted on the Online Training Calendar available from the Registry website. The calendar is searchable by topic, age group, training delivery type, location. Each calendar listing provides full registration information and links to the sponsoring training organization. Finding approved training is easy and accessible to anyone, anywhere in the state. The Registry maintains permanent records of training completion for individuals employed in all types of programs including tribal organizations and affiliates. All individuals who have attended Registry approved training have access to the specially designed Licensing Report which shows all training completed by date range. Individuals can print that report free of charge from their personal Registry account. All Registry services are free and available to anyone in North Dakota, including the Tribal Nations and the Trenton Indian Services Area, via the Registry website.**

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The 15-hour Getting Started course is required for all operators and employees of licensed and regulated programs within the first three months of employment. Throughout the duration of this course, participants will learn how to establish a safe and healthy learning environment for children of all ages, races, cultures and abilities. The course is designed to fulfill the health and safety requirements for preservice and orientation training. Learning objectives of the Getting Started Course: Development and Responsive Interactions, Safe and Effective Environments, Health and Nutrition, and Abuse and Reporting. Participants are able to choose a track based on the ages of the children they work with. There is no difference in the way the required training is**

delivered or made accessible to providers who have children receiving subsidy, children of different age groups, English Language Learners, children with developmental delays or disabilities, and Native Americans. The online, self-paced course is available to anyone free of charge and contains voice over for those limited ability to read or have vision impairments. Additionally, providers who work with infants must complete a Safe Sleep training prior to being left unsupervised with infants.

The Lead Agency, with Preschool Development Grant Birth to Five Renewal Funds, is working to have the Getting Started, Safe Sleep, and Mandated Reporting courses translated into both Somali and Spanish. The Workforce Registry is translatable into English and Somali for the end user and the Lead Agency continues to seek out training vendors that offer trainings in languages other than English.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **The Lead Agency’s contracted Inclusive Child Care Support vendor provides training opportunities in implementing a developmental screening program using ASQ-3 and ASQ SE-2 in CCDF eligible child care programs. The child care programs that go through the ASQ Training have access to the ASQ Online System as they are entering the screenings and seeing the scores. Topics in the training sessions include partnering with parents, sharing results, and how to make referrals to Part B and Part C. The Lead Agency’s contracted Inclusive Child Care Support vendor also reviews all results that come through the system and if any scores have concerns, the vendor reaches out to the child care provider to offer support and answer any questions. The Lead Agency partners with community agencies to provide training, technical assistance, resources, funding and coaching services to support child care providers who serve children with developmental delays and disabilities. Differentiated supports include self-paced trainings, webinars and individualized, in person inclusion coaching opportunities. With parent consent and a release of information, service providers under Part C and Part B of IDEA, partner with child care providers to share the child’s screening or assessment results as well as goals and accommodations written in an Individualized Family Service Plan (IFSP) or Individualized Educational Program (IEP). A contracted Inclusion Support Agency works with child care providers to create a Care Plan, which assures the provider and relevant caregivers have access to the child’s updated developmental goals and individual needs, supports and services. Additionally, statewide trainings and updates are offered to child care licensing professionals to ensure ongoing supports are routinely offered to existing and new child care providers.**

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental

guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency’s early learning and developmental guidelines are:
 - i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency’s early learning and developmental guidelines.
 - i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains: **Social Studies and Creative Arts**
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency’s early learning and developmental guidelines most recently updated and for what reason? **The North Dakota Early Learning Standards: Birth to Kindergarten, hereafter referred to as Standards, were developed in 2018. To assure that the Standards reflect the most current and comprehensive research on early childhood, the Lead Agency will coordinate and oversee a Standards review process estimated to begin in Fall 2024. In addition, training will be developed on the revised Standards and offered to providers in Summer 2025.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **<https://www.hhs.nd.gov/sites/www/files/documents/early-learning-standards-2018.pdf>**

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **North**

Dakota’s Early Learning Standards: Birth to Kindergarten present a continuum of learning and development for children with varying abilities and for children with diverse cultural and linguistic backgrounds. The Standards promote the understanding of early learning and guide the design and implementation of curriculum, assessment, and instructional practices with young children. The Standards help adults better understand what they should be doing to provide effective learning experiences for children that support early learning outcomes. The North Dakota Early Learning Standards allow for greater collaboration and consistency across the comprehensive early childhood service delivery system in North Dakota. They provide a common set of expectation for children’s learning and development across various types of settings, including their own homes: family, friend and neighbor homes; family child care homes; child care centers; Early Head Start/Head Start; and Preschool programs. Although voluntary, technical assistance and support is available to help guide professionals working with children in planning and implementing developmentally appropriate learning activities.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and

services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated: **The Lead Agency uses a variety of strategies to assess which quality improvement activities are most needed in our state. In 2023, the Preschool Development B-5 Renewal Grant funded a comprehensive needs assessment to understand the strengths, gaps, and opportunities within North Dakota’s early childhood sector. The needs assessment gathered input from multiple stakeholder groups across urban, rural, and Tribal territories. Stakeholder groups included a wide range of representation including families; community and Tribal leaders; and early childhood providers, such as licensed child care providers, Head Start and Early Head Start providers, IDEA Part B and C specialists, and local school districts. Data for this needs assessment was collected through workshops, interviews, and surveys. The needs assessment findings will be used to develop a strategic plan to improve the availability, affordability, and quality in the early childhood sector. Implementation of the strategic plan will be evaluated by the Lead Agency on a routine basis. To support continuous quality improvement efforts, the Lead Agency will conduct a quality needs assessment and strategic plan revision every three years.**
- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **The needs assessment findings summarized the strengths, gaps, and opportunities within North Dakota’s early childhood sector. North Dakota families face challenges in finding and affording child care. Availability of child care options disproportionately impacts families in need of infant and toddler care. Cost to families is a barrier to accessing care, particularly for low-income families and middle-income families. Families expressed difficulties with finding, accessing, and qualifying for child care subsidies. Families who qualify for child care subsidies often experience additional barriers to accessing them and are unable to take advantage of supports. Quality child care exists in North Dakota; however, families and providers have varying definitions of quality. Families place value on safe and responsive environments, caring and well-trained providers, and a holistic approach to meeting the needs of children and families. Providers expressed a need to systemically address inclusion, mental health, social and emotional learning, family engagement and other best practices to support quality child care. North Dakota providers desire professional acknowledgement, appreciation, and support. Professional acknowledgement and appreciation are especially important as providers experience family needs increasing, challenges with child behaviors, and difficulty in managing operations—all of which require training, support, and dedication to address. Providers seek opportunities to meaningfully connect with one**

another, receive coaching, and peer-to-peer support as opportunities for providing more career stability and supports. Providers described the need for more training, particularly for understanding prenatal substance exposure, trauma informed care, guiding challenging behaviors, and children with unique needs (i.e., Autism, ADHD, etc.). The needs assessment findings will be used to develop a strategic plan to improve the availability, affordability, and quality in the early childhood sector, which includes identifying any overarching goals for quality improvement. The full needs assessment can be found on the Lead Agency's website at <https://www.hhs.nd.gov/cfs/early-childhood-services/pdgb5>.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Quality Progress Report (ACF-218) and expenditure reports will be made available on the Lead Agency's website at <https://www.hhs.nd.gov/cfs/early-childhood-services/data>. To locate the reports, follow the URL listed above, page down, and select the desired federal fiscal year under CCDF Quality Progress Reports (QPR) or CCDF Expenditure Reports.**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments. **The Lead Agency utilizes CCDF and State general funds to support the training and professional development of the workforce. These efforts are administered and monitored by the Lead Agency with the assistance of a contracted vendor. The Lead Agency provides oversight and implementation of the workforce registry which includes a menu of training and professional development opportunities for providers serving children birth through school age. The Lead Agency will coordinate the development of new training and professional development opportunities to support child care licensing and safe sleep practices, including translation into multiple languages. In addition, the Lead Agency will partner with the Child Care State Capacity Building Center (SCBC) to provide foundational training and specialized training for trainers and coaches on Practice-Based Coaching (PBC).**
 - ii. Developing, maintaining, or implementing early learning and developmental guidelines.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The North Dakota Early Learning Standards: Birth to Kindergarten, hereafter referred to as "Standards", were developed in 2018. To assure that the Standards reflect the most current and comprehensive research on early childhood, the Lead Agency will coordinate and oversee a Standards review process estimated to begin in Fall 2024. In addition, training will be developed on the revised Standards and offered to providers in Summer 2025.**

iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency utilizes CCDF and State general funds to implement the statewide quality rating and improvement system (QRIS). The QRIS is administered and monitored by the Lead Agency with the assistance of a contracted vendor. The contracted vendor provides outreach, assessment, and technical assistance to providers participating in the QRIS. In addition, the contracted vendor provides families with tools and resources to understand the elements of a quality provider and how to locate a provider that meets their needs. The Lead Agency is planning to revise and expand the statewide QRIS to better serve all types of early childhood providers in North Dakota. During this planning cycle, the Lead Agency will conduct a quality needs assessment to gather data and solicit stakeholder input. The results of the needs assessment will be used to draft new criteria, guidance, and policies for the revision, as some changes may require legislative action.**

iv. Improving the supply and quality of child care services for infants and toddlers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency utilizes CCDF and State general funds to improve the supply and quality of child care services for infants and toddlers. The Lead Agency will partner with the Child Care State Capacity Building Center (SCBC) to provide specialized training for trainers and coaches on Relationship Based Care for Infants and Toddlers and Trauma Responsive Care for Infants and Toddlers in Child Care.**

v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency utilizes CCDF and State general funds to maintain the statewide system of child care resource and referral (CCR&R) services. These efforts are maintained and monitored by the Lead Agency with the assistance of a contracted vendor. The contracted vendor provides services for families, providers, and communities.**

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency utilizes**

CCDF and State general funds to facilitate compliance with child care licensing, monitoring, inspection, and health and safety standards. These efforts are maintained and monitored by the Lead Agency with the assistance of a contracted vendor. The contracted vendor provides technical assistance to providers who require additional support to correct non-compliance issues and corrective actions that pertain to their license.

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency utilizes CCDF and State general funds to evaluate progress in improving the quality of child care programs and services. These efforts are administered and monitored by the Lead Agency with the assistance of a contracted vendor. The contracted vendor provides valid and reliable assessments to providers participating in the statewide quality rating and improvement system (QRIS). Some of the tools utilized by the QRIS are the Environment Rating Scales (ERS), which measures the quality of the care environment; Teaching Strategies GOLD, which measures child growth and development; and the Classroom Assessment Scoring System (CLASS), which measures child-adult interactions.**

- viii. Accreditation support.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Early Childhood Council (ECC) meets at least twice annually and works to enhance and grow early childhood services in North Dakota. The ECC's priorities include: reviewing the availability and provision of early childhood education, care, and services in this state; identifying opportunities for public and private sector collaboration in the provision of early childhood education, care, and services in this state; identifying ways to assist with the recruitment and retention of individuals interested in working as providers of early childhood education, care, and services, including training and continuing education or professional development opportunities; seeking the advice and guidance of individuals who are uniquely familiar with the nature, scope, and associated challenges of providing early childhood education, care, and services in geographically and socioeconomically diverse settings, and develop recommendations pertaining to the short-term and longer-term improvement and expansion of early childhood education, care, and services in the state; and providing a biennial report regarding its findings and recommendations to the governor and the legislative assembly. The ECC meetings provide opportunities for public input and interagency collaboration with representation from other state departments, as well as other private and public sector agencies involved either directly or peripherally with early childhood services. The ECC meetings are published in advance and are open to the public. Members of the ECC and the Lead Agency engaged in meaningful conversation around CCDF initiatives. Feedback received from the ECC is used to guide future work.**
- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The Lead Agency has both traveled to and held virtual meetings with the following Tribes: Turtle Mountain, Spirit Lake, Three Affiliated Tribes, and Trenton Indian Service Area. Coordination discussion included, but was not limited to: professional development opportunities, consumer education, eligibility, background**

checks, and licensing standards. The Lead Agency invited the Tribal CCDF Coordinators to review North Dakota’s preservice training for cultural relevance and sensitivity and shared information about other professional development opportunities that are available to Tribal providers, including the State’s new mandated reporter of child abuse and neglect training. The Lead Agency also provided technical assistance, if requested. Consumer education discussions included the State’s updated consumer education webpage, the new electronic newsletter, and future goal of expanding the online search tool to include tribal providers.

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **Multiple representatives from the Lead Agency serve on the Interagency Coordinating Council (ICC). The ICC provides leadership for a coordinated statewide interagency system of comprehensive early intervention services and prevention awareness for children with disabilities and at-risk children birth through five. The Lead Agency also leads an inclusion support program in collaboration with a contracted vendor and Part B-619. The Lead Agency consistently consults with Part C and Part B-619 regarding a variety of topics, all with the intention of enhancing coordination and collaboration including trainings and to provide cross-department opportunities for professionals to gather, network and learn together.**
- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start/Early Head Start Collaboration Office (HSCO) is housed within in the Lead Agency. Coordination goals include development of child care/Early Head Start partnerships, shared professional development opportunities, and the development of alternative paths through the quality rating and improvement system for non-licensed Head Start Programs. A partnership continues with the Early Head Start-Mayville State Child Development Programs and a Child Care provider in Fargo. The HSCO works to ensure goals, processes and results of the Early Head Start-child care partnership continues. A collaboration between the Lead Agency’s Best in Class award recipients with Head Start Four-Year Old classrooms continue to benefit children and families. The HSCO partners with the North Dakota Department of Public Instruction (DPI) to provide guidance and monitoring for the birth-five component of the Comprehensive Literacy State Development Grant to school district grantees. The HSCO also assists DPI in reviewing Title I preschool enrollment and required documentation needed from school districts that are in a monitoring year.**
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Public Health Division and Early Childhood section (both housed within the Lead Agency) coordinate regularly regarding a variety of topics, including inspections, licensing and providing safe and healthy environments for children. The Public Health Division and Early Childhood section consulted and agreed on the grace period allowed to obtain immunization records for families experiencing homelessness. Recent coordination has involved moving kitchen/food preparation inspections for specific child care providers from the Public Health Division to Early Childhood Licensing Specialists. The Public Health**

Division also provides subject matter experts to review safe sleep and other health and safety trainings. As the Public Health Division updates the Child Care and School Infectious Disease Exclusion Guide, the Early Childhood section disseminates the updated guide to child care providers to ensure all providers have access to the most up to date information.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Lead Agency coordinates with Job Service North Dakota. Job Service North Dakota provides workforce and unemployment services across the state in nine Workforce Centers and at the Central location in Bismarck; offering a variety of services for both job seekers and employers. The Resources for Assistance portion of the Job Service North Dakota website has links to both the Lead Agency and First Link 211, which is a database of community resources. Information about the Lead Agency’s contracted child care resource and referral vendor, including services and contact information, can be accessed through First Link 211.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency and North Dakota Department of Public Instruction (DPI) meet monthly to share updates and identify opportunities for collaboration and coordination. The Lead Agency is responsible for all year before kindergarten programs and services. DPI uses the Lead Agency’s four-year old program approval as an indicator for pre-k grade configuration for schools. The Lead Agency and DPI participate jointly on the Kindergarten Sturdy Bridge Multi-State Learning Community. Additionally, the Lead Agency and DPI coordinate shared use of some data systems.**
- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Early Childhood Licensing unit is housed within the Lead Agency. Coordination between subsidy and child care licensing includes data sharing and regular meetings to ensure CCDF compliance.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **CACFP is part of the North Dakota Department of Public Instruction and participates in monthly update meetings with the Lead Agency to collaborate as needs/questions arise. This coordination has been helpful in terms of determining true enrollment of children in child care.**
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **Each school district is required by federal law to have a designated homeless liaison. The North Dakota Department of Public Instruction (DPI) McKinney-Vento State Coordinator oversees professional development for district homeless liaisons. Training occurs annually every fall (in-person) during a day-long event. The Lead Agency and DPI collaborate to provide in-person professional development. Training also happens virtually through McKinney-Vento.org. The virtual option is free to each liaison and is self-paced. District liaisons assist early childhood students, when applicable. DPI works closely with liaisons to monitor various data points. For 2020-2022 early childhood data was collected for districts receiving the McKinney-Vento Subgrant. Starting with 2022-23 data, early childhood data**

was collected for all districts reporting students experiencing homelessness. The McKinney-Vento State Coordinator also works with the Office of Specially Designed Services to discuss data related to Individuals with Disabilities Education Act (IDEA) students, including early childhood students. The Lead Agency and North Dakota Department of Public Instruction will continue to collaborate so our children experiencing homelessness and their families are provided the best support.

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **Temporary Assistance for Needy Families (TANF) is housed within the Lead Agency. To coordinate as effectively as possible for families, the Lead Agency maintains a joint program application with TANF and Child Care Assistance Program (CCAP), in addition to other needs-based programs. The TANF and CCAP administrators both serve in division meetings, with the goal to align policies and procedures to the extent practicable to make the application and eligibility determination process for families simpler across programs. The Lead Agency coordinates with the TANF administrators by reviewing and providing feedback on proposed policies and procedures, participating in policy and procedure building and alignment meetings and participating in joint system development meetings.**
- l. State/Territory agency responsible for Medicaid and the State Children’s Health Insurance Program. Describe the coordination and results of the coordination: **Medicaid and the State's Children's Health Insurance Program (CHIP) are part of the same division as the Child Care Assistance Program (CCAP), both housed within the Lead Agency. To coordinate as effectively as possible for families, the Lead Agency maintains a joint program application that contains Medicaid, CHIP and CCAP, in addition to other needs-based programs. The Medicaid and CHIP administrators both serve in division meetings along with the CCAP Administrator, with the goal to align policies and procedures to the extent practicable to make the application and eligibility determination process for families simpler across programs. The Lead Agency coordinates with the Medicaid and CHIP administrators by reviewing and providing feedback on proposed policies and procedures, participating in policy and procedure building and alignment meetings and participating in joint system development meetings.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The Behavioral Health Division and Early Childhood section are both housed within the Lead Agency and work collaboratively to coordinate professional development opportunities for child care providers, enhancing behavioral health services in child care settings, and to curate and share resources for parents through the state’s Parents Lead program. Additional collaboration includes multiple initiatives lead by both the Lead Agency and North Dakota Department of Public Instruction to ensure coordination of services, consistent policy development, and process implementation.**
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The Lead Agency’s contracted child care resource and referral vendor assists families in their search for and understanding of quality child care, builds the knowledge and skills of early childhood practitioners through professional learning services and coaching, supports communities in developing innovative strategies to expand the capacity of care to meet families' needs,**

and advocates for public and private investment in child care. A biennium work plan reflects CCDF requirements, shared goals and strategies for implementing them. The contracted vendor is a sponsor of workforce training in the state. In addition, there are currently 122 organizations that are approved to provide early childhood training in North Dakota such as Head Start, higher education, state agencies, food programs, school age providers, and several state and national organizations including Department of Public Instruction, Public Health, the McCormick Center, Pyramid Consortium, and the National Center on Early Childhood Development Teaching and Learning (NCECDTL). The Workforce Registry has developed approval standards for organizations that sponsor training for the early childhood workforce, trainers that deliver professional level training, and training course structure and content. The standards are intended to focus training on the specific needs of the early childhood workforce. Data on training sponsors, trainers, and training is tracked and reported quarterly, and is available to the Lead Agency on the Workforce Registry website.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Lead Agency and the leaders of North Dakota's Afterschool Network continue to explore ways to collaborate and coordinate services, as well as ensure qualified personnel to provide care. The Workforce Registry approves and tracks training sponsored by the Afterschool Network and maintains records of training completion for school-aged providers who work in programs licensed by the Lead Agency.**
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The North Dakota Health and Human Services Risk Manager is the Lead Agency's liaison with the North Dakota Department of Emergency Services. The Risk Manager actively works with the Lead Agency to develop and enhance emergency preparedness plans to ensure adequate emergency coordination and communication. In the event of an emergency, the Risk Manager would also coordinate emergency resources at the request of the Lead Agency.**
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
 - i. **State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: The Early Childhood Family and School Engagement Administrator (ECFSE) and Head Start Collaboration Officer (HSSCO) meet regularly to discuss early childhood initiative in North Dakota and provide leadership to the North Dakota Professional Development Plan and the Early Childhood Data Committee. The ECFSE Administrator relays the information to the Early Childhood Section Director. The HSSCO is consulted during the development of the CCDF State Plan and when any revisions are necessary. The Lead Agency supports Mayville State University in working with child care centers across the state as part of the Early Head Start-Child Care Partnership grants. The Child Care Assistance Program (CCAP) assists Early Head Start eligible families by paying providers who are participating in the partnership program at the full-time state max rate, regardless of attendance of the child. Currently, the Lead Agency has agreed to assist up to 50 children, ages birth through three years of age.**

- ii. State/Territory institutions for higher education, including community colleges. Describe: **The Lead Agency’s Professional Development Administrator is invited to participate in the State’s Early Childhood Consortium meetings. Higher education shares work and resources available at the collegiate level including information on articulation between state university systems, Child Development Associate (CDA) Credential alignment and articulation, and National Association for the Education of Young Children (NAEYC) Power to the Profession alignment.**
- iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
- iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe:
- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:
- vi. State/Territory agency responsible for child welfare. Describe: **The Lead Agency’s Licensing Unit conducts joint assessments with Child Protection Services when child abuse and neglect is reported within a child care program.**
- vii. Child care provider groups or associations. Describe:
- viii. Parent groups or organizations. Describe:
- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations?

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: **State general funds are used for the maintenance of effort.**

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

- i. Donated directly to the state.
- ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

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

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most

appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Lead Agency's contracted child care resource and referral vendor coordinates statewide services including consumer resources and services to families searching for child care, child care providers, and communities. Services to parents, guardians and families include an overall assessment of the family's needs and includes the provision of a customized list of child care referrals based on those unique needs. Consumer education on what to look for and how to select a quality child care environment is provided at the time of the referral. Additionally, information on other state and community resources for which the family may be eligible may also be provided based on the initial assessment of family needs. Services to providers include a system for collecting and updating provider vacancies for parents and consumer education resources to assist families in meeting their needs, consultation and resources to existing and potential child care providers on health and safety, child care business practices, child development, emergency preparedness, and maintaining licensing compliance as well as technical assistance, coaching, and resources to eligible child care providers, to ensure optimal awareness and engagement in the workforce registry and the state's quality rating and improvement system. Community services include providing resources and education about child care issues to community and business leaders to support early care and education initiatives throughout the state. The contracted vendor works to develop 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 North Dakota. The contracted vendor partners with an outside organization contracted to complete the annual Market Rate Survey. The contracted vendor coordinates their activities with the activities of the Lead Agency to implement CCDF activities. The Lead Agency including Part C and Part B 619 met with the child care resource and referral vendor to share data and provide information to the**

vendors staff that could be shared with providers and parents.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Lead Agency and the child care resource and referral contracted vendor work with others to: raise awareness of child care as infrastructure for healthy vibrant communities; support communities to develop innovative strategies to sustain and increase child care capacity, and; make available strong resources to support child care providers in business operations and their daily work with children and families.** The child care resource and referral contracted vendor maintains an Economic Development North Dakota Membership and a Vision West (19 oil producing counties) Membership and partners with members to support strategies to increase child care capacity; attending meetings, co-chairing a Child Care Committee, and acting as a resource to community leaders and reaching back out to help potential and existing providers access possible funding streams at the state, local, or county level. Additionally, the child care resource and referral contracted vendor relates to and partners with Local chambers, city fire Inspectors, zoning officials, and local school districts, Small Business Administration, and Job Development Authorities. As a result, the child care resource and referral contracted vendor was invited to attend Mainstreet Round Table events sponsored by the Governor’s Office and North Dakota Chamber of Commerce. Child Care Aware of North Dakota and Vision West North Dakota, with funding support from the Bush Foundation, created and updated a Child Care in Your Community Guide to assist individuals and organizations as they consider child care options in their communities. Topics include strategies to build capacity, child care models, financing options and more.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **The Lead Agency’s Child Care Disaster Plan was last updated in November 2023 due to the Lead Agency’s name change.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in

the current State Disaster Preparedness and Response Plan.

- i. The plan was developed in collaboration with the following required entities:
 - State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- ii. The plan includes guidelines for the continuation of child care subsidies.
- iii. The plan includes guidelines for the continuation of child care services.
- iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - Procedures for evacuation.
 - Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.
 - Procedures for accommodations of children with chronic medical conditions.
- vi. The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: <https://www.hhs.nd.gov/cfs/early-childhood-services/programs/emergency-preparedness-plan>

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must

provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency’s hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **On the Lead Agency’s webpage (<https://www.hhs.nd.gov/cfs/early-childhood-services>) there is a link in the Information for Families section to submit complaints. The link (<https://www.hhs.nd.gov/cfs/early-childhood-services/contact>) directs the user to a list of the Licensing Specialist(s) assigned to each county, which includes their contact information.**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The State of North Dakota provides automatic translation for nd.gov websites, courtesy of Google Translate.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The Lead Agency’s website complies with all priority 1 and 2 guidelines of the W3 Web Content Accessibility Guidelines, is Section 508 approved, complying with all guidelines of the U.S. Federal Government Section 508 Guidelines, and validates as XHTML 1.0 Strict. Free Relay North Dakota services are also available and enable people who are deaf, hard of hearing, deafblind or those with a speech disability to place and receive phone calls. Communications Assistants are specially trained to facilitate the calls.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
[x] Yes. If yes, describe: Complaints regarding providers are documented and reviewed as soon as possible to determine if the complaint is substantiated. All complaints are investigated as soon as possible by a licensing specialist, who completes an unannounced review of the licensed or regulated program. If a violation is found, a Correction Order is issued. A reinspection of the provider is conducted once the provider provides

information of compliance or at the end of the period allowed for the correction. Further monitoring of the provider is conducted as appropriate. The process is the same for CCDF and non-CCDF providers and licensed and license-exempt providers.

No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **Substantiated complaints for providers are documented in the Child Care Licensing System. A record of the substantiated complaint is maintained in the provider record for both CCDF and non-CCDF providers.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Correction Orders that are issued as a result of a monitoring visit due to a substantiated complaint are posted publicly, along with the inspection report, on the consumer education website within each program's profile. Direct link to public search tool: <https://stage.worklivesystems.com/parent/40>.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency's consumer education website homepage:
<https://www.hhs.nd.gov/cfs/early-childhood-services>
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 Yes.
 No. If no, describe:
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

Yes.

No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: <https://www.hhs.nd.gov/cfs/early-childhood-services/providers> Early Childhood Services Century Code 50-11.1: <https://ndlegis.gov/cencode/t50c11-1.pdf>
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: **Licensing Specialist 620-01-20-01 #6:** https://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-20-01.htm?TocPath=Early%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%257CProgram%2520Responsibilities%2520620-01-20%257C____1

Time Frames for Licensing Process 620-01-35-10:

https://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-10.htm?TocPath=Early%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%257CEarly%2520Childhood%2520Licensing%2520620-01-35%257C____3

Required Licensing Documents Needed to Issue a License 620-01-35-15:

https://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-15.htm?TocPath=Early%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%257CEarly%2520Childhood%2520Licensing%2520620-01-35%257C____4

Renewal of License Policy 620-01-35-25:

https://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-35-25.htm?TocPath=Early%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%257CEarly%2520Childhood%2520Licensing%2520620-01-35%257C____5

Unannounced Reviews:

https://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-116.htm?TocPath=Early%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%257C____23

- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: <https://www.hhs.nd.gov/criminal-background-checks-licensed-or-regulated-child-care-providers>

Early Childhood Services Century Code 50-11.1:

<https://ndlegis.gov/cencode/t50c11-1.pdf>

Background Check Procedures 620-01-40:

https://www.nd.gov/dhs/policymanuals/62001/62001.htm#620-01-40.htm?TocPath=Early%2520Childhood%2520Services%2520Policies%2520and%2520Procedures%2520620-01%257C_____9

- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/esc-direct-bearing-offenses.pdf>

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
 [x] Yes.
 [] No. If no, describe:
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **The Lead Agency’s website, <https://www.hhs.nd.gov/cfs/early-childhood-services/families>, includes a direct link to the provider search tool, <https://stage.worklifesystems.com/parent/40>**
 - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:
 - [] License-exempt center-based CCDF providers.
 - [x] License-exempt family child care CCDF providers.
 - [x] License-exempt non-CCDF providers.
 - [] Relative CCDF child care providers.
 - [] Other (e.g., summer camps, public pre-Kindergarten). Describe:
- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers

Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i. All licensed providers. Describe: **License number and type of facility (center, preschool, etc), webpage (if available), number of years in operation, location map, basic environment, pets, transportation, special needs education/experience, and polices**
 - ii. License-exempt CCDF center-based providers. Describe:
 - iii. License-exempt CCDF family child care providers. Describe: **License number, basic environment, transportation, years of operation, transportation, policies**
 - iv. License-exempt, non-CCDF providers. Describe:
 - v. Relative CCDF providers. Describe:
 - vi. Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. Quality improvement system.
 - ii. National accreditation.

- iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe:
- b. For what types of child care providers is quality information available?
- i. Licensed CCDF providers. Describe the quality information: **Quality information includes a brief description of the quality rating and improvement system (QRIS) standards including the provider’s current QRIS designation.**
 - ii. Licensed non-CCDF providers. Describe the quality information:
 - iii. License-exempt center-based CCDF providers. Describe the quality information:
 - iv. License-exempt FCC CCDF providers. Describe the quality information:
 - v. License-exempt non-CCDF providers. Describe the quality information:
 - vi. Relative child care providers. Describe the quality information:
 - vii. Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
- i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and licensing status.
 - iii. The total number of substantiated instances of child abuse in child care settings.
 - iv. The total number of children in care by provider category and licensing status.

- v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Providers report any serious injuries or deaths of children occurring in child care to the Licensing Specialist, who in turn adds the information into the child care licensing system. The Lead Agency is able to obtain aggregate data from the child care licensing system.**
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **Substantiated child abuse is defined as a provider who has been issued a Confirmed Decision following a CPS assessment, and the finding wasn't appealed, or the appeal was lost.**
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement: **Serious injury is defined as any accident or injury which occurs in the early childhood setting or as a result of care provided in the early childhood setting that results in medical attention.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **<https://www.hhs.nd.gov/cfs/early-childhood-services/data>**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
 - Yes.
 - No.
 - Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information: **www.hhs.nd.gov/cfs/early-childhood-services/families/choosing-care**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?
 - Yes.

No.

- b. Provide the direct URL/website link to this information:
<https://www.hhs.nd.gov/cfs/early-childhood-services>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale.
<https://app.powerbigov.us/view?r=eyJrIjojOGI5NDY4NzctM2QzOS00NWY4LWJjNTAtMDA5N2IxMmE5NTMyIiwidCI6IjJkZWVwNDY0LWRhNTEtNGE4OC1iYWUyLWlzZGI5NGJjMGM1NCJ9&pageName=ReportSection2a293b23c84b8b2e01ea%22>
The link directs families to the North Dakota CCAP Sliding Fee Scale. Page 1 of the document is an interactive worksheet that will provide an estimated calculation of the copayment. Page 2 is a PDF of the sliding fee scale.

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The Lead Agency's free online provider search tool allows users to search for a child care provider that fits their needs. Results can be customized by adjusting search criteria by provider type, location, hours of operation, and ages served. Personalized one-on-one help is available by either phone or email through the Lead Agency's contracted child care resource and referral vendor. The Human Service Zones stock Child Care Assistance Program (CCAP) Brochures for customers visiting the office. These brochures provide an overview of the CCAP program, how to find a provider, and the eligibility process. The Human Service Zones also stock brochures for all other economic assistance programs which families may be eligible for; SNAP, TANF, LIHEAP and more. This information is also available on the Economic Assistance Website.**

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **Families are a child’s first teacher. The Information for Families Section of Lead Agency’s website includes an accordion with links to resources for families. This accordion provides links to the Center for Disease Control and Prevention (CDC) developmental checklists, information about early childhood developmental screenings, early learning standards birth to kindergarten, Head Start and Early Head Start, and Waterford Upstart, and access to the VROOM app and website for daily family engagement tips to turn everyday activities into brain building moments.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Lead Agency’s website provides a wide range of information and resources for families, providers, and the general public, including, but not limited to the following:**

The Lead Agency’s North Dakota Mental Health Program Directory provides a single place for North Dakota citizens to search for mental health services that meet their needs. This registry allows users to search by either child or adult service programs, location and other details, and view program information, including program name, address, and phone number.

The Lead Agency, in collaboration with partners, also developed Parents Lead, an evidence-based prevention program that provides parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health through young adulthood. Behavior health is a state of mental/emotional being and/or choices and actions that affect wellness.

The Lead Agency contracts an Inclusive Child Care Support vendor to provide individualized support, information, resources, and coaching for child care providers caring for children, birth through school-age, with unique needs; strengthening providers’ abilities to work with all children including those with different needs or concerns.

In addition to the public webpages, the Lead Agency and contracted vendors use social media and referrals to share information and resources with families, providers, and the general public.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **The Lead Agency contracts an Inclusive Child Care Support vendor with specialists available to provide site visits in programs and observe classroom environments, work with staff and provide hands on training to assist with behavior management and special needs. The Lead Agency provides inclusive care support grants with state general funds to assist providers with staffing needs and resources to assist with behavior management and special needs. These grants can also be used for environmental modification and specialized equipment and materials. The focus of the support is to strengthen providers' abilities to work with all children including those with different needs or concerns, thus providing all children the best possible care. In addition to sharing information on public webpages, the Lead Agency and the contracted vendor use social media and referrals to share information and resources with families, providers, and the general public.**
- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **The Lead Agency contracts an Inclusive Child Care Support vendor with specialists available to provide site visits in programs and observe classroom environments, work with staff and provide hands on training to assist with behavior management and special needs. The Lead Agency provides inclusive care support grants with state general funds to assist providers with staffing needs and resources to assist with behavior management and special needs. These grants can also be used for environmental modification and specialized equipment and materials. The focus of the support is to strengthen providers' abilities to work with all children including those with different needs or concerns, thus providing all children the best possible care. In addition to sharing information on public webpages, the Lead Agency and the contracted vendor use social media and referrals to share information and resources with families, providers, and the general public.**

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
 Yes.
 No. If no, describe:
- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
 Yes.
 No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
 Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The Lead Agency provides information regarding developmental screenings on its website to access information regarding developmental screening. Screening services are provided through Right Tracks. <https://www.hhs.nd.gov/cfs/early-childhood-services/families>**
 No. If no, describe:
- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.
 Yes.
 No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program’s internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency’s organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **Assignment of Authority and Responsibilities Related to Program Integrity: The Director of Program Administration holds the primary responsibility for overseeing program integrity. This role includes daily supervision of benefits issuance and policy compliance. Delegation of Duties: Duties are clearly delegated within the agency. The CCDF Co-administrator collaborates with the Director to oversee program operations, while the Office Manager handles the preparation and preliminary verification of benefits reports.**

Coordination of Activities: Coordination is achieved through regular monthly meetings involving the CCDF Co-administrator, the Director of Program Administration, and the fiscal team. These meetings ensure that all departments are aligned and informed about current caseloads, policy updates, and financial trends.

Communication between Fiscal and Program Staff: Effective communication is maintained through the structured dissemination of verified reports. After the Director of Program Administration approves the benefits reports, they are uploaded to SharePoint and subsequently forwarded to the fiscal department, ensuring that both fiscal and program staff are consistently informed and engaged in all financial and programmatic decisions.

Segregation of Duties: The process of benefit issuance is segregated among multiple staff members to prevent fraud and ensure accuracy. The Office Manager prepares the initial reports, which are then verified and signed off by the Director of Program Administration before being forwarded to the fiscal team for the final check and payment disbursement.

Establishment of Checks and Balances to Identify Potential Fraud Risks: The agency employs a layered review process where each step of the benefit issuance and financial reporting involves multiple checks. This not only enhances accuracy but also helps in identifying discrepancies and potential fraud risks at early stages.

Other Activities that Support Program Integrity: The agency also engages in periodic training sessions for all staff to reinforce the importance of program integrity, updates on policy changes, and techniques for fraud detection. This continuous education helps maintain a high standard of vigilance and compliance throughout the organization.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Lead Agency maintains policies and procedures on subrecipient monitoring for all grant contracts. Grant contract monitoring activities include; a risk assessment of the subrecipient, completion of a Program Checklist, completion of a Contract Closure Assessment and periodic documentation review of the contract. Lead Agency program administrators review requests for reimbursement and supporting documentation to ensure that contracted vendors are expending funding in accordance with the requirements.**
- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **The Lead Agency employs a robust tracking system designed to ensure that all costs are reasonable, allowable, and compliant with the stipulated provisions. Our approach includes several key strategies to trace and validate the use of funds effectively:**
 1. **Integrated Eligibility System:** We utilize an advanced integrated eligibility system where all expenditures are coded accurately. This system facilitates the tracking of funds to the exact level of expenditure, ensuring compliance and transparency in fund utilization.
 2. **Regular Validation Meetings:** Our financial officers conduct monthly meetings to review and validate expenditures. These sessions are crucial for maintaining fiscal discipline and ensuring that all costs align with program guidelines and budgetary constraints.
 3. **Dashboards for Tracking Payments:** We have implemented a specialized dashboards that monitor both benefit and contract payments. This tool provides real-time data on financial activities, helping us to quickly identify and investigate any unusual spikes or declines in payments.
 4. **Monthly Validation by Director of Program Administration:** The Director of Program Administration plays a pivotal role in our fiscal checks and balances by validating contract payments on a monthly basis. After this validation, the fiscal team conducts a thorough review before the final approval and disbursement of payments.
 5. **Fiscal Administration Staff Oversight:** Our fiscal administration staff diligently review all requests for information to verify that expenditures are both reasonable and allowable under the stipulated guidelines.

These mechanisms collectively ensure a high level of accuracy and adherence to fiscal rules, thereby affirming that our funds are used appropriately and in accordance with the provisions of this part.
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **To prepare and submit the required state and federal fiscal reports, the processes involve a thorough and coordinated effort by the fiscal department. This department carefully reviews and compiles expenditure data from the fiscal management system, ensuring accuracy through cross-referencing with technical reports and system case counts. After assembling the reports, an additional layer of security and verification is provided by the Director of Program Administration, who reviews and signs off on them before submission. This systematic approach ensures compliance with regulatory standards and maintains the integrity of financial reporting.**
- d. Other. Describe: **NA**

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **Effective fiscal management practices involve regular monitoring, transparent accounting procedures, and adherence to federal and state guidelines to ensure proper allocation and use of CCDF funds. This includes detailed monthly meetings, rigorous expenditure tracking, and multiple controls for payouts, supported by advanced fiscal projection tools.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Lead Agency measures the effectiveness of fiscal management through performance indicators such as expenditure rates, compliance with budget allocations, and audit results. Tools like expenditure tracking systems and monthly financial reporting are utilized to monitor these indicators closely.**
- c. How the results inform implementation. Describe: **The results from tracking and measuring fiscal management practices are used to refine budget planning, improve allocation strategies, and enhance oversight mechanisms. This continuous feedback loop ensures that fiscal practices directly support program objectives and compliance requirements.**
- d. Other. Describe: **Additionally, the Lead Agency employs technology-based solutions to automate financial reporting and uses predictive analytics to forecast future financial scenarios, improving decision-making and fiscal responsiveness.**

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Lead Agency sends all policy and procedure changes to other Lead Agency staff for review before implementation. This allows for questions and comments to be answered and reviewed before policy is finalized. Quality Control Unit staff notify the CCAP administrator and the policy and system support (PaSS) Training team of all errors or potential fraud found through case reviews, this includes but is not limited to improper payments. This allows for the training team to build and implement trainings based on actual case errors. The Child Care Assistance policy team reviews all intentional program violations (IPVs) for SNAP and TANF and determines if an IPV needs to be pursued for CCAP. Eligibility workers also go through a strict training an integrity protocol, after training on how to determine eligibility, cases worked by new workers in their first six months are reviewed by senior eligibility workers before approval or denial is determined. The Lead Agency closely monitors application rates, denials, approvals, and application churn to identify any barriers to the program from the application process. The Lead Agency also has access to a data dashboard which shows case payments and can assist in identifying ongoing case issues. The fiscal team for the Lead Agency meets monthly to monitor expenditures and review any unusual trends.**
- b. The frequency of each risk assessment. Describe: **Risk assessments are conducted with varying frequencies to ensure comprehensive oversight. Benefit issuance is cross-referenced daily to maintain accuracy. Overall expenditures are reviewed monthly in**

conjunction with fiscal and the CCAP team to track financial health. Additionally, the allocation of CCDF funds between early childhood programs and CCAP is thoroughly evaluated on a quarterly basis. These assessments include additional checks as needed if any discrepancies or inconsistencies are noted during regular reviews. This tiered approach ensures continuous monitoring and timely resolution of potential issues.

- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The Lead Agency utilizes risk assessment results to inform program improvements by integrating financial projection tools that calculate changes in expenditures based on policy changes. By comparing actual outcomes with projected results, discrepancies are identified and addressed. Additionally, application counts and trends are continuously monitored via dashboards, enabling the agency to refine processes and address discrepancies in real-time. This systematic review helps in enhancing program accuracy and efficiency.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The effectiveness of the risk assessment processes is confirmed through the alignment of financial projections with actual expenditures. When projections diverge from actual results, the agency conducts detailed analyses using dashboards that track applications, benefit issuance, and case progress. This capability to detect and investigate trends, including potential fraud, through correlation studies of overpayments and regional comparisons, demonstrates the robustness and reliability of the risk assessment processes.**
- e. Other. Describe: **The fiscal team creates comprehensive reports that are accessible to program administrators, CCDF administrators, and Directors of Early Childhood and Economic Assistance. These reports and the associated dashboards ensure transparency and facilitate ongoing monitoring, contributing to the overall integrity and improvement of the CCDF program.**

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **Policy changes are sent to the Human Service Zone's in the month prior to the changes becoming effective to give workers time to review and ask questions before the policy is implemented. Training guides are created and distributed statewide as areas of needed training are identified or when policies or procedures are changed. The Lead Agency utilizes the policy and system support (PaSS) unit to deliver periodic program and policy training. Additionally, the Lead Agency utilizes E-Learning courses that covers policies and case processing that are available statewide. New workers have all cases reviewed by a supervisor for six months during a probationary period to ensure understanding and correct procedures are consistently followed**

when determining eligibility.

- ii. Describe how staff training is evaluated for effectiveness: **The policy and system support (PaSS) unit monitors staff member trainings and takes feedback directly from participants.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The Lead Agency utilizes program integrity data to systematically inform ongoing staff training, ensuring these initiatives are thoroughly targeted to address operational needs. Our comprehensive approach integrates contributions from Quality Control (QC), Policy, Training teams, and Human Service Zone supervisors and directors, bolstered by proactive communications from the Policy and System Support team. Here's a detailed breakdown of how each component plays a role in enhancing training and compliance:**
 - 1. **Monthly Case Reviews by Quality Control Unit:** Our QC unit meticulously reviews Child Care Assistance Program (CCAP) cases each month to identify common errors and trends, pinpointing specific training needs.
 - 2. **Live Group Training Sessions:** Based on the errors identified, targeted live group training sessions are developed to directly address and rectify these issues, ensuring relevance and effectiveness in tackling daily operational challenges.
 - 3. **Just-In-Time Training for Critical Issues:** For widespread or significant errors, "just-in-time" training sessions are swiftly organized. These sessions utilize anonymized case studies to ensure confidentiality while providing practical, real-world problem-solving experiences.
 - 4. **Collaborative Oversight and Review:** All training content and methods undergo rigorous review by Quality Assurance, with oversight from the Quality Assurance Director, maintaining high standards of accuracy and applicability.
 - 5. **Policy and System Insights:** The CCAP Policy Administrator collaborates closely with the training team to provide essential insights into policy and system operations, enhancing the depth and breadth of training content.
 - 6. **Strategic Meetings with Leadership:** Significant errors and new policies are discussed in meetings with Human Service Zone supervisors and directors, ensuring broad-based communication and uniform compliance across all levels of the organization.
 - 7. **Monthly Newsletter by Policy and System Support:** Our Policy and System Support team issues a monthly newsletter that highlights system procedures and addresses any recent system errors in processing. This newsletter serves as a crucial tool for keeping all staff updated on procedural changes and system functionalities.
 - 8. **Distribution of FYI Documentation:** Additionally, FYI documentation is regularly distributed, which includes training updates on policy and case processing. This documentation is essential for keeping the staff informed and well-versed in the latest operational practices and procedural adjustments.

These multifaceted strategies ensure that our training programs are not only responsive and specific but also comprehensive, enhancing both individual performance and overall program integrity across the agency.
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are

informed and trained regarding CCDF program requirements and program integrity:

- i. Describe the training for providers around CCDF program requirements and program integrity: **The Lead Agency requires that all providers receiving Child Care Assistance complete a CCAP Provider agreement before any funds can be issued. In addition, the Lead Agency has a "CCAP Provider Guidebook" and a "CCAP Billing Training" module available to all providers on the Lead Agency's website.**
- ii. Describe how provider training is evaluated for effectiveness: **The training is evaluated for effectiveness based on outcomes. A successful training is evidenced through provider feedback and a reduction in errors and questions about processes from our providers.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Lead Agency uses red flag reports to inform on-going provider training needs. A monthly report is used to track providers who may have submitted for a payment in error through the provider self-service portal. Providers are contacted when they show up on this report and informed of correct billing procedures. A separate report is also used to track CCAP payments for providers over their licensed capacity. These are reviewed monthly and the Early Childhood licensing team is contacted as needed for additional training support for these providers.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Lead Agency reviews reports with the fiscal team and the quality control team to identify concerns and areas for improvement then works in tandem with the Policy and System Support (PaSS) unit to create improvement plans centered on using data and reporting to identify better practices in procedure and workflow.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit results are shared with all involved parties from the Lead Agency, if results are positive, programs and procedures continue as normal. If the Lead Agency receives an audit finding a meeting is coordinated with the relevant parties and a project is started to correct the procedure or policy that needs attention. A project manager is appointed who coordinates progress and provides updates.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **NA**

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. **The Lead Agency has worked to**

improve internal controls via data management and dashboards along with cross team collaboration. At this time there are no concerns with internal controls.

- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency may use information provided for other Economic Assistance Programs such as LIHEAP, SNAP, TANF and Health Care Coverage for the Child Care Assistance Program (CCAP). The Lead Agency’s integrated data system allows the option to search multiple interfaces and sources to be searched for household members at the same time. The sharing and matching of data with other programs and searching interfaces serves as a lead to eligibility workers to request additional information from income or other benefits sources that may not have been reported by the applicant. The results of this activity reduce the risk of incorrect eligibility.**
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency may use information provided for other Economic Assistance Programs such as LIHEAP, SNAP, TANF and Health Care Coverage for the Child Care Assistance Program (CCAP). The Lead Agency’s integrated data system allows the option to search multiple interfaces and sources to be searched for household members at the same time. The sharing and matching of data with other programs and searching interfaces serves as a lead to eligibility workers to request additional information from income or other benefits sources that may not have been reported by the applicant. The results of this activity reduce the risk of incorrect eligibility.**
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency may use information provided for other Economic Assistance Programs such as LIHEAP, SNAP, TANF and Health Care**

Coverage for the Child Care Assistance Program (CCAP). The Lead Agency's integrated data system allows the option to search multiple interfaces and sources to be searched for household members at the same time. The sharing and matching of data with other programs and searching interfaces serves as a lead to eligibility workers to request additional information from income or other benefits sources that may not have been reported by the applicant. The results of this activity reduce the risk of incorrect eligibility.

- b. Run system reports that flag errors (include types).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency has red flag reports to help identify intentional program violations including the duplicate payment report, the CCAP payment over licensed number report, and the \$1 payment request report. The duplicate payment report identifies if multiple payments have been issued to a provider on behalf of the same child for a service month. The CCAP payment over licensed number report compares the total children paid for a service month to the total number of children a provider is licensed to care for. The \$1 payment request report monitors when a provider requests only a \$1 for payment for a month. The results of reviewing the duplicate payment report are to determine if the payments issued are correct or if has been issued in error, it is researched to determine how it occurred, how it could be prevented in the future, or if there were any fraudulent billings by the provider. The results of reviewing the CCAP payment over licensed number report are if a provider is discovered to be receiving more payments for children than they are licensed for, then additional research will be conducted to determine if there is fraud. The Lead Agency's licensing staff will be involved as needed in these situations. The results of reviewing the \$1 payment request report are to determine if these requests have been submitted in error. Additional training may be needed for providers identified on any of these reports, in addition to potential overpayments.**
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency has red flag reports to help identify intentional program violations including the duplicate payment report, the CCAP payment over licensed number report, and the \$1 payment request report. The duplicate payment report identifies if multiple payments have been issued to a provider on behalf of the same child for a service month. The CCAP payment over licensed number report compares the total children paid for a service month to the total number of children a provider is licensed to care for. The \$1 payment request report monitors when a provider requests only a \$1 for payment for a month. The results of reviewing the duplicate payment report are to determine if the payments issued are correct or if has been issued in error, it is researched to determine how it occurred, how it could be prevented in the future, or if there were any fraudulent billings by the provider. The results of reviewing the CCAP payment over licensed number report are if a provider is discovered to be receiving more payments for children than they are licensed for, then additional research will be conducted to determine if there is fraud. The Lead Agency's licensing staff will be involved as needed in these**

situations. The results of reviewing the \$1 payment request report are to determine if these requests have been submitted in error. Additional training may be needed for providers identified on any of these reports, in addition to potential overpayments.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency has red flag reports to help identify intentional program violations including the duplicate payment report, the CCAP payment over licensed number report, and the \$1 payment request report. The duplicate payment report identifies if multiple payments have been issued to a provider on behalf of the same child for a service month. The CCAP payment over licensed number report compares the total children paid for a service month to the total number of children a provider is licensed to care for. The \$1 payment request report monitors when a provider requests only a \$1 for payment for a month. The results of reviewing the duplicate payment report are to determine if the payments issued are correct or if has been issued in error, it is researched to determine how it occurred, how it could be prevented in the future, or if there were any fraudulent billings by the provider. The results of reviewing the CCAP payment over licensed number report are if a provider is discovered to be receiving more payments for children than they are licensed for, then additional research will be conducted to determine if there is fraud. The Lead Agency’s licensing staff will be involved as needed in these situations. The results of reviewing the \$1 payment request report are to determine if these requests have been submitted in error. Additional training may be needed for providers identified on any of these reports, in addition to potential overpayments.**

- c. **[x]** Review enrollment documents and attendance or billing records.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency’s payment system ensures that attendance records are submitted for every month a provider requests payment for. If an attendance record for a prior month has not been submitted and a provider has received payment, the system will not allow a future payment until an attendance record for the prior month has been uploaded. An attendance record report is also generated monthly to monitor that attendance records are being submitted for all provider who have requested a payment from CCAP. The results from the attendance record report are that providers are monitored to ensure attendance records are being submitted. A selection of provider attendance records is randomly reviewed for accuracy, and providers are contacted for corrections and clarifications as needed. The monitoring of attendance records help ensures child care providers are correctly completing attendance records and certifying for Child Care Assistance payments accurately.**

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency’s payment system ensures that attendance records are submitted for every month a provider requests payment for. If an attendance record for a prior month has not been submitted and a provider has received payment, the system will not allow a future payment until an attendance record for the prior month has been uploaded. An attendance record report is also generated monthly to monitor that attendance**

records are being submitted for all provider who have requested a payment from CCAP. The results from the attendance record report are that providers are monitored to ensure attendance records are being submitted. A selection of provider attendance records is randomly reviewed for accuracy, and providers are contacted for corrections and clarifications as needed. The monitoring of attendance records help ensures child care providers are correctly completing attendance records and certifying for Child Care Assistance payments accurately.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- d. Conduct supervisory staff reviews or quality assurance reviews.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Quality Control unit conducts case file reviews to ensure policies and procedures are being properly applied across a monthly statewide caseload sample. The results of this are that based on the findings from the Quality Assurance/Control unit, the Human Service Zone workers can pursue IPV's when appropriate.**
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Quality Control unit conducts case file reviews to ensure policies and procedures are being properly applied across a monthly statewide caseload sample. The results of this are that areas of training are identified based on commonly occurring errors.**
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Quality Control unit conducts case file reviews to ensure policies and procedures are being properly applied across a monthly statewide caseload sample. The results of this are that areas of training are identified based on commonly occurring errors.**
- e. Audit provider records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- f. Train staff on policy and/or audits.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Training on policy and regular audits are employed to detect and deter intentional violations such as fraud or manipulation of program rules. The results of these activities include better identification of potential IPV's. These activities involve comprehensive reviews and scenario-based training that emphasizes ethical behavior and legal compliance.**
 - ii. Unintentional program violations. Describe the activities, the results of these

activities, and how they inform better practice: **For unintentional violations, which often stem from misunderstandings or mistakes in following program rules, the Lead Agency conducts training sessions that focus on clarity and understanding of policies. The impact of these training sessions is assessed through feedback mechanisms and monitoring of error rates, leading to continuous improvements in training materials and processes.**

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Training aimed at reducing agency errors includes detailed instruction on application processing and benefit calculation. Quality Control audits are conducted to identify any patterns of error within the agency’s operations. The results typically inform administrative changes and updates in training programs to enhance accuracy and reduce the occurrence of such errors. Additionally live working sessions are held on a monthly basis to allow workers to ask questions about tricky cases and provide feedback from a program perspective.**

g. Other. Describe the activity(ies):

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **North Dakota Department of Health and Human Services, Economic Assistance Unit.**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
 - ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
 - iii. Recover through repayment plans. Describe the activities and the results of

these activities based on the most recent analysis: **When a case or provider is closed and recoupments are not possible, the Lead Agency will pursue entering into a repayment agreement with the client or provider. The repayment plan is set to an amount that the provider or household agrees to pay monthly. There is no minimum requirement needed for a payment plan to be set up. The result of this activity is that repayments are taking place when the system is unable to recoup from active payments.**

- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **When a case is open and payments are being issued, recoupments will be taken from all future payments until the claim balance is \$0. When a provider claim exists, and the provider is receiving payments through CCAP, recoupments will be taken from all future payments until the claim balance is \$0. Recoupments are set at 10% unless the claim is established due to an IPV or Fraud, which are recouped at 20% of the payment amount. A household or provider can also choose to have a set amount taken out of their future payments, as long as it is greater than the 10% or 20% previously set up. The results of this are that overpayments are collected from all payments quickly.**
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
- viii. Other. Describe the activities and the results of these activities: **If unable to collect or reach a payment agreement with the household or provider, collection agencies that are contracted through the Lead Agency will be used to recover improper payment. The results is that overpayments are able to be collected if unable to agree on a repayment plan or recoup from payments.**

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
- ii. Coordinate with and refer to the other State/Territory agencies (e.g.,

State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **When a case or provider is closed and recoupments are not possible, the Lead Agency will pursue entering into a repayment agreement with the client or provider. The repayment plan is set to an amount that the provider or household agrees to pay monthly. There is no minimum requirement needed for a payment plan to be set up. The result of this activity is that repayments are taking place when the system is unable to recoup from active payments.**
 - iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **When a case is open and payments are being issued, recoupments will be taken from all future payments until the claim balance is \$0. When a provider claim exists, and the provider is receiving payments through CCAP, recoupments will be taken from all future payments until the claim balance is \$0. Recoupments are set at 10% unless the claim is established due to an IPV or Fraud, which are recouped at 20% of the payment amount. A household or provider can also choose to have a set amount taken out of their future payments, as long as it is greater than the 10% or 20% previously set up. The results of this are that overpayments are collected from all payments quickly.**
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
 - viii. Other. Describe the activities and the results of these activities: **If unable to collect or reach a payment agreement with the household or provider, collection agencies that are contracted through the Lead Agency will be used to recover improper payment. The results is that overpayments are able to be collected if unable to agree on a repayment plan or recoup from payments.**
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- No.
- Yes.
- If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.
- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:
 - iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
 - viii. Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **The human service zone has the burden to establish an Intentional Program Violation (IPV) by clear and convincing evidence. Clear and convincing evidence means evidence that leads to a firm belief that the allegations are true. When there is evidence a possible IPV has been committed, it is suggested the human service zone review the case and all evidence with the supervisor or director. When reviewing the evidence for a possible IPV, the individual must be allowed an opportunity to respond to any unresolved questions. When there is sufficient evidence to substantiate an IPV, the human service zone must complete an SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation. After completing the SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation, the county must schedule a meeting with the individual to discuss the suspected Intentional Program Violation (IPV) within two weeks. During this meeting the individual may sign Waiver A of the SFN 1940 which allows the individual to admit to the facts and accept a disqualification period. The individual may also sign Waiver B of the SFN 1940 which allows the individual to accept the disqualification without admitting to the facts. If an individual sign either waiver option, an Administrative Disqualification Hearing (ADH) will not be held and a disqualification period will be imposed. The SFN 1940 and supporting documentation will be supplied to the Lead Agency's Legal Advisory Unit (LAU) and they will prepare a Findings and Order to disqualify the individual. Individuals may also request an administrative disqualification hearing if they do not agree with the IPV. A consolidated hearing will be held for all programs for which the IPV is being pursued. The Lead Agency's LAU will send a Request for an Administrative**

Law Judge and a copy of the SFN 1940 to the Office of Administrative Hearings (OAH) and a hearing will be scheduled with the individual. When the hearing is complete, OAH will send a Recommended Findings & Order. The LAU will send a copy to the program for review. If the program agrees, the Order will be sent to the Executive Director of the Department. If an individual is found guilty of an IPV, the following timeframes will be imposed: 12 months for the first offense. 24 months for the second offense. Permanently for the third offense. If there are overpayments as a result of the IPV, recoupments will be taken out of all future payments at 20% until the claim balance is \$0. If the Lead Agency is unable to recoup from payments, the individual will be contacted to set up a payment plan.

- ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **The human service zone has the burden to establish an Intentional Program Violation (IPV) by clear and convincing evidence. Clear and convincing evidence means evidence that leads to a firm belief that the allegations are true. When there is evidence a possible IPV has been committed, it is suggested the human service zone review the case and all evidence with the supervisor or director. When reviewing the evidence for a possible IPV, the individual must be allowed an opportunity to respond to any unresolved questions. When there is sufficient evidence to substantiate an IPV, the human service zone must complete an SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation. After completing the SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation, the county must schedule a meeting with the individual to discuss the suspected Intentional Program Violation (IPV) within two weeks. During this meeting the individual may sign Waiver A of the SFN 1940 which allows the individual to admit to the facts and accept a disqualification period. The individual may also sign Waiver B of the SFN 1940 which allows the individual to accept the disqualification without admitting to the facts. If an individual sign either waiver option, an Administrative Disqualification Hearing (ADH) will not be held and a disqualification period will be imposed. The SFN 1940 and supporting documentation will be supplied to the Lead Agency's Legal Advisory Unit (LAU) and they will prepare a Findings and Order to disqualify the individual. Individuals may also request an administrative disqualification hearing if they do not agree with the IPV. A consolidated hearing will be held for all programs for which the IPV is being pursued. The Lead Agency's LAU will send a Request for an Administrative Law Judge and a copy of the SFN 1940 to the Office of Administrative Hearings (OAH) and a hearing will be scheduled with the individual. When the hearing is complete, OAH will send a Recommended Findings & Order. The LAU will send a copy to the program for review. If the program agrees, the Order will be sent to the Executive Director of the Department. If an individual is found guilty of an IPV, the following timeframes will be imposed: 12 months for the first offense. 24 months for the second offense. Permanently for the third offense. If there are overpayments as a result of the IPV, recoupments will be taken out of all future payments at 20% until the claim balance is \$0. If the Lead Agency is unable to recoup from payments, the individual will be contacted to set up a payment plan.**
- iii. Prosecute criminally. Describe the activities and the results of these activities

based on the most recent analysis:

- iv. Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		